

DISCLOSURE SUMMARY PAGE

FORM DR-2 (Rev. 01/98)	DISCLOSURE REPORT
For Office Use Only	
Comm. # <u>607</u>	
Indexed <u>SW</u>	
Audited _____	
Computer _____	

COMMITTEE NAME (Must be same as on Statement of Organization)
HOFFMANN FOR STATE SENATE COMMITTEE

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

Robert W. Sullivan (714) 255-3450 2/5/2003
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 1/1/2002 to 12/31/2002 REPORT FOR AN/A (1) ELECTION / (2) NON-ELECTION YEAR.
(report date) Indicate one (1) (2)

FEB 5 2003
PM 2-3

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.)	\$	<u>229.02</u>
ADD TOTAL MONEY TAKEN IN THIS PERIOD		
Schedule A: Cash Contributions total (Attach Schedule A)	_____	
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	\$	<u>229.02</u>
SUBTRACT TOTAL MONEY SPENT THIS PERIOD		
Schedule B: Expenditures total (Attach Schedule B)	_____	
Schedule F: Loan Repayments total (Attach Schedule F)	_____	<u>229.02</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>18,632.30</u>
IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)	\$	_____
OUTSTANDING LOANS (From Schedule F - Attach Schedule F)	\$	<u>720.98</u>
CANDIDATE COMMITTEES ONLY:		
CONSULTANT BREAKDOWN (Schedule G Attached?)		<u>X</u> YES <u> </u> NO
VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)	\$	<u>None</u>

FOR INSTRUCTIONS, SEE BACK OF FORM

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

COMMITTEE NAME (Must be same as on Statement of Organization)
HOFFMANN FOR STATE SENATE COMMITTEE

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

TOTAL UNPAID LOANS FROM LAST REPORTING PERIOD \$ 950.00

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.)

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

TOTAL (PART I) \$ - 0 -

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

DATE PAID (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, if Applicable)	RELATIONSHIP TO CANDIDATE* (If Applicable)	AMOUNT REPAID
1/17/2002	Ray Hoffmann 1902 Jackson St. Sioux City, IA 51104	Husband	\$ 229.02

TOTAL CASH REPAYMENTS (PART II) 229.02

From Schedule E -- TOTAL LOANS FORGIVEN \$ _____
 TOTAL OUTSTANDING LOANS END OF REPORT PERIOD \$ 720.98

*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 when it applies.

THIS FORM IS USED BY CANDIDATES' COMMITTEES ONLY

CHECK THIS BOX IF
AMENDING FORM

COMMITTEE NAME (Must be same as on Statement of Organization)
HOFFMANN FOR STATE SENATE COMMITTEE

PART I - NAME AND ADDRESS OF CONSULTANT

Name of Consultant <i>EBI Video Inc. / Victory Media</i>		
Mailing Address <i>5000 Tremont, Suite 102</i>		
City <i>Davenport, IA</i>	State <i>IA</i>	Zip Code <i>52807</i>

**TOTAL ANTICIPATED
COMPENSATION FOR
PERFORMANCE**

CONTRACT PERIOD (MM/DD/YR)

From <i>10/20/98</i>	\$ <i>3,697.85</i>
To <i>11/2/98</i>	

ESTIMATES OF PERFORMANCE

PART II- ITEMIZED BREAKDOWN OF UNREIMBURSED EXPENSES PAID BY CONSULTANT TO OTHERS IN PERFORMING SERVICES OF CONTRACT (These expenses should NOT be reported on Schedule B, as they are direct payment from the consultant.)

DATE EXPENDED (MM/DD/YR)	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE	AMOUNT EXPENDED
			\$

SUB-TOTAL

\$
\$

TOTAL (if last page of this schedule)