

# DISCLOSURE SUMMARY PAGE

FORM <b>DR-2</b> (Rev. 02/96)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	<u>1217</u>
Indexed	<u>          </u>
Audited	<u>          </u>
Computer	<u>WRS</u>

COMMITTEE NAME (Must be same as on Statement of Organization)  
DICK TAYLOR FOR STATE 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]  
 SIGNATURE OF TREASURER (or person filing this report) (310) 365-6107 TELEPHONE

11/12/03  
~~10/19/02~~  
 DATE SIGNED

**Penalties Due For Late Filed Reports Range from \$10 to \$400**

**SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE:**

I AM FILING A 11-16-2 Oct. 29, 2002 REPORT FOR ANA (1) ELECTION / (2) NON-ELECTION YEAR.  
 (report date) Indicate one

AUG 14 2003  
 PM 5-13

CHECK IF AMENDMENT TO REPORT DATED 10-29-02

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.)	\$	<u>7774.03</u>
<b>ADD TOTAL MONEY TAKEN IN THIS PERIOD</b>		
Schedule A: Cash Contributions total (Attach Schedule A)		<u>2200.00</u>
Schedule C: Fund-raising Events total (Attach Schedule C)		<u>          </u>
Schedule F: Loans Received total (Attach Schedule F)		<u>          </u>
Schedule H: Total Sales of Campaign Property (Attach Schedule H)		<u>          </u>
<u>(Schedule H applies to Candidates' Committees Only)</u>		
	SUB-TOTAL .....	<u>9974.03</u>
<b>SUBTRACT TOTAL MONEY SPENT THIS PERIOD</b>		
Schedule B: Expenditures total (Attach Schedule B)		<u>3383.55</u>
Schedule F: Loan Repayments total (Attach Schedule F)		<u>          </u>
CASH ON HAND at the end of this reporting period (if final report, balance must be zero) (Attach DR-3)	\$	<u>6590.48</u>
UNPAID BILLS (From Schedule D - Attach Schedule D)	\$	<u>          </u>
IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)	\$	<u>          </u>
OUTSTANDING LOANS (From Schedule F - Attach Schedule F)	\$	<u>          </u>
<b>CANDIDATE COMMITTEES ONLY:</b>		
CONSULTANT BREAKDOWN (Schedule G Attached?)		<u>          </u> YES <u>          </u> NO
VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)	\$	<u>          </u>

For Instructions, See Back of Form

<b>SCHEDULE A</b> (Rev. 02/96)	<b>MONETARY RECEIPTS</b>
<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)**  
 DICK TAYLOR FOR STATE 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
10/21/02	ID# CK# 722	Service Employees Internation Union 1313 L Street NW Washington, DC 20005		\$ 1000.00
	ID# 6411 CK# 1247	MCI Iowa PAC 707 17th ST. Suite 3600 Denver, CO 80202-3436		200.00
	ID# CK# 1070	Effective Government Committee 607 14th ST. NW Ste 800 Washington, DC 20005		1000.00
	ID# CK#			

**SUB-TOTAL**  
\$  
**TOTAL (if last page of this schedule)**  
\$ 2200.00

\* 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.

**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.

<b>SCHEDULE B</b> (Rev. 02/96)	<b>MONETARY EXPENDITURES</b>
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**COMMITTEE NAME (Must be same as on Statement of Organization)**  
DICK TAYLOR FOR STATE 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 (CANDIDATES SEE BELOW & ENTER 1,2,3)	AMOUNT EXPENDED
10/21/02	ID# CK# 1083	Jan Taylor 2721 31st ST. SW Cedar Rapids, IA 52404	Postage Stamps Sign Paint ( 1 ) Relin.	\$ 333.55
10/22/02	ID# CK# 1084	Sandra Bell 5665 Cornell St. SW Cedar Rapids, IA 52404	Relin. Postage Stamps + ( 1 ) Paper	50.00
10/22/02	ID# CK# 1085	Iowa State Democratic Party 5661 Fleur Drive Des Moines, IA 50321	Relin Printing of Post Cards ( 1 )	3000.00
	ID# CK#		( )	
	ID# CK#		( )	
	ID# CK#		( )	
	ID# CK#		( )	
<b>SUB-TOTAL</b>				<b>\$</b>
<b>TOTAL (if last page of this schedule)</b>				<b>\$ 3383.55</b>

**THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:**

Campaign funds may be used only for:  
 (1) campaign purposes,  
 (2) constituency expenses, and  
 (3) educational and other expenses associated with duties of office.

Please insert the applicable number in the purpose column for each expenditure.

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).)

DISCLOSURE SUMMARY PAGE

OCT 31 2002  
PM 10:30

FORM <b>DR-2</b> (Rev. 02/96)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	1217
Indexed	SW
Audited	7-25-03
Computer	WRS

COMMITTEE NAME (Must be same as on Statement of Organization)  
DICK TAYLOR FOR STATE 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

[Signature] (319) 365-6107 10/29/02  
SIGNATURE OF TREASURER (or person filing this report) TELEPHONE DATE SIGNED

Penalties Due For Late Filed Reports Range from \$10 to \$400

SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE:

I AM FILING A Oct. 29, 2002 11-1-02 REPORT FOR AN/A (1) ELECTION / (2) NON-ELECTION YEAR.  
(report date) Indicate one

- CHECK IF AMENDMENT TO REPORT DATED See amendment report
- 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.) .....\$ 7774.03

**ADD TOTAL MONEY TAKEN IN THIS PERIOD**

Schedule A: Cash Contributions total (Attach Schedule A) ..... 2200.00

Schedule C: Fund-raising Events total (Attach Schedule C)..... \_\_\_\_\_

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 .....\$ 9974.03**

**SUBTRACT TOTAL MONEY SPENT THIS PERIOD**

Schedule B: Expenditures total (Attach Schedule B)..... 3383.55

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).....\$ 6590.48

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

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)

<b>SCHEDULE</b> <b>A</b> (Rev. 02/96)	<b>MONETARY</b> <b>RECEIPTS</b>
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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	ID# 6411 CK# 1247	MCI Iowa PAC 707 17th ST. Suite 3600 Denver, CO 80202-3436		200.00
	ID# 9656 CK# 1070	Effective Government Committee 607 14th ST. NW Ste 800 Washington, DC 20005		1000.00
	ID# CK#			
<b>SUB-TOTAL</b>				\$
<b>TOTAL (if last page of this schedule)</b>				\$ 2200.00

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<b>SCHEDULE B</b> (Rev. 02/96)	<b>MONETARY EXPENDITURES</b>
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CHECK THIS BOX IF AMENDING FORM

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10/22/02	ID# CK# 1084	Sandra Bell 5665 Cornell St. SW Cedar Rapids, IA 52404	( 1 )	50.00
10/22/02	ID# CK# 1085	Iowa State Democratic Party 5661 Fleur Drive Des Moines, IA 50321	( 1 )	3000.00
	ID# CK#		( )	
	ID# CK#		( )	
	ID# CK#		( )	
	ID# CK#		( )	
<b>SUB-TOTAL</b>				\$
<b>TOTAL (if last page of this schedule)</b>				\$ 3383.55

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