

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

Reset Form

FORM DR-2 (Rev. 05/2002)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	1348
Indexed	
Audited	
Computer	

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

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

CANDIDATE COMMITTEES ONLY:

Candidate Name LINDA POWELL	Political Party DEMOCRATIC
Office Sought HOUSE OF REPRESENTATIVES	District (if Senate or House) 58

NOV - 4 2002
pm 10:31
FILED

John D. C.
SIGNATURE OF TREASURER (or person filing this report)

641-332-2133
TELEPHONE

10/30/02
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 NOVEMBER 1, 2002 REPORT FOR AN/A (1) ELECTION /(2)NON-ELECTION YEAR.
(report date) Indicate one 1

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.)	\$ 4,205.13
ADD TOTAL MONEY TAKEN IN THIS PERIOD	
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)	1,575.00
Schedule F: Loans Received total (Attach Schedule F)	0.00
Schedule H: Total Sales of Campaign Property (Attach Schedule H)	450.00
(Schedule H applies to Candidates' Committees Only)	
SUB-TOTAL.....	\$ 5,780.13
SUBTRACT TOTAL MONEY SPENT THIS PERIOD	
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below) ...	1,445.21
Schedule F: Loan Repayments total (Attach Schedule F)	0.00
CASH ON HAND at the end of this reporting period (if final report, balance must be zero) (Attach DR-3)	\$ 4,334.92

**UNPAID BILLS (From Schedule D - Attach Schedule D)	\$ 0.00
**IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)	\$ 100.00
**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)	\$ 0.00

CANDIDATE COMMITTEES ONLY:

CONSULTANT BREAKDOWN (Schedule G Attached?) YES NO

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H) \$ 450.00

For Instructions, See Back of Form

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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)
CITIZENS FOR POWELL

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
10/15/02	ID# C00190876 CK# 1087	EFFECTIVE GOVERNMENT COMMITTEE 209 PENNSYLVANIA AV, SE WASHINGTON, DC 20003		\$ 250.00	<input type="checkbox"/>
10/17/02	ID# 6086 CK# 12846	IOWA STATE EDUCATION ASSOC. 777 THIRD STREET DES MOINES, IA 50309-1301		1,000.00	<input type="checkbox"/>
10/17/02	ID# CK#	CHERYL R. POWELL 2039 RT 18 ALIQUIPPA, PA 15001	SISTER	100.00	<input type="checkbox"/>
10/17/02	ID# CK#	NORMA OCHELTREE 508 S. 7TH STREET GUTHRIE CENTER, IOWA 50115		25.00	<input type="checkbox"/>
10/27/02	ID# CK#	GARY KEAST 6004 TULIP COURT PANORA, IOWA 50216		100.00	<input type="checkbox"/>
10/21/02	ID# CK#	CASS COUNTY DEMOCRATIC COMMITTEE 602 E. 8TH ST ATLANTIC, IOWA 50022		100.00	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
SUB-TOTAL				\$ 1,575.00	
TOTAL (if last page of this schedule)				\$ 1,575.00	

* 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.

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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)
CITIZENS FOR POWELL

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
10/15/02	ID# CK#	ANITA TRIBUNE ANITA, IOWA 50020	NEWSPAPER ADS	\$ 120.00
10/16/02	ID# CK#	MARY L. BARNETT LIBRARY 400 GRAND GUTHRIE CENTER, IOWA 50115	PHOTOCOPIES OF DISCLOSURE REPORT	1.95
10/16/02	ID# CK#	US POSTAL SERVICE 500 MAIN STREET GUTHRIE CENTER, IOWA 50115	MAILED DISCLOSURE REPORT	5.11
10/18/02	ID# CK#	K107 204 S. DIVISION ST STUART, IOWA 50250	RADIO ADS	168.00
10/18/02	ID# CK#	KSOM (MEREDITH COMMUNICATIONS)	RADIO ADS	168.00
10/18/02	ID# CK#	KJAN (WIRELESS COMMUNICATIONS, CORP.) P.O. BOX 389 ATLANTIC, IOWA 50022	RADIO ADS	186.00
10/18/02	ID# CK#	KDLS	RADIO ADS	174.00
10/21/02	ID# CK#	AUDUBON COUNTY ADVOCATE 301 BROADWAY AUDUBON, IOWA 50025	NEWSPAPER ADS	283.50
SUB-TOTAL				\$ 1,106.56
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).)

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SCHEDULE B (Rev. 09/97)	MONETARY EXPENDITURES
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COMMITTEE NAME (Must be same as on Statement of Organization)
CITIZENS FOR POWELL

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
10/21/02	ID# CK#	DANISH VILLAGES VOICE 4122 MAIN ELK HORN, IOWA 51531	NEWSPAPER ADS	\$ 120.00
10/21/02	ID# CK#	FONTANELLE OBSERVER 313 - 5TH FONTANELLE, IOWA 50846	NEWSPAPER ADS	80.00
10/21/02	ID# CK#	STUART HERALD BOX 608 STUART, IOWA 50250	NEWSPAPER ADS	20.00
10/29/02	ID# CK#	GUTHRIE WELDING 106 INDUSTRIAL ROAD GUTHRIE CENTER, IOWA 50015	SIGN HOLDERS AND POSTS	118.65
	ID# CK#			
SUB-TOTAL				\$ 338.65
TOTAL (if last page of this schedule)				\$ 1,445.21

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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).)

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SCHEDULE E (Rev. 06/97)	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	✓ IF FOR FUND-RAISER CONTRIBUTION
10/15/02	ANDY PRIESTLEY 5027 HAWTHORNE DR, APT K WEST DES MOINES, IOWA 50265	NEPHEW	WEBSITE	\$ 100.00	<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
SUB-TOTAL				\$ 100.00	
TOTAL (if last page of this schedule)				\$ 100.00	

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