FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

JAN 22 2004
PM 1-19-04

FORM DR-2 (Rev. 01/98)	DISCLOSURE REPORT

For Office Use Only
Comm. # 9166
Indexed
Audited
Computer

COMMITTEE NAME *(Must be same as on Statement of Organization)*
SCOTT COUNTY DEMOCRATS

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 Angelum — (563) 386-2672 — 1/18/04
SIGNATURE OF TREASURER (or person filing this report) **TELEPHONE** **DATE SIGNED**

Routine Penalties Due For Late Filed Reports Range from $20 to $800

SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE:

I AM FILING A 12-31-03 REPORT FOR AN/A (1) **ELECTION** /(2)**NON-ELECTION** YEAR.
(report date) Indicate one 2

☐ 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.)

Local Committees, enter Date of Election _____
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.) ..... $ 7167.86

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) 3,645.00
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.....$ 10,812.86

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) 4,332.27
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) ..... $ 6,480.59

UNPAID BILLS (From Schedule D - Attach Schedule D) ..... $ _____
IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E) ..... $ 567.94
OUTSTANDING LOANS (From Schedule F - Attach Schedule F) ..... $ _____

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
☐ 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)*

Scott County Democrats

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
10/20/03	ID# CK#	PAT BAXTER 1110 IOWA DR LeCLAIRE, IA 52753		$ 25.00	
	ID# CK#	MISCELLANEOUS UNITEMIZED CASH		39.00	
10/21/03	ID# CK# 535	CITIZENS FOR ENGELMANN 4552 MAIN ST DAVENPORT, IA 52806		1000.00	
10/31/03	ID# CK#	CELIA RANGEL 2514 McKINLEY AVE DAV IA 52806		55.00	
	ID# CK#	SUSAN PAMPERIN 2718 COLLEGE DAV IA 52803		35.00	
	ID# CK#	MARIE SOKOLIK 2623 FAIR DAV IA 52803		500.00	
	ID# 8048 CK# 1103	MILLWRIGHTS LU 2158 PAC 2707 62ND ST CT BETT IA 52722		1000.00	
10/31/03	ID# CK# 544	CITIZENS FOR ENGELMANN 4552 MAIN ST DAV IA 52806		200.00	
11/6/03	ID# 8262 CK# 1863	IRONWORKERS LU 111 PAC 8000 29TH ST WEST ROCK ISLAND, IL 61201		200.00	
11/24/03	ID# 8034 CK# 2396.	ELECTRICAL WORKERS LU 145 PAC 1700 52ND AVE ST A MOLINE IL 61265		250.00	
			SUB-TOTAL	$3,307.00	
			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

SCHEDULE **A** (Rev. 06/97)	MONETARY RECEIPTS
☐ 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)*

Scott County Democrats

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
11/24/03	ID# CK#	MISCELLANEOUS UNITEMIZED CASH		$ 53.00	
12/15/03	ID# CK#	JOSEPH WILWERDING 1458 W 41ST ST DAV IA 52806		40.00	
	ID# 8034 CK# 2403	ELECTRICAL WORKERS LU 145 PAC 1700 52ND AVE MOLINE, IL 61265		200.00	
	ID# CK#	MISCELLANEOUS UNITEMIZED CASH		45.00	
	ID# CK#				
	ID# CK#				
	ID# CK#				
	ID# CK#				
	ID# CK#				
	ID# CK#				
			SUB-TOTAL	$ 338.00	
			TOTAL *(if last page of this schedule)*	$ 3,645.00	

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FOR INSTRUCTIONS, SEE BACK OF FORM

SCHEDULE **B** (Rev. 09/97)	MONETARY EXPENDITURES

☐ CHECK THIS BOX IF AMENDING 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.

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

Scott County Democrats

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
10/20/03	ID# CK# 1345	Karen Neal 2211 Jersey Ridge Rd Davenport IA 52807	Food - Folk Fest	$ 151.23
10/20/03	ID# CK# 1346	First District Democrats c/o Jean Pardee 608 Meadowview Dr Clinton, IA 52732	Advertising	100.00
10/21/03	ID# CK# 1347	Bosher for City Council 4118 Lamphere Ct Davenport IA 52806	Donation	300.00
10/21/03	ID# CK# 1348	Citizens for Cunningham 1019 Arlington Ct Davenport IA 52803	Donation	700.00
10/31/03	ID# CK# 1349	Mississippi Valley Fair 2815 W Locust St Davenport IA 52804	Rent - Expo Bldg 1/17/04	600.00
10/31/03	ID# CK# 1350	Qwest P.O. Box 12480 Seattle, WA 98111	Phone Bill	68.94
10/31/03	ID# CK# 1351	People for Pilla 1719 Marquette Davenport IA 52804	Donation	200.00
11/13/03	ID# CK# 1352	Plaza, Inc 1416 W 16th St Davenport IA 52804	Rent	550.00
			SUB-TOTAL	$ 2670.17
			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).)

FOR INSTRUCTIONS, SEE BACK OF FORM

SCHEDULE **B** (Rev. 09/97)	MONETARY EXPENDITURES
☐ CHECK THIS BOX IF AMENDING 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.

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

Scott County Democrats

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
11/13/03	ID# CK# 1103	Nancy Piatt 2809 Main St Davenport IA 52803	Void old outstanding check - 11/5/02	$ (50.00)
	ID# CK# 1124	Jan Burrage 4116 Warren Davenport IA 52804	" " "	(50.00)
	ID# CK# 1212	Samantha Sabas 512 Kirkwood Blvd Davenport IA 52803	" " "	(50.00)
	ID# CK# 1238	Dave Rob 4611 12th St Apt 14 Rock Island, IL 61201	" " "	(50.00)
12/1/03	ID# CK# 1353	Qwest P.O. Box 12480 Seattle, WA 98111	Phone Bill	68.93
12/1/03	ID# CK# 1354	Plaza, Inc 1416 W 16th St Davenport IA 52804	Rent	550.00
12/11/03	ID# CK# 1355	Audrey Linville 1127 W 15th St Davenport IA 52804	Food - Event 12/6/03	9.21
12/11/03	ID# CK# 1356	Sue Pamperin 2718 College Davenport IA 52803	Postage Reimbursement	120.00
			SUB-TOTAL	$ 548.14
			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).)

(for Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM

SCHEDULE **B** (Rev. 09/97)	MONETARY EXPENDITURES
☐ CHECK THIS BOX IF AMENDING 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.

COMMITTEE NAME *(Must be same as on Statement of Organization)*
Scott County Democrats

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
12/13/03	ID# CK# 1357	Review Printing 311 21st St Rock Island, IL 61201	Printing - Tickets	$ 264.00
12/13/03	ID# CK# 1358	Auto Owners Insurance P.O. Box 30315 Lansing, MI 48909	Liabil Policy	211.00
11/12/03	ID# CK# —	First Midwest Bank 101 W 3rd Davenport IA 52801	Check Printing	19.00
12/30/03	ID# CK# 1359	Qwest P.O. Box 12450 Seattle, WA 98111	Phone Bill	69.96
12/30/03	ID# CK# 1360	Plaza, Inc 1416 W 16th St Davenport IA 52804	Rent	550.00
	ID# CK#			
	ID# CK#			
	ID# CK#			

SUB-TOTAL $ 1,113.96

TOTAL (*if last page of this schedule*) $ 4,332.27

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).)

(for Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM

SCHEDULE E (Rev. 06/97)	IN KIND CONTRIBUTIONS

☐ CHECK THIS BOX IF AMENDING FORM

COMMITTEE NAME *(Must be same as on Statement of Organization)*
SCOTT COUNTY DEMOCRATS

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	√ IF FOR FUND-RAISER CONTRIBUTION
8/21/03	COMMITTEE TO ELECT JOE SEALA 4804 NORTHWEST BLVD DAV IA 52806		PRINTING COSTS	$ 520.84	
11/25/03	SUSAN PAMPERIN 2718 COLLEGE DAV IA 52803		FOOD & PAPER PRODUCTS	47.10	

SUB-TOTAL	$ 567.94
TOTAL (if last page of this schedule)	$ 567.94

*Disclosure law requires candidates to disclose the relationship of any relative making an in kind 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.