

DISCLOSURE SUMMARY PAGE

FORM DR-2 (Rev. 02/96)	DISCLOSURE REPORT
For Office Use Only	
Comm. # <u>361</u>	
Indexed <u>SW</u>	
Audited _____	
Computer _____	

COMMITTEE NAME (Must be same as on Statement of Organization)
 Committee to Re-elect Eddie

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

Glady A. Eddie 712-732-4834 1/06/03
 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 January 22, 2003 REPORT FOR AN/A (1) ELECTION / (2) NON-ELECTION YEAR.
 (report date) Indicate one: 1 pm 1-7

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.) \$ 2808.93

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A)

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 \$ 2808.93

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B)..... 2808.93

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) \$ -0-

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

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

COMMITTEE NAME (Must be same as on Statement of Organization)
Committee to Re-elect Eddie

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
01/14/02	ID# CK# 864	The Republican Party of Iowa 621 East 9th St. Des Moines, IA 50309	Purchase Package Plan (3)	\$ 365.00
01/17/02	ID# CK# 865	Buena Vista Republican Party 215 Stoney Point Dr. Storm Lake, IA 50588	Railsplitter Dues (3)	\$100.00
02/01/02	ID# CK# 866	The Laurens Sun PO Box 125 Laurens, IA 50554	1 year Subscription	\$25.00
03/15/02	ID# CK# 867	Buena Vista University Republicans 417 Geneseo Storm Lake, IA 50588	Purchase 2 Host tables ³ for Candidate Forum	\$500.00
	ID# CK#		()	
	ID# CK#		()	
	ID# CK#		()	
SUB-TOTAL				\$ 990.00
TOTAL (if last page of this schedule)				\$

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).)

FOR INSTRUCTIONS, SEE BACK OF FORM

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

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

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)

Committee to Re-elect Eddie

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
05/21/02	ID# CK# 868	Russell Eddie 1101 Pierce Dr. Storm Lake, IA 50588	Reimburse mileage 1957 miles @ .325 (2) 07/02/01-12/31/01	\$636.03
05/23/02	ID# CK# 869	Buena Vista Journal PO Box 666 Newell, IA 50568	Subscription (2)	18.00
08/28/02	ID# CK# 870	The Laurens Sun PO Box 125 Laurens, IA 50554-0125	Advertising in Albert City Thresherman's Brochure	60.00
09/09/02	ID# CK# 871	Russell Eddie 1101 Pierce Dr. Storm Lake, IA 50588	Reimburse mileage 2725 miles @ .325 (2) 01/01/02-08/31/02	885.63
09/09/02	ID# CK# 872	Russell Eddie 1101 Pierce Dr. Storm Lake, IA 50588	Reimburse for lapel pins for Clint (2) Hoferman/Veterans group	20.00
12/16/02	ID# CK# 873	Russell Eddie 1101 Pierce Dr. Storm Lake, IA 50588	Reimburse mileage 505 miles @ .325 (2) 09/01/02-11/30/02	164.13
12/16/02	ID# CK# 874	Santa's Castle % Chamber of Commerce PO Box 584 Storm Lake, IA 50588	Donation (2)	35.14
SUB-TOTAL				\$ 1818.93
TOTAL (if last page of this schedule)				\$ 2808.93

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

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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 INSTRUCTIONS, SEE BACK OF FORM
This form is not applicable to statutory political committees.

Notice of Dissolution

Every Notice of Dissolution shall be accompanied by a completed Disclosure Report Form current to the date of dissolution.

FORM	(Rev. 02/96)
DR-3 NOTICE OF DISSOLUTION	
For Office Use Only	
Comm. #	<u>361</u>
Indexed	<u>e</u>
Audited	_____
Computer	_____
Certified Date of Dissolution	_____

COMMITTEE NAME

Official Name of Committee	
Committee to Re-elect Eddie	JAN 9 2003
Street	
1101 Pierce Drive	
City, State, Zip Code	
Storm Lake IA 50588	
Area Code	Telephone
(712)	732-4834

Effective date of dissolution:

December 31, 12/31/02

Gladye A. Eddie
Signature of Treasurer

12/31/02
Date Signed

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

I, the candidate, certify that my candidate committee's cash balance is zero, all debts, obligations and loans have been paid or satisfied in accordance with law as shown on my committee's final report and all campaign property and leftover funds have been distributed in accordance with my committee's last filed Statement of Organization.

Russell J. Eddie
Signature of Candidate - Required for Candidate's Committee

1/6/03
Date signed

WHEN TO FILE:

The Notice of Dissolution must be filed within thirty (30) days of the committee's dissolution, with a copy of the final bank statement attached.