

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

FORM DR-2 (Rev. 01/2001)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	<u>957</u>
Indexed	<u>0</u>
Audited	
Computer	<u>W</u>

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

MAY 21 2002
pm 5:18

CANDIDATE COMMITTEES ONLY:

Candidate Name TODD TAYLOR Political Party DEMOCRAT

Office Sought STATE REPRESENTATIVE District (if Senate or House) 34

[Signature] 319-396-4456 5-15-02
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 MAY 20, 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.)	\$	<u>2,658.24</u>
ADD TOTAL MONEY TAKEN IN THIS PERIOD		
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)		<u>3,850.00 0</u>
Schedule F: Loans Received total (Attach Schedule F).....		<u>0</u>
Schedule H: Total Sales of Campaign Property (Attach Schedule H).....		<u>0</u>
(Schedule H applies to Candidates' Committees Only)		
	SUB-TOTAL.....\$	<u>6,508.24</u>
SUBTRACT TOTAL MONEY SPENT THIS PERIOD		
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)...		<u>1,596.87</u>
Schedule F: Loan Repayments total (Attach Schedule F)		<u>0</u>
CASH ON HAND at the end of this reporting period (if final report, balance must be zero) (Attach DR-3)	\$	<u>4,911.37</u>
**UNPAID BILLS (From Schedule D - Attach Schedule D)	\$	<u>0</u>
**IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)	\$	<u>0</u>
**OUTSTANDING LOANS (From Schedule F - Attach Schedule F).....	\$	<u>0</u>
CANDIDATE COMMITTEES ONLY:		
CONSULTANT BREAKDOWN (Schedule G Attached?)		<u>YES</u> <input checked="" type="checkbox"/> <u>NO</u> <input type="checkbox"/>
VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)	\$	<u>750.00</u>

For instructions, See Back of Form

SCHEDULE A (Rev. 06/97)	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)

TAYLOR FOR 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
1-17 2002	ID# <u> </u> CK# 1553	HEALY HIGHWAY PAC 2415 INGERBOLL DR DES MOINES, IA 50312		\$ 250 ⁰⁰	
1-17	ID# <u> </u> CK# 3061	CENTRAL IOWA BUS/COACH & CONSTRUCTION TRADES COUNCIL P.O. Box 7310 DES MOINES IA 50307		200 ⁰⁰	
1-12	ID# <u> </u> CK# 8051	CRAIG NIELSON 2200 REVER ROAD COUNCIL BLUFFS, IA 51501		100 ⁰⁰	
1-26	ID# <u> </u> CK# 7021	TED TOWNSEND 3425 HUBBELL DES MOINES, IA 50317		100 ⁰⁰	
4-3	ID# <u> </u> CK# 5728	KAREN VOER 7211 SANDHURST DR C.R. IOWA 52405		50 ⁰⁰	
5-6	ID# <u> </u> CK# 1183	SHEET METAL CONTRACTORS OF IA. 1454 30th STREET SUITE 201 WEST DES MOINES, IA 50266		100 ⁰⁰	
5-6	ID# 6063 CK# 1489	IOWA DENTAL ASSOCIATION 505 5th AVE. STE. 333 DES MOINES, IA 50309		100 ⁰⁰	
5-6	ID# 6060 CK# 2034	IOWA COMM. ON POSTSECONDARY EDUCATION INC. C/O 2000 WALKER, SUITE A DES MOINES, IA 50317		200 ⁰⁰	
5-6	ID# <u> </u> CK# 4186	JOE T DES TRUNSCOE 2424 VICTORIA DR. C.R. IOWA 52404		50 ⁰⁰	
5-6	ID# <u> </u> CK# 910	WILLIAM MAHN 1704 PARK AVE. CEDAR RAPIDS, IA 52403		50 ⁰⁰	

SUB-TOTAL

\$ 1,200⁰⁰

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)

Dylan For 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
2002 5-1	ID# CK#	SHANE WOODS ROUTE 5 ANAMOSA IA		\$ 50 ⁰⁰ (CASH)	
✓ 5-6	ID# 9667 CK# 1017	NEW AMERICA OPTIMISTS NON-FEDERAL SA. P.O. BOX 2067 RALEIGH, NC. 27602-2068		500 ⁰⁰	
✓ 5-7	ID# 6139 CK# 2089	LOCAL 310 UNITED STEEL WORKERS CORE ACCOUNT 125 NW BROADWAY DES MOINES, IA 50313		500 ⁰⁰	
5-7	ID# CK# 2560	AFFSOME / COUNCIL 61 PEOPLE 4320 N.W. 2 ND AVE. DES MOINES, IA 50313		1,000 ⁰⁰	
5-9	ID# 9670 CK# 3000	IRONWORKERS LOCAL 89 POLITICAL ED. FUND 5000 J STREET S.W. CECIL RAPIDS, IOWA 52404		500 ⁰⁰	
5-13	ID# CK# 1193	IBEW LOCAL - 1362 POLITICAL ACTION FUND 370 BLAIRS FERRY RD C.R. IOWA 52402		100 ⁰⁰	
	ID# CK#				
SUB-TOTAL				\$ 2,650 ⁰⁰	
TOTAL (if last page of this schedule)				\$ 3,850 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.

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)
Taylor for 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
2002				
2-22	ID# CK# 1271	POSTMASTER MAIN POST OFFICE CEDAR RAPIDS IA 52404	STAMPS	\$ 102. ⁰⁰
3/7	ID# CK# 1272	TRUMAN FUND 5661 7th DR. DES MOINES, IA 50321	POLITICAL CONT.	50. ⁰⁰
2/25	ID# CK# 1273	CARTER PRINTING 1739 EAST GRAND AVE. DES MOINES, IA 50316	BUSINESS CARDS	55.12
3/7	ID# CK# 1274	CUSTOM AWARDS STATE CAPITAL C/O POST OFFICE DES MOINES, IA 50309	LEGISLATIVE SHIRTS	54.00
2/18	ID# CK# 1270	THE GAZETTE 500 3RD AVE. Box 511 C.R. Iowa 52406	2002 SURVIV	526.15
3/9	ID# CK# 1275	TOOD TAYLOR 1416 A AVE. N.W. C.R. Iowa 52404	REIMBURSEMENTS (SEE ATT.)	120.28
3-9	ID# CK# 1276	DES MOINES STAMP CO 851 6th AVE. Box 179F DES MOINES, IA 50306	PERMA-STAMP	26.17
3-14	ID# CK# 1277	C.R. POST OFFICE 615 6th ST. S.E. C.R. Iowa 52401	BULK MAILING	426.00
SUB-TOTAL				\$ 1,353.72
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

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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)
TAYLOR FOR 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
<i>2002</i>				
<i>1-20</i>	ID# CK# <i>1269</i>	<i>THE GAZETTE</i> <i>500 3RD AVE. BOX 511</i> <i>C.R. IOWA 52406</i>	<i>SUBSCRIPTION</i> <i>PHOTO REPRINT</i>	<i>\$ 97.20</i>
<i>5-6</i>	ID# CK# <i>1278</i>	<i>TREASURER STATE OF IA</i> <i>LUCAS STATE BUILDING</i> <i>321 EAST 10TH STREET</i> <i>DES MOINES, IA 50319</i>	<i>GAMBLING LICENSE</i>	<i>75.00</i>
<i>5-6</i>	ID# CK# <i>1279</i>	<i>THE GAZETTE</i> <i>500 3RD AVE. S.E.</i> <i>C.R. IOWA 52406</i>	<i>NEWSPAPER TO</i> <i>ENHANCE CAMPA.</i> <i>13 WEEKS</i>	<i>70.95</i>
	ID# CK#			
SUB-TOTAL				<i>\$ 243.15</i>
TOTAL (if last page of this schedule)				<i>\$ 1,596.87</i>

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THIS FORM IS USED BY CANDIDATES' COMMITTEES ONLY

SCHEDULE
H
(Rev. 02/96)

CAMPAIGN
PROPERTY

ATTACH SCHEDULE H TO
EACH REPORT, MAKING
CHANGES AS REQUIRED.

CHECK THIS BOX IF
AMENDING FORM

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

TAYLOR FOR REPRESENTATIVE

PART I - ONGOING INVENTORY OF CAMPAIGN PROPERTY

PART II - SALES OR TRANSFERS OF CAMPAIGN PROPERTY **

Date Purchased (Schedule B) or Date Received (Schedule E) (MM/DD/YR)	Description of Property	Purchase Price or Est. Value When Acquired*	Current Value at Fair Market This Report
1-16 2001	COMPUTER	2,200 ⁰⁰	750 ⁰⁰

Date (MM/DD/YR)	Name and Address of Purchaser/Donee	Description of Property	Sold? Y/N	Sale Price	Value of Donation

TOTAL VALUE CAMPAIGN PROPERTY THIS REPORT (TRANSFER TO SUMMARY PAGE) \$ 750.00

** PROPERTY SALES & TRANSFERS TOTAL (TRANSFER TO SUMMARY PAGE) \$ 0 TOTALS \$ 0 \$ 0

* If estimated, show *est.* beside figure.

(Attach Additional Schedules if Needed)

Page 1 of 1 Pages (For Schedule H)