

DISCLOSURE SUMMARY PAGE

FORM DR-2 (Rev. 01/98)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	<u>17372</u>
Indexed	_____
Audited	_____
Computer	_____

COMMITTEE NAME (Must be same as on Statement of Organization)
CITIZENS FOR ENGELMANN

IMPORTANT: Indicate type of committee you are reporting for: 4

(1) Statewide/Legislative Candidate (2) Statewide PAC (3) State Party (4) County/Local Candidate
 (5) County PAC (6) Ballot Issue/Franchise Committee (7) County/City Central Committee
 (8) Support Slate of Candidates

Thomas Engelmann 513 386-2672
SIGNATURE OF TREASURER (or person filing this report) **TELEPHONE**

10/15/03
DATE SIGNED

Routine Penalties Due For Late Filed Reports Range from \$20 to \$500

SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE:

I AM FILING A 10/19/03 REPORT FOR ANA (1) ELECTION / (NON-ELECTION YEAR).
 (report date) Indicate one

CHECK IF AMENDMENT TO REPORT DATED _____

Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
 (You must continue to file reports until a Notice of Dissolution is filed.)

PREPARED BY
SCOTT

DATE
OCT 17 2003

Local Committees, enter Date of Election
11-4-03

County & Local Committees, enter County in which Election is held
Scott

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (This is the total of all monies held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period, or must be zero if this is first report filed.)\$ 558.69

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) 2255.00

Schedule F: Loans Received total (Attach Schedule F)

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL.....\$ 2813.69

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) 226.10

Schedule F: Loan Repayments total (Attach Schedule F)

CASH ON HAND at the end of this reporting period (if final report, balance must be zero) (Attach DR-3)\$ 2587.59

UNPAID BILLS (From Schedule D - Attach Schedule D)\$ _____

IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)\$ 185.00

OUTSTANDING LOANS (From Schedule F - Attach Schedule F)\$ 500.00

CANDIDATE COMMITTEES ONLY:

CONSULTANT BREAKDOWN (Schedule G Attached?) _____ YES _____ NO

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)\$ _____

For Instructions, See Back of Form

SCHEDULE A (Rev. 06/97)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

CONTRIBUTIONS -- MONEY TAKEN IN
(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

CITIZENS FOR ENGELMANN

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), Iowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
10/2/03	ID# CK#	LINDA BLOODSWORTH 2501 BRADY DAV IA 52803		\$ 40.00	
	ID# CK#	RETA VARGAS 2724 LEBLANC DAV IA 52803		25.00	
	ID# CK#	BILL GLUBA 2421 GAINES ST DAV IA 52804		100.00	
	ID# CK#	JOE SENG 4804 NW BLVD DAV IA 52806		25.00	
	ID# CK#	WALT SCOTT LEAHY 2614 LEBLANC DAV IA 52803		25.00	
	ID# CK#	ED BROWN 2615 IOWA DAV IA 52803		20.00	
	ID# CK#	STEVE SCHALK 310 MAIN ST DAV IA 52801		100.00	
	ID# CK#	KAREN NEAL 2211 JERSEY RIDGE RD DAV IA 52803		10.00	
	ID# CK#	PAT BEAR 1515 W 29TH ST DAV IA 52804		25.00	
	ID# CK#	BARRY ENGELMANN 1552 W FARMFIELD DAV IA 52804	BROTHER	50.00	
			SUB-TOTAL	\$ 420.00	
			TOTAL (if last page of this schedule)	\$	

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage) (See Page 2 of forms packet.). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN
(Including candidate's personal funds)

SCHEDULE A (Rev. 06/97)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)
CITIZENS FOR ENGELMANN

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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10/2/03	ID# CK#	JOE WINKLER 6 THODE CT DAV IA 52802		\$ 50.00	
	ID# CK#	ELLA HARTMANN 2726 FOREST ROAD DAV IA 52804		25.00	
	ID# CK#	ETHEL DE COOK 1326 E 35TH ST DAV IA 52801	SISTER	20.00	
	ID# CK#	MARC ENGELMANN 1316 W 60TH ST DAV IA 52804	BROTHER	100.00	
	ID# CK#	ROBERT ENGELMANN 4021 WASHINGTON LANE DAV IA 52806	FATHER	200.00	
	ID# CK#	DON DECKERT 2961 HALLOW DR BETT IA 52722		75.00	
	ID# CK#	AMBER RONGE 18225 99TH ST OTLSON IL 61273		200.00	
	ID# CK#	ANNE CORBE 679 BROWN ST DAV IA 52804		20.00	
	ID# CK#	DAVE CUNNINGHAM 2406 MIDDLE ROAD DAV IA 52803		25.00	
	ID# CK#	WILLIAM PAMPERAW 2879 WASHINGTON LANE DAV IA 52804	UNCLE	25.00	
SUB-TOTAL				\$ 740.00	
TOTAL (if last page of this schedule)				\$	

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For Instructions, See Back of Form

SCHEDULE A (Rev. 06/97)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

CONTRIBUTIONS -- MONEY TAKEN IN
(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)
CITIZENS FOR ENGELMANN

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
10/2/03	ID# CK#	CHITAS ALLES 801 34TH AVE MADISON, IL 61765		\$ 100.00	
	ID# CK#	RETA ENGELMANN 4150 E 60TH ST #501 DAV IA 52807	AUNT	25.00	
	ID# CK#	PAT CROSSEN 21675 180TH AVE DAV IA 52804		25.00	
	ID# CK#	JIM LYRAM 2906 W 35TH ST DAV IA 52804		50.00	
	ID# CK#	WALT + DOROTHY BAREMAN 2233 W 13TH DAV IA 52804		20.00	
	ID# CK#	JOE VAN CAMP 2347 E LOMBARD DAV IA 52803		10.00	
	ID# CK#	MISCELLANEOUS UNIDENTIFIED CASH.		185.00	
10/7/03	ID# CK#	MARY BETH ANDERSON 2834 VOLQUARDEL DAV IA 52804	SISTER	25.00	
	ID# CK#	SHERLEY ENGELMANN 2023 W 43RD DAV IA 52804	AUNT	20.00	
	ID# CK#	KARL RUMBERG 3330 TREMONT DAV IA 52803		50.00	
SUB-TOTAL				\$ 510.00	
TOTAL (if last page of this schedule)				\$	

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For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 06/97)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)
CITIZENS FOR ENGELMANN

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YY)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
10/7/03	ID#	JOE POLASCHEK		\$	
	CK#	14 MCCULLAN BLVD DAV IA 52503		100.00	
	ID#	DAN POLAN			
	CK#	3510 160TH ST MAUSCATINE, IA 52761		150.00	
	ID#	MARLENE VOZ			
	CK#	2304 WYNNWOOD CT DAV IA 52507		25.00	
	ID#	Tom FEY			
	CK#	5608 KENSINGTON CIR JOHNSTON, IA 50131		50.00	
	ID#	Jim Hancock			
	CK#	2163 W 30TH DAV IA 52804		25.00	
10/14/03	ID#	MARGARET VAN CAMP			
	CK#	1612 BELLE AVE DAV IA 52503		25.00	
	ID#	Diane Artzole			
	CK#	2302 E 47TH ST DAV IA 52807		25.00	
	ID#	MARGARET HATHAWAY			
	CK#	2003 GAINES ST DAV IA 52504		25.00	
	ID#	CATHY BERTH			
	CK#	2531 TAYLOR ST DAV IA 52504		25.00	
ID#	PAT EGLEY				
CK#	701 IOWA DAV IA 52503		25.00		
SUB-TOTAL				\$475.00	
TOTAL (if last page of this schedule)				\$	

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For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 06/97)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)
CITIZENS FOR ENGELMANN

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), Iowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
10/14/03	ID# CK#	LARRY TRICKY P.O. Box 3421 DAV IA 52508		\$ 25.00	
	ID# CK#	KERR KOSTER 1704 WESTMINSTER CIRCLE DAV IA 52507		25.00	
	ID# CK#	MARTY O'BOYLE 503 N 67TH ST ELDRIDGE, IA 52748		50.00	
	ID# CK#	JIM STOLLEY 2867 CEDAR ST DAV IA 52504		10.00	
	ID# CK#				

SUB-TOTAL

\$ 110.00

TOTAL (if last page of this schedule)

\$ 2255.00

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FOR INSTRUCTIONS, SEE BACK OF FORM

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 09/97)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)
CITIZENS FOR ENGELMANN

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
9/24/03	ID# CK# 531	POSTMASTER 4018 MARQUETTE DAVENPORT, IA 52806	POSTAGE	\$ 79.00
9/24/03	ID# CK# 532	OFFICE MAX 320 W KIMBERLY RD PAV IA 52806	PAPER	22.42
10/6/03	ID# CK# 533	OFFICE MAX 320 W KIMBERLY RD DAV IA 52806	THANK YOU'S	10.68
6/14/03	ID# CK# 534	REVIEW PRINTING 311 2157 ST ROCK ISLAND, IL 61201	PRINTING	119.00
	ID# CK#			
SUB-TOTAL				\$ 226.10
TOTAL (if last page of this schedule)				\$

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:
 Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)
 Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 56.6(3)(i).)

COMMITTEE NAME (Must be same as on Statement of Organization)
CITIZENS FOR ENGELMANN

SCHEDULE F (Rev. 08/96)	LOANS RECEIVED & REPAID
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

NOTE: This schedule reports money loaned to the committee which is deposited in the committee account.

TOTAL UNPAID LOANS FROM LAST REPORTING PERIOD \$ 500.00

PART I - MONETARY LOANS RECEIVED THIS REPORTING PERIOD
 (Original source of loan, such as a bank, must be shown if a third party is involved. Include loans from candidate's personal funds.)

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE (If Applicable*)	AMOUNT OF LOAN
			\$

TOTAL (PART I) \$ 0

PART II - MONETARY LOAN REPAYMENTS MADE THIS REPORTING PERIOD
 (Loans forgiven must be reported on Schedule E -- In-kind Contributions.)

DATE PAID (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE* (If Applicable)	AMOUNT REPAID
			\$

TOTAL CASH REPAYMENTS (PART II) \$ 0

From Schedule E -- TOTAL LOANS FORGIVEN \$ 0
 TOTAL OUTSTANDING LOANS END OF REPORT PERIOD \$ 500.00

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