

DISCLOSURE SUMMARY PAGE

COMMITTEE NAME (Must be same as on Statement of Organization)
Carolyn Koos for State 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

CANDIDATE COMMITTEES ONLY:
 Candidate Name: Carolyn R. Koos Political Party: Republican
 Office Sought: State Representative District (if Senate or House): 82

Gay K. Koos
 SIGNATURE OF TREASURER (or person filing this report)

563-359-3959
 TELEPHONE

MAY 23 2002
PM 4/20
5-17-02
 DATE SIGNED

FORM DR-2 (Rev. 01/2001)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	<u>1379</u>
Indexed	<u>e</u>
Audited	
Computer	<u>WRS</u>

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 May 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.)\$ 0

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below) 2920

Schedule F: Loans Received total (Attach Schedule F)..... 175

Schedule H: Total Sales of Campaign Property (Attach Schedule H)..... _____

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL.....\$ 3095

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below).... 2005.22

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)\$ 1089.78

****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).....\$ 175

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)

Carolyn Koas 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
4/30/02	ID# CK#	Dr. Charles Pritchard 1820 Middle Rd. Bettendorf		\$ 50	
4/26/02	ID# CK#	Maybell Koas 2653 N. Howell St. Davenport	Mother-in-law	100	
4/15/02	ID# CK#	Thomas & Deborah Kline 45720 Bryn Mawr Canton, MI 48187	Sister-in-law	50	
4/17/02	ID# CK#	Robert & Katherine Donnelly 4 Michele Lane Warren, N.J. 07059	Sister	50	
4/17/02	ID# CK#	H.W. & Linda Miller 6766 Ridges Ct. Bettendorf, IA. 52722		100	
4/12/02	ID# CK#	Ruth M. Schaab 386 Union Av. Murray Hill, N.J. 07974	Mother	50	
4/16/02	ID# CK#	Richard & Donna Schaab 11 Justine Place Succasunna, N.J. 07876	Brother	25	
4/16/02	ID# CK#	David G. Strieter 4340 Tanglewood Rd. Bettendorf		100	
4/15/02	ID# CK#	James E. Slavens 1695 Deer Springs Cir. Bettendorf 52722		50	
4/22/02	ID# CK#	Harold & Mary Luch 17552 Prevost Detroit, MI. 48235		100	
SUB-TOTAL				\$ 675	
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)

Carolyn Koos 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.

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4/29/02	ID# CK#	William B. & Mary Gabrielson 12302 Titan Ct. Sun City West, A 2. 85375		\$ 50	
5/2/02	ID# CK#	James & Mary C. Van Fossen No. 13 Enchanted Island Davenport 52802		50	
5/2/02	ID# CK#	Gregory & Sandra Adamson 4266 Winston Pl. Bettendorf 52722		50	
4/8/02	ID# CK#	James D. & Gunda Davis 4940 Center Ct. Bettendorf 52722		100	
4/10/02	ID# CK#	Wayne & Kay Wagner 5298 Coachman Rd. Bettendorf 52722		100	
4/8/02	ID# CK#	Gregory & Sandra Adamson 4266 Winston Pl. Bettendorf 52722		100	
4/29/02	ID# CK#	William E. Stradt 2835 Crow Creek Rd. Bettendorf 52722		50	
4/23/02	ID# CK#	George Joseph 2550 Middle Rd. Bettendorf		50	
4/23/02	ID# CK#	William & Maria Zinkewich 4940 Blackhawk Trail Ct. Bettendorf		100	
4/24/02	ID# CK#	Maggie & Hovey Trisman 3055 Redwing Ct. Bettendorf 52722		100	
SUB-TOTAL				\$ 750	
TOTAL (if last page of this schedule)				\$	

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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)

Carolyn Koos 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.

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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
4-25-02	ID# CK#	Patty & Clyde Bradley 315-33rd Av. No Clinton, IA. 52732		\$ 50	
5-2-02	ID# CK#	Richard & Deanna James 4535 Amesbury Dr. Bettendorf 52722		50	
5-2-02	ID# CK#	John & Jo Bates 1835-14th St. Bettendorf 52722		50	
4-24-02	ID# CK#	Dr. Philip & Herming Habak 533 Riverview Terrace Bettendorf 52722		50	
5-3-02	ID# CK#	Mona & Robert Martin 1504 W. 29th Davenport 52804		50	
5-2-02	ID# CK#	David & Sandra Millage 3910 Aspen Hills Dr. Bettendorf 52722		50	
5-3-02	ID# CK#	John L. Bush 5401 Victoria Ave. Davenport 52807		50	
5-2-02	ID# CK#	Tim & Jane Wilkinson 5692 Lewis Court Bettendorf		50	
4-27-02	ID# CK#	Bruce Millage 3370 Winston Dr. #2 Bettendorf 52722		50	
4-25-02	ID# CK#	Roger & Cheryl Amhof 18210 - 230th St. Davenport 52804		50	
SUB-TOTAL				\$ 500	
TOTAL (if last page of this schedule)				\$	

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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)
Carolyn Hoos 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.

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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
4-27-02	ID# CK#	James & Rosemary Hitcher 4390 N. Newport Ct. Bettendorf		\$ 50	
4-26-02	ID# CK#	Dennis & Vicki Conard 2811 E. Hayes St. Davenport 52803		50	
5-11-02	ID# CK#	John H. Smith 2875 Hickory Hill Ln. Bettendorf 52722		50	
3-15-02	ID# CK#	Dennis & Vicki Conard 2811 E. Hayes St. Davenport 52803		100	
3-10-02	ID# CK#	Bub Eckerman 2550 Middle Rd Bettendorf		50	
4-23-02	ID# CK#	Cathy A. White 1883 Valley Brook Dr. Bettendorf, IA. 52722		100	
	ID# CK#	Contributions of \$25 or less for reporting period		595	
	ID# CK#				
	ID# CK#				
	ID# CK#				

SUB-TOTAL \$ 995
TOTAL (if last page of this schedule) \$ 2920

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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)

Carolyn Koos 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
3/4/02	ID# CK#	<i>Regalia 2018 4th Av. Rock Island, Ill.</i>	<i>Signs</i>	<i>\$34.69</i>
3/8/02	ID# CK#	<i>Kinkos 110 E. 50th St. Davenport 52806</i>	<i>Banner</i>	<i>112.35</i>
3/22/02	ID# CK#	<i>Crown Trophy 1906 Grant St. Bettendorf 52722</i>	<i>Candidate Badge</i>	<i>8.56</i>
4/5/02	ID# CK#	<i>U.S. Postmaster</i>	<i>Stamps</i>	<i>68.00</i>
4/7/02	ID# CK#	<i>Kinkos 110 E. 50th St. Davenport 52806</i>	<i>Copies of mailer</i>	<i>36.92</i>
4/8/02	ID# CK#	<i>U.S. Postmaster</i>	<i>Stamps</i>	<i>34.00</i>
4/12/02	ID# CK#	<i>The Printing Place 2330 Spruce Hills Dr. Bettendorf 52722</i>	<i>Print & stationery</i>	<i>185.53</i>
4/12/02	ID# CK#	<i>U.S. Postmaster</i>		<i>34.00</i>
SUB-TOTAL				<i>\$ 514.05</i>
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)
Carolyn Roos 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
4/22/02	ID# CK#	U.S. Postmaster	Postage for mailer	\$108. ⁸⁰
4/25/02	ID# CK#	Regalia 2018 4th Av. Rock Island, Ill.	Yard Signs	250. ⁰⁰
5/6/02	ID# CK#	Midwest Graphics 920 15th Av. East Moline, Ill. 61244	Print Fundraiser Invitations	648.25
5/6/02	ID# CK#	Regalia 2018 4th Av. Rock Island, Ill.	Yard Signs	405. ⁵⁰
5/9/02	ID# CK#	Hallmark 2900 Devils Glen Rd. Bettendorf 52722	Thank you cards	31.78
5/10/02	ID# CK#	U.S. Postmaster	Stamps	34. ⁰⁰
2/28/02 3/31/02 4/30/02	ID# CK#	Wells Fargo Davenport, IA.	Bank fees \$4.28/month	12.84
	ID# CK#			

SUB-TOTAL \$1491.¹⁷

TOTAL (if last page of this schedule) \$2005.²²

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)(l).)

COMMITTEE NAME (Must be same as on Statement of Organization)
Cardyn Koos for State Representative

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

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

TOTAL UNPAID LOANS FROM LAST REPORTING PERIOD \$ 0

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
2/22/02	GARY K. KOOS	Husband	\$ 100
3/8/02	GARY K. KOOS	Husband	\$ 75

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) \$ 175

TOTAL CASH REPAYMENTS (PART II) \$ _____
 From Schedule E -- TOTAL LOANS FORGIVEN \$ _____
 TOTAL OUTSTANDING LOANS END OF REPORT PERIOD \$ 175

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