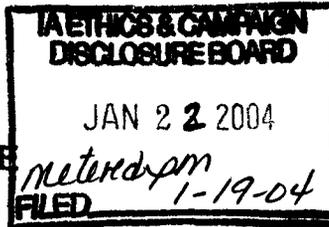


FOR INSTRUCTIONS, SEE BACK OF FORM



DISCLOSURE SUMMARY PAGE

FORM DR-2 (Rev. 01/98) DISCLOSURE REPORT. For Office Use Only: Comm. # 9642, Indexed KH, Audited, Computer KH.

COMMITTEE NAME (Must be same as on Statement of Organization) DAVENPORT DEMOCRATIC PARTY. IMPORTANT: Indicate type of committee you are reporting for: [7]. (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

SIGNATURE OF TREASURER (or person filing this report) Thomas C. ... TELEPHONE (563) 351-2672 DATE SIGNED 1/18/04

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 12-31-03 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 SCOTT

STATEMENT OF CASH ON HAND

Table with columns for description and amount. Rows include: CASH ON HAND at the beginning of the reporting period (\$250.82), ADD TOTAL MONEY TAKEN IN THIS PERIOD (Schedule A: 227.00, Schedule F: 0, Schedule H: 0), SUB-TOTAL (\$477.82), SUBTRACT TOTAL MONEY SPENT THIS PERIOD (Schedule B: 177.18, Schedule F: 0), CASH ON HAND at the end of this reporting period (\$300.64).

Table with columns for description and amount. Rows include: UNPAID BILLS (0), IN KIND CONTRIBUTIONS (107.98), OUTSTANDING LOANS (0).

CANDIDATE COMMITTEES ONLY:

CONSULTANT BREAKDOWN (Schedule G Attached?) YES 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
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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

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
11/24/03	ID# CK#	JAN SCHULTZ 2220 N NEVADA DAV IA 52804		\$ 15.00	
	ID# CK#	Bill GLUBA 2421 GAINES DAV IA 52804		10.00	
	ID# CK#	TOM ENGELMANN 4552 MAIN ST DAV IA 52804		100.00	
	ID# CK#	MISCELLANEOUS UNITEMIZED CASH		102.00	
	ID# CK#				

SUB-TOTAL

\$ 227.00

TOTAL (if last page of this schedule)

\$ 227.00

* 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
<input type="checkbox"/> 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)
DAVENPORT DEMOCRATIC PARTY

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
11/4/03	ID# CK# 941	DIANA PULLA 1719 MARQUETTE DAV IA 52804	FOOD-ELECTION NIGHT	\$ 83.23
10/21/03	ID# CK# —	WELLS FARGO BANK 666 WALNUT ST DES MOINES, IA 50309	BANK SERV. CHGS	3.21
11/24/03	ID# CK# —	" " "	" " "	3.21
12/24/03	ID# CK# —	" " "	" " "	3.21
11/10/03	ID# CK# 943	TROPHY SHOPPE 3111 BRADY PAV IA 52803	AWARDS PLAQUES	89.32
	ID# CK#			
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$ 177.18
TOTAL (if last page of this schedule)				\$ 177.18

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 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)
DAVENPORT DEMOCRATS

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
11/22/03	TOM ENGELMANN 4552 MAJAN ST DAV IA 52804		FOOD- AWARDS BREAKFAST	\$ 12.98	
11/22/03	AUDREY LINVILLE 1127 W 15TH DAV IA 52804		" "	50.00	
	KAREN NEAL 2211 JERSEY PARKER RD DAV IA 52807		" "	45.00	

SUB-TOTAL	\$ 107.98
TOTAL (if last page of this schedule)	\$ 107.98

*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.