Notice of Dissolution

Every Notice of Dissolution shall be accompanied by a completed Disclosure Report Form current to the date of dissolution.

JUL 16 2002

COMMITTEE NAME

Official Name of Committee

BECKY MORELOCK FOR REPRESENTATIVE

Street

3016 EAST PAYTON AVENUE

City, State, Zip Code

DES MOINES, IA 50320

Area Code Telephone

(515) 285-6011

Effective date of dissolution:

JUNE 17, 2002

Sheila Warren

Signature of Treasurer

July 15, 2002

Date Signed

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:
I, the candidate, certify that my candidate committee's cash balance is zero, all debts, obligations and loans have been paid or satisfied in accordance with law as shown on my committee's final report and all campaign property and leftover funds have been distributed in accordance with Iowa Code section 56.42 and rule 351 IAC 4.42.

Rebecca B Morelock

Signature of Candidate - Required for Candidate's Committee

7/16/02

Date signed

WHEN TO FILE:

The Notice of Dissolution must be filed within thirty (30) days of the committee's dissolution, with a copy of the final bank statement attached. The final bank statement may be sent in later if it is not available at the time the Notice of Dissolution is filed.

FOR INSTRUCTIONS, SEE BACK OF FORM
This form is not applicable to statutory political committees.

FORM (Rev. 02/02)

DR-3
NOTICE OF DISSOLUTION

For Office Use Only

Comm. # 1396
Indexed
Audited
Computer
Certified Date of Dissolution

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

FORM **DR-2** (Rev. 05/2002)	DISCLOSURE REPORT

COMMITTEE NAME *(Must be same as on Statement of Organization)*
Becky Morelock for Representative

IMPORTANT: Indicate type of committee you are reporting for: [1]

(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. # 1396
Indexed
Audited
Computer
JUL 16 2002
HD

CANDIDATE COMMITTEES ONLY:

Candidate Name: BECKY MORELOCK
Political Party: DEMOCRAT
Office Sought: STATE REPRESENTATIVE
District (if Senate or House):

Rebecca Morelock — **SIGNATURE OF TREASURER (or person filing this report)**
515-285-6011 — **TELEPHONE**
7/16/02 — **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 JULY 19, 2002 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

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.) ..... $ 270.20

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below) 1224.00

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.....$

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below) ... 1494.20

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) ..... $

***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

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)*

BELLY MORELOCK FOR STATE REPRESENTATIVE

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
05/23/02	ID# CK# 042273	WILLIAM LILLIS 317 6TH AVENUE DES MOINES, IA 50309-4120		$ 100.00	
05/31/02	ID# CK#	CREDIT FROM BANKERS TRUST FOR INCORRECT CHECKS		114.00	
	ID# 6369 CK#	DEMOCRATIC ACTIVIST WOMENS NETWORK (DAWN) 4720 WESTWOOD DRIVE WEST DES MOINES IA 50265		500.00	
	ID# CK#			10.00	
	ID# 042273 CK# 1008	EMILY'S LIST 805 15TH ST NW, SUITE 400 WASHINGTON, DC 20005		500.00	
	ID# CK#				
	ID# CK#				
	ID# CK#				
	ID# CK#				
	ID# CK#				

SUB-TOTAL $1224

TOTAL ***(if last page of this schedule)*** $1224

* 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
☐ 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)*

BECKY MORELOCK FOR STATE REPRESENTATIVE

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
5/18/02	ID# CK# 1025	WALMART	FOOD FOR FUNDRAISER	$ 22.89
5/22/02	ID# CK# 1026	BINDERY ONE 1640 E COURT DES MOINES, IA 50316	MAILING	543.88
5/23/02	ID# CK# 1027	U S POST OFFICE	POSTAGE FOR MAILING	20.40
6/4/02	ID# CK# 1028	BINDERY ONE	POSTCARD MAILINGS	265.00
6/4/02	ID# CK# 1029	CARTER PRINTING 1739 E GRAND DES MOINES, IA 50300	POSTCARDS	540.60
6/17/02	ID# CK# CASHIERS	T.L. GRANTHAM & ASSOC. 100 E EUCLID AVE	CALLS TO VOTERS	101.43
	ID# CK#	# 167 DES MOINES, IA 50313		
	ID# CK#			

SUB-TOTAL $ 1494.20

TOTAL ***(if last page of this schedule)*** $ 1494.20

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 E (Rev. 06/97)	IN KIND CONTRIBUTIONS

☐ CHECK THIS BOX IF AMENDING FORM

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

BECKY MORELOCK FOR STATE REPRESENTATIVE

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
2/25/02	BECKY MORELOCK 3016 E PAYTON AVE DES MOINES, IA 50320		VOTER RECORD DISC	$ 50.00	
2/27/02	BECKY MORELOCK		INK CARTRIDGE COMPUTER PAPER	43.95	
2/27/02	BECKY MORELOCK		VOTER RECORD DISK	50.00	
02/20/02	BECKY MORELOCK		DISTRICT MAPS	6.00	
3/06/02	BECKY MORELOCK		COPIES FOR INTRO. MAILING	21.87	
3/9/02	BECKY MORELOCK		NAME TAG	30.59	
3/14/02	BECKY MORELOCK		POSTER MATERIALS	43.65	
3/18/02	BECKY MORELOCK		COPIES FOR MAILING	19.71	
3/20/02	BECKY MORELOCK		POSTAGE FOR MAILING	144.36	
3/21/02	BECKY MORELOCK		POSTAGE FOR FUNDRAISER	27.20	
			SUB-TOTAL	$ 440.33	
			TOTAL (if last page of this schedule)	$	

*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.

FOR INSTRUCTIONS, SEE BACK OF FORM

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

BECKY MORELOCK FOR STATE REPRESENTATIVE

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

☐ 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
03/21/02	BECKY MORELOCK 3016 E PAYTON AVE DES MOINES, IA 50320		SILK SCREEN FOR LARGE YARD SIGNS	$ 400.00	
03/25/02	BECKY MORELOCK		PROFESSIONAL CAMPAIGN WORKER	225.00	
3/25/02	BECKY MORELOCK		COMPUTER WORK	75.00	
3/26/02	BECKY MORELOCK		YARD SIGNS	392.80	
3/22/02	BECKY MORELOCK		BOARDS FOR YARD SIGNS	72.82	
3/15/02	BECKY MORELOCK		COPIES FOR HANDOUTS AT CONVENTION	53.00	
3/20/02	BECKY MORELOCK		POSTS FOR LARGE YARD SIGNS	55.63	
4/01/02	BECKY MORELOCK		POSTAGE FOR THANK YOU NOTES	34.50	
4/01/02	BECKY MORELOCK		DESIGN OF INITIAL LETTER TO VOTERS	178.75	
4/02/02	BECKY MORELOCK		PAPER FOR FUNDRAISER INVITATIONS	9.49	
			SUB-TOTAL	$ 1496.49	
			TOTAL (if last page of this schedule)	$	

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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)*

BECKY MORELOCK FOR STATE REPRESENTATIVE

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
4/03/02	BECKY MORELOCK 3016 E PALTON AVE DES MOINES, IA 50320		PAPER FOR FUNDRAISER INVITATIONS	$ 8.54	
4/04/02	BECKY MORELOCK		POSTAGE FOR INVITATIONS	68.00	
4/09/02	BECKY MORELOCK		RUBBER STAMP	15.37	
4/09/02	BECKY MORELOCK		PHONE CALLING	500.00	
3/20/02	BECKY MORELOCK		STAMPS	14.95	
3/28/02	BECKY MORELOCK		STAMPS	19.60	
6/17/02	BECKY MORELOCK		PHONE CALLING	516.57	

SUB-TOTAL $ 1137.03

TOTAL (if last page of this schedule) $ 3073.85

*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.

FOR INSTRUCTIONS, SEE BACK OF FORM

SCHEDULE **F** (Rev. 08/96)	**LOANS RECEIVED & REPAID**

☐ CHECK THIS BOX IF AMENDING FORM

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

BECKY MORELOCK FOR STATE REPRESENTATIVE

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

TOTAL UNPAID LOANS FROM LAST REPORTING PERIOD $ 500.00

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
03/01/02	GERALD MORELOCK 3016 E PAYTON DES MOINES, IA 50320	SPOUSE	$ 500.00

TOTAL *(PART I)* $ 500.00

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)* $ 0

From Schedule E -- TOTAL LOANS FORGIVEN $ 500.00

TOTAL OUTSTANDING LOANS END OF REPORT PERIOD $ 0

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