

FOR INSTRUCTIONS, SEE BACK OF FORM

Washington

DISCLOSURE SUMMARY PAGE

FILED
JAN 22 2003

FORM DR-2 (Rev. 01/98)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	17425
Indexed	pb
Audited	
Computer	pb

COMMITTEE NAME (Must be same as on Statement of Organization)
 T.K. PHILIPS FOR SUPERVISOR

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

Jan K. Bluff
 SIGNATURE OF TREASURER (or person filing this report) 319 648 5028 TELEPHONE

JAN 18, 2003
 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 OCT 15 - DEC 31 REPORT FOR AN/A (1) **ELECTION** / (2) **NON-ELECTION** YEAR.
 (report date) Indicate one 1

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
WASHINGTON

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.)	\$ 794.28
ADD TOTAL MONEY TAKEN IN THIS PERIOD	
Schedule A: Cash Contributions total (Attach Schedule A)	870.00
Schedule F: Loans Received total (Attach Schedule F)	300.00
Schedule H: Total Sales of Campaign Property (Attach Schedule H)	
(Schedule H applies to Candidates' Committees Only)	
SUB-TOTAL.....\$	<u>1964.28</u>
SUBTRACT TOTAL MONEY SPENT THIS PERIOD	
Schedule B: Expenditures total (Attach Schedule B)	1667.03
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)	\$ <u>297.25</u>

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

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)
 T.K. PHILIPS FOR SUPERVISOR

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
10/15/02	ID# CK#	HARRY D LEVY 411 S. 10TH WASHINGTON IA 52353		\$ 50.00	
10/30/02	ID# CK#	JAMES COAHAM 608 W. WASHINGTON WASHINGTON IA 52352		50.00	
10/30/02	ID# CK#	HAROLD STRUM 1652 ORANGE AVE KALONA IA 52247		20.00	
10/30/02	ID# CK#	EDWIN HORA 2725 170TH ST RIVERSIDE IA 52327		20.00	
10/30/02	ID# CK#	TRACY ANDERSON P.O. Box 848 KALONA IA 52247		50.00	
10/30/02	ID# CK#	LAMONT DUWA RIVERSIDE IA 52327		25.00	
10/30/02	ID# CK#	KAY CINA 1309 LOCUST AVE KALONA IA 52247		30.00	
10/30/02	ID# CK#	JIM GOODRICH 1479 FIR AVE WELLMAN IA 52356		20.00	
10/30/02	ID# CK#	NORM SHALLA 1590 ORANGE AVE KALONA IA 52247		20.00	
10/30/02	ID# CK#	ANDREW HORN 1810 RIVERSIDE AD RIVERSIDE IA 52327		25.00	

SUB-TOTAL \$ 310.00
 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)
T.K. PHILIPS FOR SUPERVISOR

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
10/30/02	ID# CK#	MELVIN SCHNEIDER 608 S 9TH WASHINGTON IA 52353		\$ 10.00	
10/30/02	ID# CK#	CARL PRYBIL 1498 UNDERWOOD RIVERSIDE IA 52327		25.00	
10/30/02	ID# CK#	JOE GOLDEU 1000 S. IOWA AVE WASHINGTON IA 52327		25.00	
10/30/02	ID# CK#	JIM STRAUSSKEY 1351 SPRUCE AVE RIVERSIDE IA 52327		25.00	
10/30/02	ID# CK#	PHYLLIS CARTER 2305 180TH ST WASHINGTON IA 52353		20.00	
10/30/02	ID# CK#	EVERETT BURHAM 1000 S AVE B WASHINGTON IA 52353		20.00	
10/30/02	ID# CK#	DELORES KRON P.O. Box 297 RIVERSIDE IA 52327		20.00	
10/30/02	ID# CK#	ALAN THOMAS 2696 150TH ST RIVERSIDE IA 52327		150.00	
11/03/02	ID# CK#	TERRY STUMPF Box 130 RIVERSIDE IA 52327		100.00	
11/03/02	ID# CK#	WAYNE HURAK 1571 QUINCE RIVERSIDE IA 52327		25.00	
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)
T.K. PHILIPS FOR SUPERVISOR

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
10/25/02	ID# CK#	MAARU SIAW 1535 RIVERSIDE RD. RIVERSIDE		\$ 25.00	
10/31/02	ID# CK#	MIKE ROBERTS 3040 OLD WHITEWAY AINSWORTH IA 52001		25.00	
11/03/02	ID# CK#	CATHERINE LATTI 0875 135TH ST RIVERSIDE IA 52327		20.00	
11/04/02	ID# CK#	CRAIG KOHLEK 2721 295TH ST WASHINGTON IA 52353		50.00	
11/05/02	ID# CK#	ROBERT HOOVER P.O. Box 95 CRAWFORDSVILLE IA 52621		10.00	
11/13/02	ID# CK#	WENDY HECK 800 EAST 15TH WASHINGTON IA 52353		10.00	
	ID# CK#				

SUB-TOTAL \$ 140.00
 TOTAL (if last page of this schedule) \$ 870.00

* 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

SCHEDULE B (Rev. 09/97)	MONETARY EXPENDITURES
<input type="checkbox"/> 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)
 T. K. PHILIPS FOR SUPERVISOR

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
10/17/02	ID# CK#	RUBBER STAMPS R US WASHINGTON IA 52327	NAME TAG	\$ 13.65
10/17/02	ID# CK#	GRAPHIC PRINTING 939 MAIDEN LANE IOWA CITY IA 52242	PRINTING	327.86
10/17/02	ID# CK#	POST OFFICE RIVERSIDE IA 52327	STAMPS	37.00
10/20/02	ID# CK#	WALMART WASHINGTON IA 52327	LABELS	30.81
10/20/02	ID# CK#	WALMART WASHINGTON IA 52327	LABELS	30.81
10/24/02	ID# CK#	THE SPOKESMAN 604 EIGHT ST GRUNDY CENTER IA 50638	AD	54.84
10/23/02	ID# CK#	POST OFFICE RIVERSIDE IOWA 52327	STAMPS	37.00
10/25/02	ID# CK#	POST OFFICE RIVERSIDE IA 52327	BULK RATE	150.00
SUB-TOTAL				\$ 681.97
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
<input type="checkbox"/> 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)
 T. K. PHILIPS FOR SUPERVISOR

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
10/25/02	ID# CK#	KALONA NEWS KALONA IA	AD	\$ 82.50
10/25/02	ID# CK#	WASHINGTON JOURNAL WASHINGTON IA 52353	AD	104.48
10/29/02	ID# CK#	POST OFFICE RIVERSIDE IA 52327	POSTAGE - MAILING	436.46
10/30/02	ID# CK#	POST OFFICE RIVERSIDE IA 52327	POSTAGE - MAILING	131.64 258.43
11/01/02	ID# CK#	POST OFFICE RIVERSIDE IA 52327	POSTAGE - MAILING	258.43
11/01/02	ID# CK#	WASHINGTON JOURNAL WASHINGTON IA 52353	AD	24.56
11/05/02	ID# CK#	KALONA NEWS KALONA IA	AD	26.00
12/05/02	ID# CK#	GRAPHIC PRINTING 439 MAIDEN LAKE IOWA CITY IA 52240	PRINTING	602.96
SUB-TOTAL				\$ 1667.03
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
<input type="checkbox"/> 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)
 T-K. PHILIPS FOR SUPERVISOR

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
12/05/02	ID# CK#	RIVERSIDE CURRENT RIVERSIDE IA 52327		\$ 30.00
	ID# CK#			
SUB-TOTAL				\$ 30.00
TOTAL (if last page of this schedule)				\$ 2379.00

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).)

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

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

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

TOTAL UNPAID LOANS FROM LAST REPORTING PERIOD \$ _____

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.)

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

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE (If Applicable*)	AMOUNT OF LOAN
	TERRY K. PHILIPS P.O. Box 305		\$
01/05/02	RIVERSIDE IN 57309	SAME	300.00

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

TOTAL (PART I) \$ 300.00

TOTAL CASH REPAYMENTS (PART II) \$ _____
 From Schedule E -- TOTAL LOANS FORGIVEN \$ _____
 TOTAL OUTSTANDING LOANS END OF REPORT PERIOD \$ _____

*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 when it applies.