

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

NOV - 1 2002

pm 10.31

FORM DR-2 (Rev. 01/98)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	<u>1328</u>
Indexed	<u>2</u>
Audited	
Computer	

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

Russell for Representative

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 State of Candidates

SIGNATURE OF TREASURER (or person filing this report) Alfred Russell

TELEPHONE 462-4006

DATE SIGNED 10-30-02

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 November 1, 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.)

\$ 5497.12

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A).....

800.00

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

00

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

00

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL.....\$ 6,297.12

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B).....

103.89

Schedule F: Loan Repayments total (Attach Schedule F).....

00

CASH ON HAND at the end of this reporting period (if final report, balance must be zero) (Attach DR-3)

\$ 6193.23

UNPAID BILLS (From Schedule D - Attach Schedule D).....\$ 00

IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E).....\$ 5359.80

OUTSTANDING LOANS (From Schedule F - Attach Schedule F).....\$ 00

CANDIDATE COMMITTEES ONLY:

CONSULTANT BREAKDOWN (Schedule G Attached?)

YES NO

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

\$ 00

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CONTRIBUTIONS -- MONEY TAKEN IN
(Including candidate's personal funds)

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

SCHEDULE A (Rev. 06/97)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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-RAISE INCOME
✓ 10-22-02	ID# 0001 CK# 90876	Effective Government Committee 1607 - 14 St. NW Ste 500 Wash, DC 20005		\$ 500.00	
10-20-02	ID# CK#	Raymond Clark 135 Bel Aire Dr Waukegan 50263		50.00	
10-23-02	ID# CK#	Jane Greenman 1518 13 St., Ames 50010		50.00	
✓ 10-29-02	ID# CK# 6019	CAWA, Local 7102 3612 SW 9 St. Des Moines 50315		100.00	
10-29	ID# CK#	David England 2006 S Oakway Blvd, Oakway 50021		50.00	
10-29	ID# CK#	James Lynch 1679 2405B Redford 50233		50.00	
10-29	ID# CK#				
	ID# CK#				
	ID# CK#				
	ID# CK#				

SUB-TOTAL \$ 800.00

TOTAL (if last page of this schedule) \$ 800.00

* 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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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)
Russell Jr 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
10-26-02	ID# CK#	<i>Shopper Winterset, IA</i>	<i>p. copies of files</i>	\$ 44.35
10-27-02	ID# CK#	<i>AT&T</i>	<i>long distance - to sebaudo rate</i>	59.54
	ID# CK#			
SUB-TOTAL				\$ 103.89
TOTAL (if last page of this schedule)				\$ 103.89

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

Russell for Representative

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
<i>✓ 10-23-02</i>	<i>Iowa Democratic Party</i>	<i>9098</i>	<i>direct mail piece of postage</i>	<i>\$ 1345.06</i>	
<i>✓ 10-29-02</i>	<i>Iowa Democratic Party</i>	<i>9098</i>	<i>direct mail piece postage</i>	<i>2007.37</i>	
<i>✓ 10-29-02</i>	<i>Iowa Democratic Party</i>	<i>9098</i>	<i>direct mail piece of postage</i>	<i>2007.37</i>	

SUB-TOTAL \$ *5359.80*

TOTAL (if last page of this schedule) \$ *5359.80*

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