

DISCLOSURE SUMMARY PAGE

FORM DR-2 (Rev. 01/98)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	1463
Indexed	0
Audited	1-8-03 e
Computer	WRS

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

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 Slate of Candidates

John Zamoia 563-386-6995 6-02-02
SIGNATURE OF TREASURER (or person filing this report) TELEPHONE 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 MAY 31, 2002 REPORT FOR AN/A (1) ELECTION /(2)NON-ELECTION YEAR.
(report date) Indicate one 1

CHECK IF AMENDMENT TO REPORT DATED NOV 24 2003
Airborne Exp

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.) s/b 4640.00 \$ 4640.00

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) adj entry + 2000 \$ 1905.00

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.....\$ 6565.00

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) \$ —

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) s/b 6565.00 \$ 6565.00

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) \$ 3000.00

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
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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

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
5-17-02	ID# CK# 1374	Michael J. McCarthy 701 KAHZ Building DAV. IA. 52801		\$ 100.00	
5-17-02	ID# CK# 012152	Newport + Newport 309 W. Kimberly Rd DAV. IA. 52806		100.00	
5-17-02	ID# CK# 3174	JAMES G. WHEILY 1001 20 ^{1/2} Ave VIOLA IL. 61486		100.00	
5-17-02	ID# CK# 4400	Charlyh McCurdy 9076 Summer Shores Dr. Delray Beach, FL. 33446		60.00	
5-17-02	ID# CK# 3297	John D. DeDonker 6790 Ridges Court Bottendorf, IA. 52722		75.00	
5-19-02	ID# CK# 5955	MARSHA J. ARNOLD 507 W. Garfield DAV. IA. 52803		60.00	
5-19-02	ID# CK# 10459	Theodore J. Priestner 8504 FAIRHAVEN RD. DAV. IA. 52803		30.00	
5-19-02	ID# CK# 36926	Rdud School + MARSH 2009-9 ^{1/2} Ave Trock Island IL. 61201		100.00	
5-19-02	ID# CK# 3783	Patrick J. Kelly 206 Commerce Exchange Bldg 2535 Trent Dr. Bett IA. 52722		100.00	
5-23-02	ID# CK# 1910	Stephen L. Swisher 3324 Forest Rd. DAV. IA. 52807		60.00	
SUB-TOTAL				\$ 785.00	
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)

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<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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5-23-02	ID# CK# 1414	KATHIE A. BRYANT 5 GINGERWOOD LANE BETT. IA. 52722		\$ 100.00	
5-23-02	ID# CK# 6263	MICHAEL E. DAY 140 S 404th RD Eldridge IA. 52748		30.00	
5-23-02	ID# CK# 4399	ANN M. or DOAN A. DINCOR 4422 ROYAL OAKS DR. DAV. IA. 52806		50.00	
5-24-02	ID# 8036 CK# 2259	Electrical Workers Union 145 1700 52nd AVE Moline Ill. 61265		300.00	
5-24-02	ID# CK# 4061	Michael L. McKENNA 18010 250th ST Eldridge IA. 52748		30.00	
5-24-02	ID# CK# 3411	Roberta A. COCHRAN-ZAVITA 2918 18th ST. DAV. IA. 52803		25.00	
5-25-02	ID# CK# 1866	Robert J. Phelps 1622 E. Lombard ST. DAV. IA. 52803		60.00	
5-25-02	ID# CK# 1151	Victoria Navarro & Robert Heimer 1223 E. 10th ST. DAV. IA. 52803		20.00	
5-25-02	ID# CK# 10276	Leo + Shirley Kirtley 4312 Rodeo Rd. DAV. IA. 52806		30.00	
5/30/02	ID# CK# 3164	BETTY L. DEXTER 18677-270th ST Eldridge IA. 52728		200.00	
SUB-TOTAL				\$ 845.00	
TOTAL (if last page of this schedule)				\$	

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FOR INSTRUCTIONS, SEE BACK OF FORM

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

SCHEDULE F (Rev. 08/96)	LOANS RECEIVED & REPAID
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

NOTE: This schedule reports money loaned to the committee which is deposited in the committee account.

TOTAL UNPAID LOANS FROM LAST REPORTING PERIOD \$ 3000.00

PART I - MONETARY LOANS RECEIVED THIS REPORTING PERIOD
(Original source of loan, such as a bank, must be shown if a third party is involved. Include loans from candidate's personal funds.)

PART II - MONETARY LOAN REPAYMENTS MADE THIS REPORTING PERIOD
(Loans forgiven must be reported on Schedule E -- In-kind Contributions.)

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE (If Applicable*)	AMOUNT OF LOAN
			\$

DATE PAID (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE* (If Applicable)	AMOUNT REPAID
			\$

TOTAL (PART I) \$ _____

TOTAL CASH REPAYMENTS (PART II) \$ _____

From Schedule E -- TOTAL LOANS FORGIVEN \$ _____

TOTAL OUTSTANDING LOANS END OF REPORT PERIOD \$ 3000.00

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IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD
514 EAST LOCUST, SUITE 104
DES MOINES, IA 50309-1912

Form
**VERIFIED STATEMENT
REGISTRATION**
(Out-of-State Committees)
(Rev. 1/00)

For office use only

Comm. # _____
Indexed _____
Audited _____
Checked _____
Computer _____

VERIFIED STATEMENT REGISTRATION
(Out-of-State Committee)

COMMITTEES NOT ORGANIZED IN IOWA TO COMPLETE IN DUPLICATE.
SEND ORIGINAL COPY TO THE BOARD AND
ONE COPY WITH EACH CONTRIBUTION TO THE IOWA COMMITTEE.
PLEASE REFER TO DETAILED INSTRUCTIONS ON BACK OF FORM.

COMMITTEE NAME

Official Name of Out-of-State Committee (Do not abbreviate committee name. Written explanation must be provided for Acronym.)
Electrical Workers Local Union #145 Political Action Committee 8036

Mailing Address
1700 52nd Ave Suite A

City, State, Zip Code
Moline IL 61265

Area Code
(309)

Telephone No.
736-4239

TREASURER

Name of Treasurer
Paul Lartz

Mailing Address
1700 52nd Ave Suite A

City, State, Zip Code
Moline IL 61265

Telephone
(309) 736-4239

OTHER OFFICERS (Attach second page if needed)

Name of Chairperson
Robert Bickle

Mailing Address
1700 52nd Ave Suite A

City, State, Zip Code
Moline IL 61265

Telephone
(309) 736-4239

IOWA RESIDENT AGENT

Signature of Iowa Resident Agent
Paul Lartz

Typed Name of Iowa Resident
Paul Lartz

Mailing Address
3413 Devils Glen Ct

City, State, Zip Code
Bettendorf IA 52722

Telephone
(563) 332-5441

PARENT ENTITY, AFFILIATE, SPONSOR OF COMMITTEE
(Use separate page if needed to list more than one entity)

Name Int'l Brotherhood of
Local Union #145 IBEW Electrical Workers

Mailing Address
1700 52nd Ave Suite A

City, State, Zip Code
Moline IL 61265

PURPOSE OF COMMITTEE: Inform our membership of candidates voting record and other pertinent facts.

IOWA COMMITTEE RECEIVING CONTRIBUTION

STATE OR FEDERAL JURISDICTION WHERE COMMITTEE IS REGISTERED OR OPERATES

Name of Jurisdiction
Rock Island County Clerk

Mailing Address
1504 3rd Ave

City, State, Zip Code
Rock Island IL 61201

Telephone
(309) 786-4451

Name of Committee
FRIENDS OF ZAMORA

Mailing Address
4835 W. LOCUST DAVENPORT, IA 52804

Date
5/23/02

If In Kind Contribution, Describe
/

Amount
\$ 300.00

VERIFIED STATEMENT OF COMMITTEE:

I PAUL G LARTZ swear that the contribution reported above is accurate. I further swear that the information about this out-of-state committee is correct and accurate to the best of my knowledge. I attest that the reports filed in the named jurisdiction comply with requirements which are substantially similar to Iowa Code section 56.6, including the disclosure of all contributions received and all expenditures made. I further attest that the contribution reported above was made from an account, which does not accept contributions from corporations or other prohibited contributors under Iowa Code section 56.15. I understand that Iowa committees are prohibited from accepting contributions from out-of-state committees unless a signed original of this form has been filed with the Iowa Ethics and Campaign Disclosure Board, or the out-of-state committee is registered and filing full disclosure reports in Iowa.

Paul G Lartz (Only Signature of Treasurer or Chairperson) TREASURER (Title) 5/23/02 (Date)

Subscribed and sworn before me this 23rd day of May, 2002 at Davenport Iowa

My notary commission expires _____
Gwen Ann Aleksiejczyk Notary Public
Commission Number 100033
My Commission Expires 10-12-2004