

# DISCLOSURE SUMMARY PAGE

<b>FORM</b> <b>DR-2</b> (Rev. 01/98)	<b>DISCLOSURE</b> <b>REPORT</b>
<b>For Office Use Only</b>	
Comm. #	1244
Indexed	<input checked="" type="checkbox"/>
Audited	9-5-03
Computer	CC + WRS

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

**IMPORTANT:** Indicate type of committee you are reporting for:  1  2

( 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

Henry F. Marquard 563-264-6210 Dec 27, 2001  
**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 December 31, 2001 <sup>1-19-02</sup> REPORT FOR AN/A (1) ELECTION / (2) NON-ELECTION YEAR.  
 (report date) Indicate one  1  2 PM 12-29

CHECK IF AMENDMENT TO REPORT DATED \_\_\_\_\_

Local Committees, enter Date of Election
County & Local Committees, enter County in which Election is held

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.) .....\$ 25.68

**ADD TOTAL MONEY TAKEN IN THIS PERIOD**

Schedule A: Cash Contributions total (Attach Schedule A) ..... 210.00 ✓

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.....\$** 235.68

**SUBTRACT TOTAL MONEY SPENT THIS PERIOD**

Schedule B: Expenditures total (Attach Schedule B) ..... 235.68 ✓

Schedule F: Loan Repayments total (Attach Schedule F) ..... 0

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) .....\$ 0

**OUTSTANDING LOANS** (From Schedule F - Attach Schedule F) .....\$ 0

**CANDIDATE COMMITTEES ONLY:**

**CONSULTANT BREAKDOWN** (Schedule G Attached?) ..... YES  NO

**VALUE OF CAMPAIGN PROPERTY** (From Schedule H - Attach Schedule H) .....\$ 0

For Instructions, See Back of Form

**CONTRIBUTIONS – MONEY TAKEN IN**

(Including candidate's personal funds)

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

CITIZENS For MARQUARD

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

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
3/1/01	ID# CK#	Henry Marquard 108 Eagle Vnched Muscatine IA	candidate	\$ 25	
3/5/01	ID# CK#	Richard Oberhaus 404 Myrtle Ln Muscatine IA		50	
3/9/01	ID# CK#	Rose Danay 2107 Demarest Muscatine IA		50	
3/23/01	ID# CK#	Robert Meredith PO BOX 8048 Muscatine IA		50	
3/17/01	ID# CK#	Joan Carlson 2817 Musquata Rn Muscatine IA		15	
5/30/01	ID# CK#	Marilyn Schepers 413 W 3rd St MUSCATINE IA 52761		20	
	ID# CK#				
SUB-TOTAL				\$ 210-	
TOTAL (if last page of this schedule)				\$ 210	

\* 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.

**EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT**

SCHEDULE <b>B</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)  
*CITIZENS FOR MARQUARD*

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
1/31/01	ID# CK#	First National Bank of MUSCATINE 300E 2nd St MUSCATINE IA	Bank fees	\$ 2.05
2/28/01	ID# CK#	FIRST NATIONAL BANK	Bank fees	2.07
3/1	ID# CK# 607	US POSTAL SERVICE MUSCATINE IA 52761	POSTAGE	17.00
3/30	ID# CK#	FIRST NATIONAL BANK	Bank fees	2.27
4/30	ID# CK#	FIRST NATIONAL BANK	Bank fees	1.62
5/30	ID# CK#	First National Bank	Bank fees	1.63
6/29	ID# CK#	First National Bank	Bank fees	1.62
7/31	ID# CK#	FIRST NATIONAL BANK	BANK FEES	1.61
SUB-TOTAL				\$ 29.87
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).)

**EXPENDITURES – MONEY SPENT FROM COMMITTEE ACCOUNT**

<b>SCHEDULE</b> <b>B</b> (Rev. 09/97)	<b>MONETARY</b> <b>EXPENDITURES</b>
<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)  
**CITIZENS FOR MARQUARD**

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
8/31/01	ID# CK#	FIRST NATIONAL BANK OF MUSCATINE 300 E. 2nd St MUSCATINE, IA 52761	Bank fees	\$ 1.63
8/14/01	ID# CK# 608	MAILBOXES INC	Photocopies	26.75
9/28/01	ID# CK#	FIRST NATIONAL BANK	Bank Fees	1.75
10/10/01	ID# CK# 610	US. POSTAL SERVICE MUSCATINE IA 52761	POSTAGE	44.20
10/31/01	ID# CK#	FIRST NATIONAL BANK	Bank Fees	1.78
11/30/01	ID# CK#	FIRST NATIONAL BANK	Bank Fees	1.83
12/16/01	ID# CK#	MUSCATINE County Democrat PARTY, 3111 180th St MUSCATINE IA 52761	DISTRIBUTION OF Remaining Funds	127.87
	ID# CK#			
SUB-TOTAL				\$ 205.81
TOTAL (if last page of this schedule)				\$ 235.68

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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)(1).)