

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

DISCLOSURE SUMMARY PAGE

FORM DR-2 (Rev. 07/2003)	DISCLOSURE REPORT
For Office Use Only	
Comm. # _____	
Logged In _____	
Scanned _____	
Computer _____	
Audited _____	

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

IMPORTANT: Indicate type of committee you are reporting for: 1 2 3 4 5 6 7 8

(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 Kamyar Enshayan	Political Party _____
Office Sought Cedar Falls City Council, Ward 4	District (if Senate or House) _____

HD OCT 29 2003
10/28/03
DATE SIGNED


SIGNATURE OF TREASURER (or person filing this report)

(319)266-6454
TELEPHONE

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

SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE:

I AM FILING A 5 days prior to election _____ REPORT FOR AN/A (1) ELECTION /(2)NON-ELECTION YEAR.
(report date)

Indicate one 1 2

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 11/4/03
County & Local Committees, enter County in which Election is held Black Hawk

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.) \$ 0

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)	1,756.33
Schedule F: Loans Received total (Attach Schedule F)	_____
Schedule H: Total Sales of Campaign Property (Attach Schedule H)	_____
(Schedule H applies to Candidates' Committees Only)	
SUB-TOTAL	\$ 1,756.33

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)....	1,408.39
Schedule F: Loan Repayments total (Attach Schedule F).....	_____
CASH ON HAND at the end of this reporting period (if final report, balance must be zero) (Attach DR-3).....	\$ 347.94

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

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

****OUTSTANDING LOANS** (From Schedule F - Attach Schedule F)..... \$ _____

CANDIDATE COMMITTEES ONLY:

CONSULTANT BREAKDOWN (Schedule G Attached?)

YES NO

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

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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)
Enshayan for 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 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
9/3/03	ID# CK#	Catherine Livingston 39 River Ridge Lane Cedar Falls, IA 50613		\$200	<input type="checkbox"/>
9/5/03	ID# CK#	Loree Rackstraw 2109 Walnut Street Cedar Falls, IA 50613		75	<input type="checkbox"/>
9/23/03	ID# CK#	Ed Fallon 1321 8th Street Des Moines, IA 50314		100	<input type="checkbox"/>
9/17/03	ID# CK#	Chris Martin and Bettina Fabos 1615 Walnut Street Cedar Falls, IA 50613		50	<input type="checkbox"/>
9/22/03	ID# CK#	Kathlen Sihler and Jonathan Chenoweth 1009 Tremont Cedar Falls, IA 50613		100	<input type="checkbox"/>
9/22/03	ID# CK#	Farzad Mousavi 1617 West 18th Street Cedar Falls, IA 50613		50	<input type="checkbox"/>
9/7/03	ID# CK#	Mary Brammer 1408 W 18th Street Cedar Falls, IA 50613		200	<input type="checkbox"/>
9/3/03	ID# CK#	Kamyar Enshayan 1703 Washington Street Cedar Falls, IA 50613		206.38	<input type="checkbox"/>
9/21/03	ID# CK#	Carol Yates 519 Chateau Court Cedar Falls, IA 50613		50	<input type="checkbox"/>
9/25/03	ID# CK#	Barry Eastman 2401 Falls Ave Waterloo, IA 50701		100	<input type="checkbox"/>

SUB-TOTAL

\$ 1131.38

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.

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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)

Enshayan for 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
10/2/03	ID# CK#	Lynn and Elizabeth Brant 521 West 12th Street Cedar Falls, IA 50613		\$35	<input type="checkbox"/>
9/27/03	ID# CK#	R. Allen Hayes 2709 Edgewood Drive Cedar Falls, IA 50613		75	<input type="checkbox"/>
9/28/03	ID# CK#	David Crownfield 513 West 22rd Street Cedar Falls, IA 50613		100	<input type="checkbox"/>
10/6/03	ID# CK#	Frank Esser 603 West 20th Street Cedar Falls, IA 50613		50	<input type="checkbox"/>
10/10/03	ID# CK#	Daryl Smith 306 N. Highland Drive Cedar Falls, IA 50613		50	<input type="checkbox"/>
	ID# CK#	unitemized contributions		314.95	<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				\$ 624.95	
TOTAL (if last page of this schedule)				\$ 1,756.33	

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EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

SCHEDULE B (Rev. 07/03)	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)
 Enshayan for 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
9/26/03	ID# CK#1001	Wal-Mart College Square Mall Cedar Falls, IA 50613	envelopes and labels	\$ 8.16
9/28/03	ID# CK#1002	Signs by Tomorrow 2915 McClain Drive Cedar Falls, IA 50613	magnetic signs	107
10/14/03	ID# CK#1003	Post Master Cedar Falls, IA, Post Office	stamps	345
10/18/03	ID# CK#1004	Copy Works 2227 College Street Cedar Falls, IA 50613	photocopies	21.40
10/27/03	ID# CK#1005	The Print Zoo P.O. Box 835 Waterloo, IA 50704	yard signs	497.55
10/27/03	ID# CK#1006	Congdon Printing 115 East 2nd Street Cedar Falls, IA 50613	printing postcards	429.28
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$ 1,408.39
TOTAL (if last page of this schedule)				\$ 1,408.39

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.6(3)(i).)