

FOR INSTRUCTIONS, SEE BACK OF FORM

### DISCLOSURE SUMMARY PAGE

Reset Form

<b>FORM DR-2</b> (Rev. 01/2003)	<b>DISCLOSURE REPORT</b>
<b>For Office Use Only</b>	
Comm. # <u>51</u>	<u>9688</u>
Indexed <u>SW</u>	
Audited _____	
Computer _____	

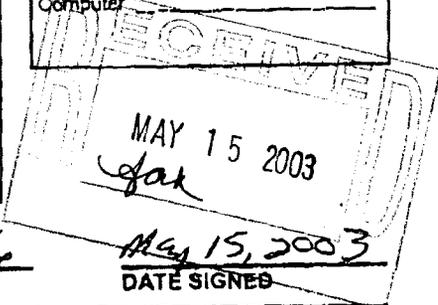
**COMMITTEE NAME** (Must be same as on Statement of Organization)  
Town Landlord PAC

**IMPORTANT:** Indicate type of committee you are reporting for:  (2)

( 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

**CANDIDATE COMMITTEES ONLY:**

Candidate Name \_\_\_\_\_ Political Party \_\_\_\_\_  
Office Sought \_\_\_\_\_ District (if Senate or House) \_\_\_\_\_



Devin McDowell  
SIGNATURE OF TREASURER (or person filing this report)

515-270-2796  
TELEPHONE

MAY 15, 2003  
DATE SIGNED

Late filed reports are subject to possible civil and criminal penalties.

**SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE:**

I AM FILING A Jan 1 TO May 14, 2003 REPORT FOR AN/A (1) ELECTION / (2) NON-ELECTION YEAR.  
(report date) Indicate one  (1)

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

<b>CASH ON HAND</b> at the beginning of the reporting period. (This is the total of all monies held by the committee. This amount <b>MUST</b> 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>500.00</u>
<b>ADD TOTAL MONEY TAKEN IN THIS PERIOD</b>		
Schedule A: Cash Contributions total (Attach Schedule A) (**also see In-kind below)		<u>6322.00</u>
Schedule F: Loans Received total (Attach Schedule F)		<u>0</u>
Schedule H: Total Sales of Campaign Property (Attach Schedule H)		<u>0</u>
<u>(Schedule H applies to Candidates' Committees Only)</u>		
<b>SUB-TOTAL</b> .....	\$	<u>6822.00</u>
<b>SUBTRACT TOTAL MONEY SPENT THIS PERIOD</b>		
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)		<u>39.18</u>
Schedule F: Loan Repayments total (Attach Schedule F)		<u>0</u>
<b>CASH ON HAND</b> at the end of this reporting period (if final report, balance must be zero) (Attach DR-3)	\$	<u>6782.82</u>
<b>**UNPAID BILLS</b> (From Schedule D - Attach Schedule D)	\$	<u>0</u>
<b>**IN KIND CONTRIBUTIONS</b> (From Schedule E - Attach Schedule E)	\$	<u>0</u>
<b>**OUTSTANDING LOANS</b> (From Schedule F - Attach Schedule F)	\$	<u>500.00</u>
<b>CANDIDATE COMMITTEES ONLY:</b>		
<b>CONSULTANT BREAKDOWN</b> (Schedule G Attached?)		<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>VALUE OF CAMPAIGN PROPERTY</b> (From Schedule H - Attach Schedule H)	\$	_____

Reset Form

**CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

SCHEDULE **A** MONETARY RECEIPTS  
 (Rev. 06/97)

CHECK THIS BOX IF AMENDING FORM

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

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
1/2/03	ID# CK#	Joe Kelly 2206-40TH PLACE Des Moines IA 50310	N/A	\$ 100.00	<input type="checkbox"/>
1/13/03	ID# CK#	William E. Schwartz 4204 maple st. West Des Moines IA 50265	}	50.00	<input type="checkbox"/>
1/14/03	ID# CK#	A. J. Palmgren 1216-68TH ST Des Moines IA 50311		18.00	<input type="checkbox"/>
1/14/03	ID# CK#	Bruce Lefkow 130 E. 3rd. Des Moines IA 50309		50.00	<input type="checkbox"/>
1/14/03	ID# CK#	Jim Therisen 1670 E. Watrous Des Moines IA 50370		100.00	<input type="checkbox"/>
1/15/03	ID# CK#	William Duvall 3330 59TH ST. Des Moines IA 50372		50.00	<input type="checkbox"/>
1/15/03	ID# CK#	David Barzen 4100 Forest Ave Des Moines IA 50311		100.00	<input type="checkbox"/>
1/15/03	ID# CK#	Roger & Karen Belc 10200 SE 56TH AVE. Runnells IA 50237		25.00	<input type="checkbox"/>
1/15/03	ID# CK#	Julian & Deborah Nixon 505 Bel Aire Dr. Waukee IA 50263		50.00	<input type="checkbox"/>
1/15/03	ID# CK#	Shawn McAninch 2702 Aurora Ave Des Moines IA 50310		100.00	<input type="checkbox"/>
SUB-TOTAL				\$ 643.00	
TOTAL (if last page of this schedule)				\$	

\* 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.

Reset Form

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

SCHEDULE <b>A</b> (Rev. 06/97)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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

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/YY)	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
1/17/03	ID# CK#	Dennis D. Loghry Box 36283 Des Moines IA 50315	N/A	\$ 50.00	<input type="checkbox"/>
1/17/03	ID# CK#	Richard Raabe 3781 Raven Oaks Dr. Des Moines IA 50312	}	500.00	<input type="checkbox"/>
1/15/03	ID# CK#	Mark Johnson 4419 Concordia Dr. Pleasant Hill IA 50317		10.00	<input type="checkbox"/>
1/18/03	ID# CK#	Mary E Stuart 4009 Muskogee Ave Des Moines IA 50312		100.00	<input type="checkbox"/>
1/18/03	ID# CK#	Mary E. Stuart 4009 Muskogee Ave Des Moines IA 50312		50.00	<input type="checkbox"/>
1/18/03	ID# CK#	Darwin T. Lynner 3131 Fleur Dr. Des Moines IA 50321		342.00	<input type="checkbox"/>
1/18/03	ID# CK#	Darwin T. Lynner 3131 Fleur Dr. Des Moines IA 50321		470.00	<input type="checkbox"/>
1/21/03	ID# CK#	Orville Bunker Jr. Nancy Bunker 1911-69TH ST Urbandale IA 50322		500.00	<input type="checkbox"/>
1/24/03	ID# CK#	Mark Reilly 7344 E. Rustling Pass Scottsdale AZ 85255		50.00	<input type="checkbox"/>
1/24/03	ID# CK#	Leonard Hudson 65 Paris St. Carlisle IA 50047		50.00	<input type="checkbox"/>
SUB-TOTAL				\$2,220.00	
TOTAL (if last page of this schedule)				\$	

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Reset Form

**CONTRIBUTIONS – MONEY TAKEN IN**  
 (Including candidates personal funds)

<b>A</b> (Rev. 06/97)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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

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
1/25/03	ID# CK#	Brian, Dona Shirley Elingso, 521-35TH ST. West Des Moines IA 50265	N/A	\$ 500.00	<input type="checkbox"/>
1/25/03	ID# CK#	John & Jody Clarke 5050 Grand Ave West Des Moines IA 50265	}	500.00	<input type="checkbox"/>
1/27/03	ID# CK#	Michael & Evie Barnes 1054 Burr Oak Dr. West Des Moines IA 50265		250.00	<input type="checkbox"/>
1/25/03	ID# CK#	Brian Betschen 1800 Grand Ave West Des Moines IA 50265		50.00	<input type="checkbox"/>
1/29/03	ID# CK#	Eugene Hisker 2701 Cottage Grove Des Moines IA 50311		142.00	<input type="checkbox"/>
1/29/03	ID# CK#	Carl Wiederaenders 683-32nd ST. Des Moines IA 50312		250.00	<input type="checkbox"/>
1/29/03	ID# CK#	Steve Williams 1516 E, 23rd St. Des Moines IA 50317		100.00	<input type="checkbox"/>
2/4/03	ID# CK#	Paul Mangan 3846 Lower Beaver Rd. Des Moines IA 50310		25.00	<input type="checkbox"/>
2/5/03	ID# CK#	Janice Beul 13621 34th Hill Ct. Clive IA 50325		100.00	<input type="checkbox"/>
2/4/03	ID# CK#	Anne Beckell 1551 NW 75th St. Clive IA 50325		50.00	<input type="checkbox"/>
SUB-TOTAL				\$1967.00	
TOTAL (if last page of this schedule)				\$	

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Reset Form

**CONTRIBUTIONS – MONEY TAKEN IN**  
(Including candidates personal funds)

**A**  
(Rev. 08/97) **MONETARY RECEIPTS**

CHECK THIS BOX IF AMENDING FORM

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

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
2/4/03	ID# CK#	Dorothy Dykstra 4151 - 55TH ST Des Moines IA 50310	N/A	\$ 100.00	<input type="checkbox"/>
2/7/03	ID# CK#	Michael D. Anderson 5812 Snyder Ave. Des Moines IA 50322	}	150.00	<input type="checkbox"/>
2/7/03	ID# CK#	James Anderson PO BOX 41331 Des Moines IA 50311		50.00	<input type="checkbox"/>
2/11/03	ID# CK#	Margaret Knapp 4224 NW Country Club Dr. Urbandale IA 50322		50.00	<input type="checkbox"/>
2/12/03	ID# CK#	Tom Compiano 4925 Franklin Ave Des Moines IA 50310		100.00	<input type="checkbox"/>
2/22/03	ID# CK#	Kerth Dennon 5901 Vista Dr. West Des Moines IA 50266		500.00	<input type="checkbox"/>
3/6/03	ID# CK#	John P. Bacot PO BOX 225 Ankeny IA 50021		80.00	<input type="checkbox"/>
3/13/03	ID# CK#	Frank Steinbach Jr. 1971 NW Porciffy Dr. Ankeny IA 50021		60.00	<input type="checkbox"/>
3/15/03	ID# CK#	Patrick Kneuen 8809 Prairie Ave. Urbandale IA 50322		100.00	<input type="checkbox"/>
3/20/03	ID# CK#	Audrene Hansen 4301 Park Ave. #630 Des Moines IA 50321		50.00	<input type="checkbox"/>
SUB-TOTAL				\$ 1240-	
TOTAL (If last page of this schedule)				\$	

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FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

**EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT**

SCHEDULE <b>B</b> (Rev. 09/97)	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)  
*Iowa Landford PAC*

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
<i>1/2/03</i>	ID# CK# <i>N/A</i> <i>Auto Dr.</i>	<i>Bankers Trust Co.</i> <i>Des Moines IA 50309</i>	<i>Bank checks</i>	<i>\$ 17.19</i>
<i>1/29/03</i>	ID# CK# <i>Auto</i> <i>Dr.</i>	<i>Bankers Trust Co.</i> <i>Des Moines IA 50309</i>	<i>Bank Stamp</i>	<i>21.99</i>
	ID# CK#			
SUB-TOTAL				<i>\$ 39.18</i>
TOTAL (if last page of this schedule)				<i>\$ 39.18</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).)

Reset 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)  
Iowa Landford PAC

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

TOTAL UNPAID LOANS FROM LAST REPORTING PERIOD \$ 5000

**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/YY)	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/YY)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, if Applicable)	RELATIONSHIP TO CANDIDATE* (If Applicable)	AMOUNT REPAID
			\$

TOTAL CASH REPAYMENTS (PART II) \$ 0

From Schedule E - TOTAL LOANS FORGIVEN \$ 0

TOTAL OUTSTANDING LOANS END OF REPORT PERIOD \$ 500.-

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