

DISCLOSURE SUMMARY PAGE

FORM DR-2 (Rev. 01/98)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	1197
Indexed	
Audited	8-26-03
Computer	

1197
COMMITTEE NAME (Must be same as on Statement of Organization)
Ross for RIGHTS
 AUG 25 2003
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

Hawey S. Ross (319) 362-3099 08/22/03
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 1-19-03 REPORT FOR AN/A (1) ELECTION //(2)NON-ELECTION YEAR.
 (report date) Indicate one

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.)\$ 274.44

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) 0

Schedule F: Loans Received total (Attach Schedule F) 0

Schedule H: Total Sales of Campaign Property (Attach Schedule H) 0

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL.....\$ _____

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) S/B 274.44

Schedule F: Loan Repayments total (Attach Schedule F) 0

CASH ON HAND at the end of this reporting period (if final report, balance must be zero) (Attach DR-3) S/B -0 \$ 77.16

UNPAID BILLS (From Schedule D - Attach Schedule D)\$ 0

IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)\$ 209.71

OUTSTANDING LOANS (From Schedule F - Attach Schedule F)\$ 0

CANDIDATE COMMITTEES ONLY:

CONSULTANT BREAKDOWN (Schedule G Attached?) _____ YES NO

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H) \$ _____

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FOR INSTRUCTIONS, SEE BACK OF FORM

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

SCHEDULE **B**
(Rev. 09/97) MONETARY EXPENDITURES

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)
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DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
01/14/02	ID# CK# BANK DEBIT	COLLEEN'S COMMUNITY CREDIT UNION 1150 42ND ST NE CEDAR RAPIDS, IA 52402	CHARGE FOR TEMPORARY CHECKS	\$ 1.20
01/15/02	ID# CK# 651	IOWA WIRELESS 3820 109TH ST. REPT 7051 DES MOINES, IA 50391	CELL PHONE SERVICE ACCT #39830	33.28
01/15/02	ID# CK# 652	THE GAZETTE 500 3RD AVE SE CEDAR RAPIDS, IA 52401	NEWSPAPER SUBSCRIPTION 6WKS	29.45
02/01/02	ID# CK# 653	TED BOGER @ GOSS GRAPHIC SYSTEMS 4401 BOWLING ST. SW CR, IA	COMPUTER MONITOR FOR R/R CAMPAIGN COMPUTER	59.36
02/02/02	ID# CK# 654	CHECK GALLERY P.O. BOX 17400 BALTIMORE MD 21203	CHECK PRINTING FOR R/R CHECK ACCOUNT 400 CHECKS	12.40
02/08/02	ID# CK# 655	KINKO'S 4640 1ST AVE NE CEDAR RAPIDS IA	PRINTING COPIES OF NOMINATION PETITION	2.54
2/12/02	ID# CK# 656	IOWA WIRELESS	CELL PHONE SERVICE ACCT #39830	34.05
02/23/02	ID# NEW CKS! CK# 751	LINN COUNTY DEMOCRATS	CAMPAIGN DINNER	25.00
8/20/03		IECDB	civil penalty	77.16
SUB-TOTAL				\$
TOTAL (if last page of this schedule)				\$ 197.28
<i>518 274.44</i>				

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 to Schedule G instructions and Iowa Code 56.6(3)(i).)

SCHEDULE E (Rev. 06/97)	IN KIND CONTRIBUTIONS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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

Ross for RIGHTS

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	IF FOR FUND-RAISER CONTRIBUTION
02/12/02	HARVEY S. ROSS	SELF	PARTIAL PAY CELL PHONE for PERSONAL USE	\$ 5.03	
05/16/02	HARVEY S. ROSS	SELF	PAID CELL PHO TO KEEP ACCT.	102.12	
6/30/02	HARVEY S. ROSS	SELF	PAID CELL PHONE	67.99	
8/27/02	HARVEY S. ROSS	SELF	PAID CELL PHONE	34.57	
CELL PHONE ACCOUNT TRANSFERRED TO PERSONAL ACCOUNT, THEN CANCELLED. AFTER ABOVE PAYMENTS					

SUB-TOTAL \$ 209.71

TOTAL (if last page of this schedule) \$ 209.71

*Disclosure law requires candidates to disclose the relationship of any relative making an in kind 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

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. #	1197
Indexed	_____
Audited	_____
Computer	_____
Certified Date of Dissolution	_____

AUG 25 2003

PM 8:22

COMMITTEE NAME

Official Name of Committee	
ROSS for RIGHTS	
Street	
2229 BEVER AVE. SE.	
City, State, Zip Code	
CEDAR RAPIDS, IA, 52403	
Area Code	Telephone
(319)	362-3099

Effective date of dissolution:

DECEMBER 31, 2002

Harvey S. Ross
Signature of Treasurer

AUGUST 22, 2003
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.

Harvey S. Ross	8/22/03
Signature of Candidate - Required for Candidate's Committee	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.