

DISCLOSURE SUMMARY PAGE

FORM DR-2 (Rev. 02/96) *Scott* DISCLOSURE REPORT

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

IMPORTANT: Indicate type of committee you are reporting for:

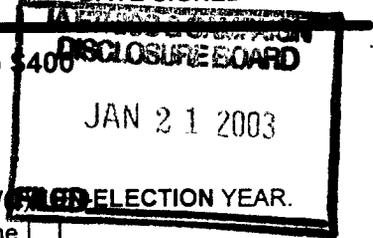
(1)Statewide/Legislative Candidate (2)Statewide PAC (3)State Party (4)County/Local Candidate
 (5)County PAC (6)Ballot Issue/Franchise Committee (7)County/City Central Committee
 (8)Support Slate of Candidates

For Office Use Only
 Comm. # 17373
 Indexed sb
 Audited _____
 Computer _____

SIGNATURE OF TREASURER (or person filing this report) _____ TELEPHONE _____

DATE SIGNED _____

Penalties Due For Late Filed Reports Range from \$10 to \$400



SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE:

I AM FILING A 1/19/03 REPORT FOR AN/A (1) ELECTION / ~~FILED~~ ELECTION YEAR.
 (report date) Indicate one

CHECK IF AMENDMENT TO REPORT DATED _____

Local Committees, enter Date of Election
1/15/02
 County & Local Committees, enter County in which Election is held
Scott

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.)

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.) \$ 1534⁶⁶

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) 370⁰⁰

Schedule C: Fund-raising Events total (Attach Schedule C) -0-

Schedule F: Loans Received total (Attach Schedule F) -0-

Schedule H: Total Sales of Campaign Property (Attach Schedule H) -0-

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL \$ _____

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) 1521⁵¹

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) \$ 383¹⁵

UNPAID BILLS (From Schedule D - Attach Schedule D) \$ -0-

IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E) \$ -0-

OUTSTANDING LOANS (From Schedule F - Attach Schedule F) \$ 1,000⁰⁰

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. 02/96)	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)
Walsh In Supervision

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
	ID# CK#	<i>Mary V. Kostky 3418 18th St. Bettendorf, Ia 52722</i>		\$ 20.00
	ID# CK#	<i>Cal Wenzel 25370 E Valley Dr. Bettendorf, Ia</i>		25 ⁰⁰
	ID# 6125 CK# 2078	<i>Iowa Political PAC # 6125 1370 NW 114th St. #100 CLIVE, IA 50325</i>		200 ⁰⁰
	ID# CK#	<i>Joni Sittner 12090 W 2404 St Eldridge, Ia 52741</i>		50 ⁰⁰
	ID# CK#	<i>Richard Steiner 28218 221st St. LeClare, Ia</i>		50 ⁰⁰
	ID# CK#	<i>Virginia Walsh 300 Bridge Avenue Lane Walcutt, Ia</i>	<i>Niece</i>	25 ⁰⁰
	ID# CK#			
SUB-TOTAL				\$
TOTAL (if last page of this schedule)				\$ 370 ⁰⁰

* 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

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

SCHEDULE B (Rev. 02/96)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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.

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

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (CANDIDATES SEE BELOW & ENTER 1,2,3)	AMOUNT EXPENDED
10/16/02	ID# CK#	Northwest Bank 100 E Kennedy Rd Des Moines, Ia	Service Charge (1)	\$ 2 ¹⁴
	ID# CK#	U. S. POSTAL SERVICE	posting (1)	145 ⁰⁰
	ID# CK#	Scott County Republican Headquarters	Advertising (1)	1,150 ⁰⁰
	ID# CK#	Janeen Blunk	Candy for friends (1)	80 ⁰⁹
Nov 02	ID# CK#	Northwest Bl	Service Charge (1)	2 ¹⁴
Dec 02	ID# CK#	Northwest Bank	Service Charge (1)	2 ¹⁴
	ID# CK#		()	
SUB-TOTAL				\$
TOTAL (if last page of this schedule)				\$ 1521 ⁵¹

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Campaign funds may be used only for:

- (1) campaign purposes,
- (2) constituency expenses, and
- (3) educational and other expenses associated with duties of office

Please insert the applicable number in the purpose column for each expenditure.

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)
Eurat In Supervision

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 \$ 1,000

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) \$ _____

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) \$ _____

From Schedule E -- TOTAL LOANS FORGIVEN \$ _____

TOTAL OUTSTANDING LOANS END OF REPORT PERIOD \$ 1,000

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