

DISCLOSURE SUMMARY PAGE

FORM DR-2 (Rev. 02/96)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	<u>1217</u>
Indexed	<u>0</u>
Audited	<u>0</u>
Computer	<u>WRS</u>

COMMITTEE NAME (Must be same as on Statement of Organization)
DICK TAYLOR FOR STATE REPRESENTATIVE

IMPORTANT: Indicate type of committee you are reporting for:

(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] (319) 365-6107
 SIGNATURE OF TREASURER (or person filing this report) TELEPHONE

8/12/03
 DATE SIGNED

Penalties Due For Late Filed Reports Range from \$10 to \$400

SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE:

AUG 14 2003
 pm 5-13

I AM FILING A July 19, 2002 REPORT FOR ANA (1) ELECTION (2) NON-ELECTION YEAR.
 (report date) Indicate one

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.)\$ 1495.28

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) 750.00

Schedule C: Fund-raising Events total (Attach Schedule C)..... _____

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\$ 2245.28

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B)..... 418.65

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)\$ 1826.63

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

IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E).....\$ 41.81

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. 02/96)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)
DICK TAYLOR 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
5/20/02	ID# 6216 CK# 1192	IBEW LOCAL 1362 370 Blaris Ferry Road Cedar Rapids, IA 52402		\$100.00
6/10/02	ID# 6070 CK# 2610	Iowa Lawpac 521 East Locust St. Des Moines, IA 50309		200.00
6/10/02	ID# 8026 CK# 46669	IBEW COPE 1125 15th St. NW Washington, DC 20005		250.00
6/10/02	ID# 8026 CK# 4788	" " " "		200.00
	ID# CK#			

SUB-TOTAL

TOTAL (if last page of this schedule)

\$
\$ 750.00

* 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.

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. 02/96)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)
 DICK TAYLOR 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 (CANDIDATES SEE BELOW & ENTER 1,2,3)	AMOUNT EXPENDED
5/20/02	ID# CK# 1069	Service Press 1105 3rd St. SE Cedar Rapids, IA 52401	letter head stationary (1)	\$ 42.40
6/10/02	ID# CK# 1070	Service Press	Printing on flyers (1)	277.55
6/10/02	ID# CK#1071	JAN Taylor 2721 31st St. SW Cedar Rapids, IA 52404	Postage Stamps (1)	84.00
5 & 6	ID# CK#	Bank Charges	()	14.70
	ID# CK#		()	
	ID# CK#		()	
	ID# CK#		()	
SUB-TOTAL				\$
TOTAL (if last page of this schedule)				\$ 418.65

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Campaign funds may be used only for:
 (1) campaign purposes,
 (2) constituency expenses, and
 (3) educational and other expenses associated with duties of office.

Please insert the applicable number in the purpose column for each expenditure.

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 E (Rev. 02/96)	IN KIND CONTRIBUTIONS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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

DICK TAYLOR 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
6/3/02	AFSCME IOWA 420 NW Second Ave. Des Moines, IA 50313		Postage and Lists	\$ 41.81
SUB-TOTAL				\$
TOTAL (if last page of this schedule)				\$ 41.81

*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.

DISCLOSURE SUMMARY PAGE

FORM DR-2 (Rev. 02/96)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	<u>1217</u>
Indexed	<u>e</u>
Audited	<u>7-25-03</u>
Computer	<u>WPS</u>

COMMITTEE NAME (Must be same as on Statement of Organization)
DICK TAYLOR FOR STATE REPRESENTATIVE *pm 7-18*

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

[Signature]
 SIGNATURE OF TREASURER (or person filing this report) (319) 365-6107
 TELEPHONE

7/18/02
 DATE SIGNED

Penalties Due For Late Filed Reports Range from \$10 to \$400

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

CHECK IF AMENDMENT TO REPORT DATED See amended report

Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
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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.)	\$ 1495.28
ADD TOTAL MONEY TAKEN IN THIS PERIOD	
Schedule A: Cash Contributions total (Attach Schedule A)	750.00
Schedule C: Fund-raising Events total (Attach Schedule C)	
Schedule F: Loans Received total (Attach Schedule F)	
Schedule H: Total Sales of Campaign Property (Attach Schedule H)	
<u>(Schedule H applies to Candidates' Committees Only)</u>	
SUB-TOTAL	\$ 2245.28
SUBTRACT TOTAL MONEY SPENT THIS PERIOD	
Schedule B: Expenditures total (Attach Schedule B)	418.65
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)	\$ 1826.63
UNPAID BILLS (From Schedule D - Attach Schedule D)	\$
IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)	\$ 41.81
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. 02/96)	MONETARY RECEIPTS
<input type="checkbox"/> 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)
~~DICK TAYLOR FOR STATE REPRESENTATIVE~~

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OK 6/10/02	ID# 6070 CK# 2610	Iowa Lawpac 521 East Locust St. Des Moines, IA 50309		200.00
OK 6/10/02	ID# 8026 CK# 46669	IBEW COPE 1125 15th St. NW Washington, DC 20005		250.00
OK 6/10/02	ID# 8026 CK# 4788	"" ""		200.00
	ID# CK#			

SUB-TOTAL
 \$
TOTAL (if last page of this schedule)
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EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

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<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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DIEK TAYLOR 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 (CANDIDATES SEE BELOW & ENTER 1,2,3)	AMOUNT EXPENDED
5/20/02	ID# CK# 1069	Service Press 1105 3rd St. SE Cedar Rapids, IA 52401	(1)	\$ 42.40
6/10/02	ID# CK# 1070	Service Press	(1)	277.55
6/10/02	ID# CK#1071	JAN Taylor 2721 31st St. SW Cedar Rapids, IA 52404	(1)	84.00
5 & 6	ID# CK#	Bank Charges	()	14.70
	ID# CK#		()	
	ID# CK#		()	
	ID# CK#		()	
SUB-TOTAL				\$
TOTAL (if last page of this schedule)				\$ 418.65

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FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)
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SCHEDULE E (Rev. 02/96)	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
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TOTAL (if last page of this schedule)				\$ 41.81

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