FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

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

For Office Use Only
Comm. # 1406
Indexed SW
Audited
Computer

COMMITTEE NAME *(Must be same as on Statement of Organization)* Treinen For House District 44 Comm.

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

CANDIDATE COMMITTEES ONLY:

Candidate Name: Sharon Treinen
Political Party: Demo.
Office Sought: State Rep.
District (if Senate or House): House Dist. 44

JAN 14 2003
pm 1-13

Maurie L. Gaulke (641) 847-2415 1-13-03
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 Jan. 19, 2003 REPORT FOR AN/A (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.) ..... $ 1,504.88

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below) 400.00
Schedule F: Loans Received total (Attach Schedule F) 1,000.00
Schedule H: Total Sales of Campaign Property (Attach Schedule H) ..... —

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL.....$ 2,904.88

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below) ... 2,445.09
Schedule F: Loan Repayments total (Attach Schedule F) 459.79

CASH ON HAND at the end of this reporting period (if final report, balance must be zero) (Attach DR-3) ..... $ 0.00

****UNPAID BILLS** (From Schedule D - Attach Schedule D) ..... $ —
***IN KIND CONTRIBUTIONS** (From Schedule E - Attach Schedule E) ..... $ 13,997.11
****OUTSTANDING LOANS** (From Schedule F - Attach Schedule F) ..... $ —

CANDIDATE COMMITTEES ONLY:

CONSULTANT BREAKDOWN (Schedule G Attached?) ___ YES X 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
☐ CHECK THIS BOX IF AMENDING FORM	

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

Treinen for House District 44 Comm

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
10-31-02	ID# 8026 CK# 04721	International Brotherhood of Electrical Workers PAC 1125 15th St. N.W. Washington, D.C. 20005		$ 100.00	
11-4-02	ID# CK#	Doris Ibeling 1110 State St. Ackley, IA 50601	Sister	100.00	
11-5-02	ID# CK#	Elizabeth Coyte 3274 Delta Circle P.O. Box C Redfield, IA 50233		100.00	
11-5-02	ID# CK#	David L. Palmer 213 SW Flynn Dr. Ankeny, IA 50021		50.00	
11-5-02	ID# CK#	David L. Palmer 213 SW Flynn Dr Ankeny, IA 50021		50.00	
	ID# CK#				
	ID# CK#				
	ID# CK#				
	ID# CK#				
	ID# CK#				

SUB-TOTAL $ 400.00

TOTAL ***(if last page of this schedule)*** $ 400.00

* 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

SCHEDULE **B** (Rev. 09/97)	MONETARY EXPENDITURES
☐ CHECK THIS BOX IF AMENDING 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.

COMMITTEE NAME *(Must be same as on Statement of Organization)*
Treinen for House District 44 Comm.

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
10-31-02	ID# CK# 1233	KDAO 1930 N. Center St. Marshalltown, IA 50158	Radio Campaign Spots	$ 540.00
10-31-02	ID# CK# 1234	KFJB 123 W Main Marshalltown, IA 50158	Radio Campaign Spots	789.00
10-31-02	ID# CK# 1235	KIFG 406 Stevens St. Iowa Falls, IA 50126	Radio Campaign Spots	270.00
11-4-02	ID# CK# 1236	Christopher Honey 2035 Inverset Dunedin, Fl 34698	IOWA FALLS Times-Citizen Campaign Ads	162.00
11-4-02	ID# CK# 1237	Mary Rose Brown 709 Fremont Iowa Falls, IA 50126-2325	Postage	103.60
11-4-02	ID# CK# 1238	Mid Iowa Publishing 130 W. Main St. P.O. Box 634 State Center, IA 50247	Campaign Ad South Hardin Signal Review	102.00
11-18-02	ID# CK# 1239	Signal Review P.O. Box 457 221 E. Maple Hubbard, IA 50122	Signal Review Campaign Ad	120.00
11-18-02	ID# CK# 1240	Ackley World Journal 712 Main St Ackley, IA 50601	Campaign Ad	21.60

SUB-TOTAL $ 2,108.20

TOTAL ***(if last page of this schedule)*** $

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).)

FOR INSTRUCTIONS, SEE BACK OF FORM

SCHEDULE **B** (Rev. 09/97)	MONETARY EXPENDITURES
☐ CHECK THIS BOX IF AMENDING 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.

COMMITTEE NAME *(Must be same as on Statement of Organization)*
Treinen for House District 44 Comm

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
11-18-02	ID# CK# 1241	Times Citizen Communications 406 Stevens St Iowa Falls, IA 50126	Ads (Campaign)	$26.49
12-5-02	ID# CK# 1242	Times Citizen Communications 406 Stevens St. Iowa Falls, IA 50126	Thank You Ads	84.99
12-9-02	ID# CK# 1243	Signal-Review P.O. Box 457 221 E. Maple Hubbard, IA 50122	Thank You Ads	16.00
12-9-02	ID# CK# 1244	Mid Iowa Publishing 130 W. Main St. P.O. Box 634 State Center, IA 50247	Thank You Ads	18.00
12-9-02	ID# CK# 1245	Shanon Treinen 1202 2nd Ave. Ackley, IA 50601	Postage - Envelopes For Campaign	190.24
12/20-02	ID# Bank CK# Debit	Ackley State Bank Ackley, IA 50601	Bank Account Service Charge + Sales Tax	1.17
	ID# CK#			
	ID# CK#			

SUB-TOTAL $ 336.89

TOTAL ***(if last page of this schedule)*** $ 2445.09

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).)

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME *(Must be same as on Statement of Organization)*
Theinen for House District 44 Comm.

SCHEDULE E (Rev. 06/97)	IN KIND CONTRIBUTIONS

☐ CHECK THIS BOX IF AMENDING FORM

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
12-19-02	Iowa Democratic Party 5661 Fleur Dr. #9098 Des Moines, IA 50321		Production & Postage for Direct Mail Piece	$ 4956.90	
1-6-03	Sharon Theinen 1202 2nd Ave Ackley, IA 50601	Self	Personal Loan Forgiven	9,040.21	

SUB-TOTAL $ 13,997.11

TOTAL (if last page of this schedule) $ 13,997.11

*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 INSTRUCTIC ·EE BACK OF FORM

SCHEDULE F (Rev. 08/96)	LOANS RECEIVED & REPAID

☐ CHECK THIS BOX IF AMENDING FORM

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

Theinen For House District 44 Comm.

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

TOTAL UNPAID LOANS FROM LAST REPORTING PERIOD $ 8,500

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
10-31-02	Sharon Theinen 1202 2nd Ave. Ackley, IA 50601	Self	$ 1,000

TOTAL *(PART I)* $ 1,000

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
1-6-03	Sharon Theinen 1202 2nd Ave. Ackley, IA 50601	Self	$ 459.79

TOTAL CASH REPAYMENTS *(PART II)* $ 459.79

From Schedule E -- TOTAL LOANS FORGIVEN $ 9,040.21

TOTAL OUTSTANDING LOANS END OF REPORT PERIOD $ 0.00

*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.

Notice of Dissolution

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

COMMITTEE NAME

Official Name of Committee

Treinen for House District 49 Comm.

Street

1202 2nd Ave

City, State, Zip Code

Ackley, IA 50601

Area Code Telephone

(641) 847-2424

JAN 14 2003
pm 1-13

Effective date of dissolution:

January 13, 2003

Marnie L Gaulke

Signature of Treasurer

1-13-03

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 Iowa Code section 56.42 and rule 351 IAC 4.42.

Sharon A. Treinen — 01-13-03

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. The final bank statement may be sent in later if it is not available at the time the Notice of Dissolution is filed.

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

FORM (Rev. 02/02)

DR-3
NOTICE OF DISSOLUTION

For Office Use Only

Comm. # 1406
Indexed
Audited
Computer
Certified Date of Dissolution