

FOR INSTRUCTIONS, SEE BACK OF FORM

RECEIVED

DISCLOSURE SUMMARY PAGE

02 JAN 21 PM 3:03

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

COMMITTEE NAME (Must be same as on Statement of Organization) **SCOTT CO. AUDITOR**
Scott County Taxpayers for River Renaissance

IMPORTANT: Indicate type of committee you are reporting for: (6)

(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 State of Candidates

SIGNATURE OF TREASURER (or person filing this report) *[Signature]* TELEPHONE 563/322-1706

DATE SIGNED 1/18/02

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 January 19 (report date) **LA ETHICS & GOV. DISCLOSURE BOARD** REPORT FOR AN/A (1) ELECTION / (2) NON-ELECTION YEAR. Indicate one (1)

LA ETHICS & GOV. DISCLOSURE BOARD
 JAN 24 2002
 FILED

CHECK IF AMENDMENT TO REPORT DATED _____

Local Committees, enter Date of Election
October 23, 2002
 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.)\$ 1,201.29

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A)..... 30,450.82

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.....\$ 31,652.11

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B)..... 31,652.11

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)\$ -0-

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

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

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

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)
Scott County Tax payers for River Renaissance

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
11/8/01	ID# CK#	US Bancorp 601 Second Ave. South Minneapolis, MN 55402		\$10,000.-	
11/15/01	ID# CK#	RSM McEladney & Pullen 220 N. Main St., Suite 900 Davenport, IA 52801		2,500.-	
11/29/01	ID# CK#	Trinity Medical Center North 1111 W. Kimberly Rd. Davenport, IA 52806		500.-	
11/27/01	ID# CK#	Ralston Purina Co. St. Louis, MO		500.-	
11/27/01	ID# CK#	Trinity Medical Center 2701 - 17th St. Rock Island, IL 61201		500.-	
11/27/01	ID# CK#	Valley Bank 500 E. Leclaire Rd. Eldridge, IA 52748		1,000.-	
11/27/01	ID# CK#	Hayes Shoe Repair 233 W. 4th St. Davenport, IA 52801		100.-	
11/02/01	ID# CK#	Harley E. Hvedt 1110 21st St., SE Auburn, WA 98002		100.-	
11/14/02	ID# CK#	Davenport One 130 W. 2nd St. Davenport, IA 52801		15,250.82	
	ID# CK#				

SUB-TOTAL

\$
\$30,450.82

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

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)
Scott County Taxpayers for River Renaissance

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
10/31/01	ID# CK#	Victory Enterprises 1612 Rockingham Rd. Davenport, IA 52801	Automated calls	\$ 1,426.00
10/31/01	ID# CK#	"	Roll tracking	2,250.00
10/31/01	ID# CK#	River Cities Reader 532 W. 3rd St. Davenport, IA 52801	Advertisement	500.00
10/31/01	ID# CK#	"	"	149.00
11/27/01	ID# CK#	"	"	500.00
11/27/01	ID# CK#	Moline Dispatch 1720-5th Ave. MOLINE, IL 61265	Advertisement	94.95
11/27/01	ID# CK#	Henry Russell Bruce 201 W. 2nd Davenport, IA 52801	Brochure design	453.75
10/31/01	ID# CK#	Wells Fargo Bank 203 W. 3rd St. Davenport, IA 52801	service charges	42.04
SUB-TOTAL				\$ 5,414.74
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

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

SCHEDULE B (Rev. 09/97)	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)
Scott County Taxpayers for River Renaissance

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
11/30/01	ID# CK#	Wells Fargo Bank 203 W. 3rd St. Davenport, IA 52801	Service Charge	\$ 2.14
11/27/01	ID# CK#	HyVee 1815 E. Kimberly Davenport, IA 52807	Food for phone banks	1,017.35
11/27/01	ID# CK#	Davenport Printing 320 Brady St. Davenport, IA 52801	Letterhead	68.48
11/27/01	ID# CK#	Craig Ewert 901 Arlington Ct. Davenport, IA 52801	Pickup signs	131.60
11/27/01	ID# CK#	Quad City Times 500 E. 3rd St. Davenport, IA 52801	Direct Mail Piece	2,680.60
11/19/02	ID# CK#	Quad City Times "	Advertising	22,337.20
	ID# CK#			
	ID# CK#			

SUB-TOTAL \$26,237.37
TOTAL (if last page of this schedule) \$31,652.11

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

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

Scott County Taxpayers for River Renaissance

SCHEDULE E (Rev. 06/97)	IN KIND CONTRIBUTIONS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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
10/3/01	Davenport One 130 W. 2nd St. Davenport, IA 52801		Letterhead	\$ 31.24	
"	"		Supplies for phone bank	150.43	
"	"		checks	85.59	
"	"		Labels	356.35	
"	"		Phone Bank rental space	3,010.00	
"	"		Gift Baskets	60.64	
"	"		Postage	308.66	
11/15/01	"		CD's Bureau	412.50	
11/30/01	"		Postage	109.48	

SUB-TOTAL \$

TOTAL (if last page of this schedule) \$

4,527.89

*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.

Page 1 of 1
(for Schedule E)