

8928279360 AIRBORNE

DISCLOSURE SUMMARY PAGE

FORM DR-2 (Rev. 01/98)

DISCLOSURE REPORT

For Office Use Only

Comm. # 91051 Indexed AW Audited Computer 892 827 9360

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

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

SIGNATURE OF TREASURER (or person filing this report) Telephone 563-884-4444 DATE SIGNED 5-20-02

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 20th, 2002 (report date) REPORT FOR AN/A (1) ELECTION /(2) NON-ELECTION YEAR. 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

Table with columns for description and amount. Rows include: CASH ON HAND at the beginning of the reporting period (\$1220.28), ADD TOTAL MONEY TAKEN IN THIS PERIOD (Schedule A: 100, Schedule F: 0, Schedule H: 0), SUB-TOTAL (\$1320.28), SUBTRACT TOTAL MONEY SPENT THIS PERIOD (Schedule B: 400.06, Schedule F: 0), CASH ON HAND at the end of this reporting period (\$920.22).

Table with columns for description and amount. Rows include: UNPAID BILLS (\$0), IN KIND CONTRIBUTIONS (\$0), OUTSTANDING LOANS (\$0).

CANDIDATE COMMITTEES ONLY:

CONSULTANT BREAKDOWN (Schedule G Attached?) [] YES [] NO VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H) \$

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)
Iowa Progress Committee

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
1/26/02	ID# CK# 1027	Bill Halverson 52803 2356 Elm St Davenport IA	Contribution	\$ 300 -
2/9/02	ID# CK# 1028	Copy Shop 52803 628 N. Harrison St. Davenport	Printing	72 86
2/9/02	ID# CK# 1029	USPS 52802 933 W 2nd St. Davenport IA	Postage	27 20
	ID# CK#			
SUB-TOTAL				\$ 400 06
TOTAL (if last page of this schedule)				\$ 400 06

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).)

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)
Iowa Progress Committee

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 PAC CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
2/5/02	ID# CK# 1492	Tom McNamara PO Box 4717 Davenport IA 52808		\$ 100 ⁻	
	ID# CK#				
SUB-TOTAL				\$ 100 ⁻	
TOTAL (if last page of this schedule)				\$ 100 ⁻	

* 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.