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FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

COMMITTEE NAME (Must be same as on Statement of Organization)
GLAWE FOR STATE HOUSE

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

FORM
DR-2
 (Rev. 01/2001) DISCLOSURE REPORT

For Office Use Only
 Comm. # 1360
 Indexed SW
 Audited _____
 Computer _____

CANDIDATE COMMITTEES ONLY:

Candidate Name Nancy J. Glawe Political Party Republican
 Office Sought STATE REPRESENTATIVE District (if Senate or House) 85-HOUSE

James A. Glawe
 SIGNATURE OF TREASURER (or person filing this report)

563-391-9359
 TELEPHONE

JAN 8 2003
 pm 1-6
12-31-02
 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 OCT 30, 2002 - DEC 31, 2002 REPORT FOR ANA (1) ELECTION / (2) NON-ELECTION YEAR.
 (report date) Indicate one 1

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.)	\$	<u>323.52</u>
ADD TOTAL MONEY TAKEN IN THIS PERIOD		
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)		<u>258.44</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>581.96</u>
SUBTRACT TOTAL MONEY SPENT THIS PERIOD		
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)...		<u>581.96</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>- 0 -</u>
**UNPAID BILLS (From Schedule D - Attach Schedule D)	\$	<u>-</u>
**IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)	\$	<u>600.00</u>
**OUTSTANDING LOANS (From Schedule F - Attach Schedule F).....	\$	<u>-</u>
CANDIDATE COMMITTEES ONLY:		
CONSULTANT BREAKDOWN (Schedule G Attached?)		<u>YES</u> <u>NO</u>
VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)	\$	<u>-</u>

For Instructions, See Back of Form

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

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

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

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 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
12/03/02	ID# CK#	NANCY GLAWE 4311 WITTMANN DR DAVENPORT, IA 52806	SELF	\$ 258.44
	ID# CK#			

SUB-TOTAL \$ 258.44

TOTAL (if last page of this schedule) \$ 258.44

* 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

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)	MONET EXPEND
<input type="checkbox"/> CHECK THIS BOX AMENDING FOR	

COMMITTEE NAME (Must be same as on Statement of Organization)
GLAWE For STATE HOUSE

DATE EXPENDED (MM/DD/YY)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
10/30/02	ID# CK# 1049	POST MASTER N.W. STATION DAVENPORT, IA 52806	Registered Mail To Ethic Board	\$ 488
11/04/02	ID# CK# 1050	POST MASTER N.W. STATION DAVENPORT, IA 52806	2 sheets STAMPS	17.80
12/03/02	ID# CK# 1051	NANCY GLAWE 4311 WITTMANN DR DAVENPORT, IA 52806	Computer Ink Cartridge & AOL INTERNET CHARGES 11/01 - 11/02	152.00
12/03/02	ID# CK# 1052	NANCY GLAWE 4311 WITTMANN DR DAVENPORT, IA 52806	Long Distance Telephone charges & Cellphone	235.19
12/03/02	ID# CK# 1053	NANCY GLAWE 4311 WITTMANN DR DAVENPORT, IA 52806	Pot Luck Dinner NORTH High School RENT & CUSTODIANS	175.00
	ID# CK#			
	ID# CK#			
	ID# CK#			

SUB-TOTAL \$ 581.96
TOTAL (if last page of this schedule) \$ 581.96

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 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	DR-3	(Rev. 02)
NOTICE OF DISSOLUTION		
For Office Use Only		
Comm. #	1360	
Indexed	e	
Audited		
Computer		
Certified Date of Dissolution		

COMMITTEE NAME

JAN 8 2003
pm 1-6

Official Name of Committee	
GLAWE For STATE HOUSE	
Street	
4311 WITTMANN DR	
City, State, Zip Code	
DAVENPORT, IA 52806	
Area Code	Telephone
(563)	391-9359

Effective date of dissolution:

December 31, 2002

James D. Glawe
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.

James J. Glawe
Signature of Candidate - Required for Candidate's Committee

12/31/02
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.