FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

FORM DR-2 (Rev. 01/2001)	DISCLOSURE REPORT

For Office Use Only
Comm. # 1451
Indexed SN
Audited
Computer

COMMITTEE NAME *(Must be same as on Statement of Organization)*
JUDITH MALONE FOR STATE REP.

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

CANDIDATE COMMITTEES ONLY:

Candidate Name: JUDITH MALONE
Political Party: R
Office Sought: STATE REP
District (if Senate or House): P6+

OCT 21 2002
pm 10-18

William R. Barnes
SIGNATURE OF TREASURER (or person filing this report)

563/659/3136
TELEPHONE

10/14/02
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 OCT 19 2002 REPORT FOR AN/A (1) **ELECTION** /(2)**NON-ELECTION** YEAR.
(report date) Indicate one [/]

☐ 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.) ..... $ 2,561.85

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below) 1,745.00

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)... 1,743.43

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) ..... $ 2,459.51

****UNPAID BILLS** (From Schedule D - Attach Schedule D) ..... $ 819.92

***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

CONTRIBUTIONS – MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 06/97)	MONETARY RECEIPTS
☐ CHECK THIS BOX I AMENDING FORM	

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

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 FU RAI INC
9/30/02	ID# CK#	DAYTON HOWE 1116 4TH ST CT DEWITT IA 52742		$ 25.00	
"	ID# CK#	MARYANN TYLER 2323 FAIRHAVEN DAV. IA. 03		50.00	
"	ID# CK#	MR/MRS JOHN SUNDERBRUCH 301 N. ELMWOOD DAV. IA. 52804		50.00	
"	ID# CK#	MR/MRS JOHN VOGT 3017 CHATEAU KNOLL BETT. IA 52722		50.00	
"	ID# CK#	ANN GARTON 204 E RUSHOLME DAV. IA 52803		50.00	
"	ID# CK#	DAVID ILTEN 1357 NORTHLAWN DAV. IA 04		35.00	
"	ID# CK#	JOHN GUMPERT 3224 W-COMBARD DAV. IA 04		25.00	
"	ID# CK#	TINA MARTINS 2113 HIGHLAND AVE DAV. IA. 03		25.00	
"	ID# CK#	MR/MRS JIM VAN FOSSEN #13 ENCHANTED ISLAND DAV. IA. 02		50.00	
"	ID# CK#	MR/MRS WAYNE MONTGOMERY 210 FERNWOOD DAV. IA. 03		25.00	

SUB-TOTAL $ 385.00

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
☐ CHECK THIS BOX I AMENDING FORM	

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

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 FU RAI INC
9/30/02	ID# CK#	SEVERLY SMITH 1 TEMPLE LANE DAV. IA. 52803		$ 50.00	
9/30/02	ID# CK#	MR/MRS THOMAS COLEY 1761 CINDY CT BETT. IA. 52722		50.00	
9/30/02	ID# CK#	MR/MS ERWIN HOWARD 2425 ELM DAV. IA 52803		50.00	
9/30/02	ID# CK#	JIM PATTON 1024 W. 3RD DAV. IA. 52802		25.00	
9/30/02	ID# CK#	JACK HABERMAN 519 W. 8TH ST DAV. IA. 03		50.00	
9/30/02	ID# CK#	MR/MRS MIKE MONTGOMERY 2895 E. 43RD DAV. IA. 52807		50.00	
"	ID# CK#	MR/MRS DUDLEY PRIESTER 49 HILLCREST DAV. IA. 03		50.00	
"	ID# CK#	MR/MS PETER CLARK 235 LOMBARD DAV. IA 03		25.00	
"	ID# CK#	MR/MRS KUO-HO YANG 7420 FAIRHAVEN DAV. IA. 52807		25.00	
"	ID# CK#	MR/MRS VINCE RYAN 504 W. 7TH DAV. IA. 52803		35.00	
			SUB-TOTAL	$ 410.00	
			TOTAL ***(if last page of this schedule)***	$	

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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)*

[illegible]

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 FUN RAIS INCO
9/30/02	ID# CK#	JACK HABERMAN 519 W. 8TH DAV. IA. 03		$250.00	
"	ID# CK#	MR/MRS LOFGREN 28 KENWOOD AVE DAV. IA. 03		50.00	
"	ID# CK#	JOHN ALLENSWORTH 823 SIEGFRIEDT DAV. IA 04		100.00	
"	ID# CK#	MR/MRS JOHN HAYES 11 ROBERTS AVE DAV. IA. 03		50.00	
8/19/02	ID# CK#	MR/MRS PAUL NOVOTNY 25370 MADISON WHEATON IL 60187		500.00	
	ID# CK#				
	ID# CK#				
	ID# CK#				
	ID# CK#				
	ID# CK#				

SUB-TOTAL $950.00

TOTAL ***(if last page of this schedule)*** $1,745.00

* 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.

FOR INSTRUCTIONS, SEE BACK OF FORM

SCHEDULE B (Rev. 09/97)	MONETARY EXPENDITURE
☐ 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)*

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
8/07/02	ID# CK# 1003	MARQUETTE FEST 5TH & MARQUETTE DAV. IA 02	BOOTH MARQUETTE FEST	$ 50.00
8/13/02	ID# CK# 1004	USPS DAV. IA	POSTAGE	37.00
8/22/02	ID# CK# 1006	USPS DAV. IA	"	6.00
8/28/02	ID# CK# 1007	PHILIP HOFONGA MARTLE ST DAV IA	FOOD/BEV SHARE	50.00
8/28/02	ID# CK# 1008	OFFICE MAX DAV. IA.	OFFICE SUPPLIES	71.37
8/29/02	ID# CK# 1009	BIG LOTS DAV. IA 52864	"	12.71
9/17/02	ID# CK# 1010	USPS DAV. IA	POSTAGE	45.00
9/18/02	ID# CK# 1011	OFFICE MAX DAV. IA	OFFICE SUPPLIES	9.53
			SUB-TOTAL	$281.61
			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 Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM

SCHEDULE B (Rev. 09/97)	MONETARY EXPENDITUR
☐ 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)*

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
9/23/02	ID# CK# 1012	USPS DAV. IA.	POSTAGE	$ 37.00
9/24/02	ID# CK# 1013	AMERICAN PIE CW. LOCUST ST DAV. IA.	PIZZA FOR CAMPAIGNERS	37.18
10/01/02	ID# CK# 1014	FCO 5200 ELMORE DAV. IA	PAPER PLATES FUNDRAISER	10.65
10/03/02	ID# CK# 1015	STAPLES 5200 ELMORE DAV IA.	COMPUTER	887.50
10/02/02	ID# CK# 1016	KINKO'S DAV. IA	~~[illegible]~~ OFFICE SUPPLIES	61.20
10/10/02	ID# CK# 1017	USPS DAV. IA.	POSTAGE (BULK)	324.38
10/18/02	ID# CK# 1018	USPS DAV. IA.	BULK POSTAGE	103.91
	ID# CK#			

SUB-TOTAL $ 1,461.82

TOTAL ***(if last page of this schedule)*** $ 1,743.43

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 Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM

SCHEDULE D (Rev. 08/98)	INCURRED INDEBTEDNE

☐ CHECK THIS BO IF AMENDING FORM

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

JUDITH MALONE STATE REP

NOTE: Debts previously reported that remain unpaid must be included on this Schedule, as well as any new obligations incurred in this period.

An "Incurred debt" is a debt fo goods or services ordered or received, but not paid for by th end of the reporting period., regardless of whether an invoi has been received.

DEBTS/OBLIGATIONS REMAINING THIS REPORTING PERIOD (DO NOT INCLUDE LOANS – SHOW LOANS ON SCHEDULE F)

DATE INCURRED (MM/DD/YR)	NAME AND ADDRESS OF PERSON TO WHOM DEBT OR OBLIGATION IS OWED	DESCRIPTION OF GOODS OR SERVICES PROVIDED OR PURCHASED	BALANCE OWED A CLOSE OF REPORTING PERIOD*
5/14/02	JUDITH MALONE	OFFICE SUPPLIES	$ 819.92
		SUB-TOTAL	$
		TOTAL DEBTS OWED BY COMMITTEE AT THE END OF THIS REPORTING PERIOD	$ 819.92

*If actual figure is unknown, show "estimated" beside the figure.

Page 1 of 1 (for Schedule D)

CANDIDATE COMMITTEES NOTE:
*Incurred indebtedness also includes each person/entity with whom the candidate's committee has entered into a contract during the reporting period for future or continuing performance. Enter the name of the consultant who provides or procures services for items such as advertising, fund-raising, polling, managing, or organizing services. Report on Schedule G the nature of performance and the estimated performance reasonably expected of the consultant.

COMMITTEES ONLY

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)*
JUDITH MALONE FOR STATE REP

PART I - ONGOING INVENTORY 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
9/27/02	COMPUTER	887.50	887.50

PART II - SALES OR TRANSFERS OF CAMPAIGN PROPERTY **

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

TOTAL VALUE CAMPAIGN PROPERTY THIS REPORT (TRANSFER TO SUMMARY PAGE) $ 887.50

** PROPERTY SALES & TRANSFERS TOTAL (TRANSFER TO SUMMARY PAGE) $ _____

TOTALS $ _____ $ _____

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

(Attach Additional Schedules If Needed)

Page 1 of 1 Pages
(For Schedule H)