

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

COMMITTEE NAME (Must be same as on Statement of Organization)
 Frink for Davenport City Council

IMPORTANT: Indicate by # type of committee you are reporting for: 6
 (1) Statewide Legislative Judge Standing for Retention Candidate (2) State PAC (3) State Party
 (4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other
 Political Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political
 Subdivision PAC (11) Local Ballot Issue

CANDIDATE COMMITTEES ONLY:
 Candidate Name: Leo A. Frink Political Party (if applicable):
 Office Sought: Davenport City Council At-Large District (if Senate or House):

FORM DR-2 DISCLOSURE REPORT
 (Rev. 07/2004)

For Office Use Only
 Comm. # _____
 Logged In _____
 Scanned _____
 Computer _____
 Audited _____

Late reports are subject to possible civil and criminal penalties.

SIGNATURE OF PERSON FILING REPORT: [Signature] TELEPHONE: 563-332-2795 DATE SIGNED: 11-3-05

I AM FILING A November 3, 2005 REPORT FOR (1) ELECTION (2) NON-ELECTION YEAR.
 (report date) Indicate by # 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 DR-3 is filed.)

Local Committees, enter Date of Election
November 8, 2005

County & Local Committees, enter County in which Election is held
Scott

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (Total of all funds 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.)	\$ 643.46
ADD TOTAL MONEY TAKEN IN THIS PERIOD	
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)	\$6,595.00
Schedule F: Loans Received total (Attach Schedule F)	\$0
Schedule H: Total Sales of Campaign Property (Attach Schedule H) <i>(Schedule H applies to Candidates' Committees Only)</i>	\$0
SUB-TOTAL	\$7,238.46
SUBTRACT TOTAL MONEY SPENT THIS PERIOD	
Schedule B: Expenditures total (Attach Schedule B) (*also see debts and loans below)	(\$6,745.14)
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)	\$ 493.32
UNPAID BILLS (From Schedule D - Attach Schedule D)	\$ 0
IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)	\$ 188.31
OUTSTANDING LOANS (From Schedule F - Attach Schedule F)	\$ 0
CANDIDATE COMMITTEES ONLY:	
CONSULTANT BREAKDOWN (Schedule G Attached?)	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)	\$ 0

NOV - 3 2005

Half page originals were rec'd Nov 3rd requested full size copies - replacements rec'd 11.4.05 report timely filed

SM

No. 3926 P. 1

AEFA BRIAN J. NIKULSKI, CFP

Nov. 3. 2005 4:49PM

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

FORM DR-2 (Rev. 07/2004)	DISCLOSURE REPORT
For Office Use Only	
Comm. # _____	Logged In _____
Scanned _____	Computer _____
Audited _____	

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

Frink for Davenport City Council

NOV - 4 2005

IMPORTANT. Indicate by # type of committee you are reporting for: 6
 (1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party
 (4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other
 Political Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political
 Subdivision PAC (11) Local Ballot Issue

CANDIDATE COMMITTEES ONLY:

Candidate Name _____ Political Party (If applicable)
 Ian A. Frink **PAID**
 Office Sought _____ 1-3-05 @ 4:50pm District (If Senate or House)
 Davenport City Council At-Large

Late reports are subject to possible civil and criminal penalties.

[Signature]
SIGNATURE OF PERSON FILING REPORT

563-332-2795
TELEPHONE

11-3-05
DATE SIGNED

I AM FILING A November 3, 2005 REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR.
 (report date) Indicate by # 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 DR-3 is filed.)

Local Committees, enter Date of Election November 8, 2005
County & Local Committees, enter County in which Election is held Scott

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (Total of all funds 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.) \$ 643.46

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below) \$ \$6,595.00

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 \$ \$7,238.46

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below).... \$ (\$6,745.14)

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) \$ \$493.32

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

*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E) \$ \$188.31

**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) \$ 0

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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

Frink for Davenport City Council

STATE CANDIDATE'S 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(8), Iowa Code, prohibits the use of information copied from reports and statements for solidifying 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
10-05-05	ID# CK#	Bill Fennelly 1117 W. Garfield Ct. Davenport, IA 52804	None	\$25.00	<input checked="" type="checkbox"/>
10-05-05	ID# CK#	Don Challed 5 McClellan Blvd Davenport, IA 52803	None	\$50.00	<input checked="" type="checkbox"/>
10-13-05	ID# CK#	Nick Jacobs 2343 Cromwell Circle Davenport, IA 52807	None	\$50.00	<input checked="" type="checkbox"/>
10-13-05	ID# CK#	Dean Rock 4509 Fairhaven Ct Davenport, IA 52807	None	\$50.00	<input checked="" type="checkbox"/>
10-13-05	ID# CK#	Doug Kratz PO Box 3813 Rock Island, IL 61201	None	\$100.00	<input checked="" type="checkbox"/>
10-13-05	ID# CK#	Robert Wolfe 4907 Turnberry Ct. Davenport, IA 52807	None	\$250.00	<input checked="" type="checkbox"/>
10-17-05	ID# CK#	Kerry Beyer 6401 Utica Ridge Rd Davenport, IA 52807	None	\$100.00	<input checked="" type="checkbox"/>
10-17-05	ID# CK#	Katherine Boehm 1938 St. David Drive Bettendorf, IA 52722	None	\$100.00	<input checked="" type="checkbox"/>
10-17-05	ID# CK#	Erik Belby 1820 Jersey Ridge Rd Davenport, IA 52803	None	\$20.00	<input checked="" type="checkbox"/>
10-17-05	ID# CK#	R.Q. Davison PO Box 1540 Davenport, IA 52809	None	\$100.00	<input checked="" type="checkbox"/>
SUB-TOTAL				\$ 845.00	
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). 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 A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

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

Frink for Davenport City Council

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 86B.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
10-17-05	ID# CK#	Nita Eagle-Frink 2253 - 30th St Rock Island, IL 61201	Mother	\$100.00	<input checked="" type="checkbox"/>
10-17-05	ID# CK#	Michael Giudici, MD 2712 E. 40th St Davenport, IA 52807	None	\$100.00	<input checked="" type="checkbox"/>
10-19-05	ID# CK#	Ian A. Frink 2505 Fulton Ave Davenport, IA 52803	Self	\$150.00	<input checked="" type="checkbox"/>
10-20-05	ID# CK#	Michele Blew 2506 - 40th St Rock Island, IL 61201	None	\$50.00	<input checked="" type="checkbox"/>
10-20-05	ID# CK#	Steve Murphy 4705 S. Gilbert Ave La Grange, IL 60525	Cousin	\$50.00	<input checked="" type="checkbox"/>
10-24-05	ID# CK#	Angela Rheingans 2604 - 244th St DeWitt, IA 52742	None	\$40.00	<input checked="" type="checkbox"/>
10-24-05	ID# CK#	Mary Ellen Chamberlin 709 Grand Ave Davenport, IA 52803	None	\$25.00	<input checked="" type="checkbox"/>
10-24-05	ID# CK#	Tom Mc Carthy 2503 Fulton Avenue Davenport, IA 52803	None	\$25.00	<input checked="" type="checkbox"/>
10-24-05	ID# CK#	Randy Jacobs 3415 - 119th Ave Ct Milan, IL 61264	None	\$25.00	<input checked="" type="checkbox"/>
10-24-05	ID# CK#	Mark Vicregg 4661 E. 49th Ct Davenport, IA 52807	None	\$50.00	<input checked="" type="checkbox"/>
SUB-TOTAL				\$ 615.00	
TOTAL (If last page of this schedule)				\$	

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For Instructions, See Back of Form



SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

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

Frink for Davenport City Council

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.

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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
10-24-05	ID# CK#	Kent Pilcher PO Box 3608 Davenport, IA 52808	None	\$100.00	<input checked="" type="checkbox"/>
10-24-05	ID# CK#	Steve Frink 494 Caribbean Dr Key Largo, FL 33037	Uncle	\$150.00	<input checked="" type="checkbox"/>
10-24-05	ID# CK#	Marguerite White 1810 State Street Bettendorf, IA 52722	None	\$20.00	<input checked="" type="checkbox"/>
10-24-05	ID# CK#	Chris Townsend 223 Mc Clellan Blvd Davenport, IA 52803	None	\$100.00	<input checked="" type="checkbox"/>
10-24-05	ID# CK#	Dan Portes 109 Essex Lane Davenport, IA 52803	None	\$50.00	<input checked="" type="checkbox"/>
10-24-05	ID# CK#	Michelle Burroughs 2103 W. Central Park Ave Davenport, IA 52804	None	\$100.00	<input checked="" type="checkbox"/>
10-24-05	ID# CK#	Bruce Clark 2184 Andrew Ct Bettendorf, IA 52722	None	\$50.00	<input checked="" type="checkbox"/>
10-24-05	ID# CK#	Karol Oelschlaeger 3825 Sea Oaks Circle Davenport, IA 52807	None	\$25.00	<input checked="" type="checkbox"/>
10-24-05	ID# CK#	Brian J. Nikulski 3875 Aspen Hills Dr Bettendorf, IA 52722	None	\$150.00	<input checked="" type="checkbox"/>
10-26-05	ID# CK#	Tod Luppen 3311 - 34th Ave Ct Rock Island, IL 61201	None	\$100.00	<input checked="" type="checkbox"/>
SUB-TOTAL				\$ 845.00	
TOTAL (if last page of this schedule)				\$	

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CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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

Frink for Davenport City Council

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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
10-25-05	ID# CK#	William Leaver 3280 Camp Creek Rd Lynn Center, IL 61262	None	\$100.00	<input checked="" type="checkbox"/>
10-25-05	ID# CK#	William Wilke 3547 Deer Ridge Ct. Bettendorf, IA 52722	None	\$50.00	<input checked="" type="checkbox"/>
10-25-05	ID# CK#	John Stavens 2910 - 48th Ave Bettendorf, IA 52722	None	\$50.00	<input checked="" type="checkbox"/>
10-25-05	ID# CK#	Caroline Ruhl 233 Fernwood Ave Davenport, IA 52803	None	\$100.00	<input checked="" type="checkbox"/>
10-26-05	ID# CK#	Michael Giudici, MD 2712 E. 40th St Davenport, IA 52807	None	\$100.00	<input checked="" type="checkbox"/>
10-26-05	ID# CK#	Steven Tondi 4623 - 8th Ave Moline, IL 61265	None	\$50.00	<input checked="" type="checkbox"/>
10-26-05	ID# CK#	James Anderson 4533 Old Navy Ct. Bettendorf, IA 52722	None	\$100.00	<input checked="" type="checkbox"/>
10-26-05	ID# CK#	Ryan Driscoll 208 Hillcrest Ave Davenport, IA 52803	None	\$50.00	<input checked="" type="checkbox"/>
10-26-05	ID# CK#	Claudia Murphy 4040 Plainview Dr Des Moines, IA 50311	None	\$25.00	<input checked="" type="checkbox"/>
10-26-05	ID# 8098 CK# 1080	Tri-City Building Trades P.A.C. 4602 - 46th Ave Rock Island, IL 61201	None	\$200.00	<input checked="" type="checkbox"/>
SUB-TOTAL				\$ 825.00	
TOTAL (if last page of this schedule)				\$	

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For Instructions, See Back of Form



SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)
Frink for Davenport City Council

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.

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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
10-26-05	ID# 25068 CK# 1085	Grow Davenport P.A.C. 3111 Fernwood Ave Davenport, IA 52807	None	\$1,250.00	<input type="checkbox"/>
10-28-05	ID# CK#	John Gardner 1016 Coffelt Ave Bettendorf, IA 52722	None	\$350.00	<input checked="" type="checkbox"/>
10-28-05	ID# CK#	James Kadavy 4408 Lorton Ave Davenport, IA 52807	None	\$200.00	<input checked="" type="checkbox"/>
10-28-05	ID# CK#	John DeDoncker 6790 Ridges Ct. Bettendorf, IA 52722	None	\$50.00	<input checked="" type="checkbox"/>
10-31-05	ID# CK#	Cal Werner 25370 E. Valley Dr. Bettendorf, IA 52722	None	\$100.00	<input checked="" type="checkbox"/>
10-31-05	ID# CK#	Tami Wilcox 6142 Elmwood Ave Davenport, IA 52806	None	\$100.00	<input checked="" type="checkbox"/>
10-31-05	ID# CK#	Kelli Grubbs 324 Fairmount Davenport, IA 52802	None	\$100.00	<input checked="" type="checkbox"/>
10-31-05	ID# CK#	Nancy Donovan 2121 Lundy Lane Bettendorf, IA 52722	None	\$100.00	<input checked="" type="checkbox"/>
11-1-05	ID# CK#	Frank Overbeck 1408 W. 52nd St. Davenport, IA 52806	None	\$300.00	<input checked="" type="checkbox"/>
11-1-05	ID# CK#	Ian A. Frink 2505 Fulton Ave Davenport, IA 52803	Self	\$200.00	<input checked="" type="checkbox"/>
SUB-TOTAL				\$ 2,750.00	
TOTAL (if last page of this schedule)				\$	

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For Instructions, See Back of Form



SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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

COMMITTEE NAME (Must be same as on Statement of Organization)
Frink for Davenport City Council

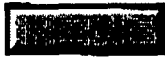
STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

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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
10-24-05	ID# CK#	Unitemized Cash	None	\$215.00	<input checked="" type="checkbox"/>
10-27-05	ID# CK#	Ronald May 3 High Point Place Bettendorf, IA 52722	None	\$100.00	<input checked="" type="checkbox"/>
10-27-05	ID# CK#	Unitemized Cash	None	\$250.00	<input checked="" type="checkbox"/>
10-28-05	ID# CK#	Shiela Speer 2231 E. 45th St Davenport, IA 52807	None	\$150.00	<input checked="" type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
SUB-TOTAL				\$ 715.00	
TOTAL (if last page of this schedule)				\$ 6,595.00	

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FOR INSTRUCTIONS, SEE BACK OF FORM



SCHEDULE B (Rev. 07/03)	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)
Frink for Davenport City Council

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
10-12-2005	ID# CK#	River Music Experience 131 W. 2nd Street Davenport, IA 52801	Room rental fee for 10-24-05 fundraising event @ RME.	\$ 100.00
10-10-05	ID# CK#	US Post Office Bettendorf, IA 52722	300 Stamps	\$111.00
10-13-05	ID# CK#	Ian A. Frink 2505 Fulton Ave Davenport, IA 52806	Reimbursement for envelopes	\$21.31
10-19-05	ID# CK#	Ian A. Frink 2505 Fulton Ave Davenport, IA 52806	Reimbursement for stamps/postage	\$111.00
10-24-05	ID# CK#	Hy-Vee Wine & Spirits 2880 Devils Glenn Rd Bettendorf, IA 52722	Beer & wine for RME fundraising event	\$75.51
10-24-05	ID# CK#	Walgreens 1660 W. Locust St Davenport, IA 52803	Ice & cups for RME fundraising event	\$18.95
10-26-05	ID# CK#	Misc. Fees	Pay Pal fees for contributions received	\$3.20
10-31-05	ID# CK#	Victory Store.com 5200 S.W. 30th Street Davenport, IA 52802	Mediacom TV Ads (down payment)	\$3,750.00
SUB-TOTAL				\$ 4,190.97
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 68A.402(3)(i).)

FOR INSTRUCTIONS, SEE BACK OF FORM



SCHEDULE B (Rev. 07/03)	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)
Frink for Davenport City Council

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
11-1-05	ID# CK#	Midwest Mail Works 218 3rd Ave Rock Island, IL 61201	Direct mail to voters	\$ 2,282.41
11-2-05	ID# CK#	Unitemized expenses	Pay Pal fees	\$.56
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$ 2,282.97
TOTAL (if last page of this schedule)				\$ 6,473.94

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 68A.402(3)(i).)

THIS FORM IS USED BY CANDIDATES' COMMITTEES ONLY

SCHEDULE G (Rev. 02/98)	BREAKDOWN OF MONETARY EXPENDITURES BY CONSULTANT
	<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM

COMMITTEE NAME (Must be same as on Statement of Organization)
Frink for Davenport City Council

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.)

PART I - NAME AND ADDRESS OF CONSULTANT

Name of Consultant Victory Store.com		
Mailing Address 5200 S.W. 30th Street		
City Davenport, IA	State IA	Zip Code 52802

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

CONTRACT PERIOD (MM/DD/YR) From 10-10-05 To 10-10-05	TOTAL ANTICIPATED COMPENSATION FOR PERFORMANCE \$ 171.20
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ESTIMATES OF PERFORMANCE

Automated phone calls to prospective voters reminding them to vote for Frink.

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

No. 3930 P. 10
 Nov. 4. 2005 1:06PM
 AEFA BRIAN J. NIKULSKI, CFP

THIS FORM IS USED BY CANDIDATES' COMMITTEES ONLY

SCHEDULE G (Rev. 02/96)	BREAKDOWN OF MONETARY EXPENDITURES BY CONSULTANT
	<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM

COMMITTEE NAME (Must be same as on Statement of Organization)
Frink for Davenport City Council

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.)

PART I - NAME AND ADDRESS OF CONSULTANT

Name of Consultant Karen Noble		
Mailing Address 5531 Linwood Ave		
City Davenport, IA	State IA	Zip Code 52806

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

CONTRACT PERIOD (MM/DD/YR) From 10-3-05 To 10-7-05	TOTAL ANTICIPATED COMPENSATION FOR PERFORMANCE \$ 100.00
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ESTIMATES OF PERFORMANCE

Addressing & mailing envelopes for campaign.

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

No. 3930 P. 11
Nov. 4. 2005 1:06PM AEFA BRIAN J. NIKULSKI, CFP

FOR INSTRUCTIONS, SEE BACK OF FORM

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

Frink for Davenport City Council

SCHEDULE E (Rev. 08/97)	IN-KIND CONTRIBUTIONS
	<input type="checkbox"/> 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
09-29-05	Nick Jacobs 2343 Cromwell Circle Davenport, IA 52807	None	Food & Drinks for House Party	\$ 188.31	<input checked="" type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
SUB-TOTAL				\$ 188.31	
TOTAL (if last page of this schedule)				\$ 188.31	

*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.

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

514 EAST LOCUST, SUITE 104
DES MOINES, IA 50309-1912

Reset Form

Form
**VERIFIED STATEMENT
REGISTRATION**
(Out-of-State Committees)
(Rev. 04/03)

For office use only

Comm. # _____
Indexed _____
Audited _____
Checked _____
Computer _____

VERIFIED STATEMENT REGISTRATION
(Out-of-State Committee)

COMMITTEES NOT ORGANIZED IN IOWA TO COMPLETE IN DUPLICATE.
SEND A COPY TO THE BOARD WITHIN 15 DAYS OF THE CONTRIBUTION DATE AND
ONE COPY WITH EACH CONTRIBUTION TO THE IOWA COMMITTEE WITH THE CONTRIBUTION.
PLEASE REFER TO DETAILED INSTRUCTIONS ON BACK OF FORM.

COMMITTEE NAME

Official Name of Out-of-State Committee (Do not abbreviate committee name. Written explanation must be provided for Acronym).
Tri-City Building Trades Political Action Committee #8098

Mailing Address
4602 46th Avenue

City, State, Zip Code Area Code Telephone No.
Rock Island, IL 61201 (309) 786-1115

STATE OR FEDERAL JURISDICTION WHERE COMMITTEE IS REGISTERED OR OPERATES

PARENT ENTITY, AFFILIATE, SPONSOR OF COMMITTEE
(Use separate page if needed to list more than one entity)

Name of Jurisdiction <u>Illinois State Board of Elections</u>	Name <u>Tri-City Building Trades Council PAC</u>
Mailing Address <u>P.O. Box 4187</u>	Mailing Address <u>4602 46th Avenue</u>
City, State, Zip Code Telephone <u>Springfield, IL (217) 782-4141</u> <u>62708</u>	City, State, Zip Code <u>Rock Island, IL 61201</u>

PURPOSE OF COMMITTEE

To educate the members of this council as to the candidates views and opinions along with other items of concern.

IOWA RESIDENT AGENT

IOWA COMMITTEE RECEIVING CONTRIBUTION

Typed Name of Iowa Resident <u>Mark Meyers</u>		Name of Committee <u>FRANK FOR DANLEPORT CITY COUNCEL</u>	
Mailing Address <u>1925 Fair Avenue</u>		Mailing Address <u>2505 PULTON AVE, DANLEPORT, IA 52803</u>	
City, State, Zip Code <u>Bettendorf, IA 52722</u>	Telephone <u>(309) 788-3403</u>	Date	If In-Kind Contribution, Describe
		Amount <u>\$ 200.00</u>	Check # <u>1080</u> Committee ID #

VERIFIED STATEMENT OF COMMITTEE:

I, Mark Meyers, attest that the contribution reported above is accurate and that the information about this out-of-state committee is correct and accurate to the best of my knowledge. I also attest that the reports filed in the named jurisdiction comply with requirements that are substantially similar to Iowa Code section 58.8, including the disclosure of all contributions received and all expenditures made. I further attest that the contribution reported above was made from an account that does not accept contributions from corporations or other prohibited contributors under Iowa Code section 58.15. I understand that potential civil and criminal penalties may apply unless a signed original of this form has been filed with the Iowa Ethics and Campaign Disclosure Board within 15 days of the date of the contribution.

Mark T. Meyers TCBST PAC CHAIRMAN 10-24-05
(Person submitting form) (Title) (Date)