Black Hawk

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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 10.31.03
Computer _____
Audited _____

COMMITTEE NAME (Must be same as on Statement of Organization)
Hagarty For Mayor Committee

IMPORTANT: Indicate type of committee you are reporting for: 4

(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: Tom Hagarty
Political Party: N/A
Office Sought: Mayor - Cedar Falls IA
District (if Senate or House): _____

OCT 31 2003
P.M. 10.30.03

X Thomas P. Hagarty — SIGNATURE OF TREASURER (or person filing this report)
TELEPHONE: 266 1321
X 10-30-03 — 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 Oct 30, 2003 (report date) REPORT FOR AN/A (1) ELECTION /(2)NON-ELECTION YEAR.

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: 11-4-2003

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.) ..... $	619.00
ADD TOTAL MONEY TAKEN IN THIS PERIOD	
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)	780.00
Schedule F: Loans Received total (Attach Schedule F)	785.00
Schedule H: Total Sales of Campaign Property (Attach Schedule H)	.00
(Schedule H applies to Candidates' Committees Only)	
SUB-TOTAL ..... $	2184.00
SUBTRACT TOTAL MONEY SPENT THIS PERIOD	
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)....	462.00
Schedule F: Loan Repayments total (Attach Schedule F).....	.00
CASH ON HAND at the end of this reporting period (if final report, balance must be zero) (Attach DR-3) ..... $	1722.00
****UNPAID BILLS** (From Schedule D - Attach Schedule D)..... $	4586.32
***IN KIND CONTRIBUTIONS** (From Schedule E - Attach Schedule E) ..... $	.00
****OUTSTANDING LOANS** (From Schedule F - Attach Schedule F)..... $	785.00

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
☐ 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)*
Hagarty For Mayor Committee

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
10/28/03	ID# CK# CASH.	misc donation no name		$ cash 5.00	☐
	ID# CK#				☐
	ID# CK#				☐
	ID# CK#				☐
	ID# CK#				☐
	ID# CK#				☐
	ID# CK#				☐
	ID# CK#				☐
	ID# CK#				☐
	ID# CK#				☐

SUB-TOTAL $ 5.00

TOTAL *(if last page of this schedule)* $ 780.00

* 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). 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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SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
☐ 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)*
Hagarty For Mayor Committee

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
10/21/03	ID# CK# 3044	Marian Paul 1509 Franklin St Cedar Falls IA 50613	wife's aunt	$ 100.00	
10/21/03	ID# CK# 1732	Michael or Maureen OATES 127 Kaspen Place Cedar Falls IA 50613		25.00	
10/21/03	ID# CK# 7609	Darren or Cathy Beck 504 N. Highland ST Cedar Falls IA 50613		100.00	
10/23/03	ID# CK# 5414	Laurie or Vincent Lumeta 108 Kaspen PL. Cedar Falls IA 50613		150.00	
10/28/03	ID# 8932 CK#	Lori + Steve Adams 550 Fireside Dr. Cedar Falls IA 50613		25.00	
10/28/03	ID# CK# 4431	Terri Sullivan 1222 Franklin St Cedar Falls IA 50613	sister.	25.00	
10/28/03	ID# CK# 514	Daniel Hagarty 1316 Franklin St Cedar Falls IA 50613	brother	25.00	
10/28/03	ID# CK# 7160	Ken or Margaret Ackerman 1926 Sunnyside Dr Cedar Falls IA 50613	Sister	25.00	
10/28/03	ID# CK# 13772	Scott Braun P.O. Box 427 Cedar Falls IA 50613		100.00	
10/29/03	ID# CK# 6593	Edward or Jean Stachovic 2504 Minnetonka Cedar Falls IA 50613		200.00	

SUB-TOTAL $ 775.00

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

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SCHEDULE B (Rev. 07/03)	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)*
Hagarty For Mayor Committee

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
10/21/03	ID# CK# 502	Waverly ~~Publishing~~ Newspaper P.O. Box 858 Waverly IA 50677	advertisement in C. Falls Times on 10/25/03	$ 231.00
10/30/03	ID# CK# 503	Waverly Newspaper P.O. Box 858 Waverly IA 50677	advertisement in C. Falls Times on 11/1/03	231.00
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			

SUB-TOTAL $ 462.00

TOTAL ***(if last page of this schedule)*** $ 462.00

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).)

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SCHEDULE D (Rev. 08/98)	INCURRED INDEBTEDNESS

☐ CHECK THIS BOX IF AMENDING FORM

COMMITTEE NAME *(Must be same as on Statement of Organization)*
Hagarty For Mayor Committee

NOTE: Debts previously reported that remain unpaid must be included on this Schedule, as well as any new obligations incurred in this period.

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DEBTS/OBLIGATIONS REMAINING THIS REPORTING PERIOD (DO NOT INCLUDE LOANS -- SHOW LOANS ON SCHEDULE F)

An "incurred debt" is a debt for goods or services ordered or received, but not paid for by the end of the reporting period., regardless of whether an invoice has been received.

DATE INCURRED (MM/DD/YR)	NAME AND ADDRESS OF PERSON TO WHOM DEBT OR OBLIGATION IS OWED	DESCRIPTION OF GOODS OR SERVICES PROVIDED OR PURCHASED	BALANCE OWED AT CLOSE OF REPORTING PERIOD*
10/29/03	Signs & Designs 5600 Nordic Dr Cedar Falls IA 50613	200 CF mayor Signs	$ 666.00 +tax. 46.62 712.62
10/2003 thru 10/30/03	Tom Hagarty P.O. Box 1 Cedar Falls IA } Paid by Tom H	Copy works C Falls IA copies copy works C.F. IA copies	6.42 28.89
		C.F. US Postoffice C Falls IA stamp W100 Post office Waterloo IA prior mailing of report	74.00 4.79
		C.F. U.S. Postoffice Cedar Falls IA Stamp + stamp Envelops	59.50
10/31/03	Parkade Printers Cedar Falls, IA	postage + labor for mailing advert. flyer on 11/1/03 postage $1785 + flyer + labor $1915	3700.00 ESTm.

173.60

SUB-TOTAL $ 4586.22

TOTAL DEBTS OWED BY COMMITTEE AT THE END OF THIS REPORTING PERIOD $ 4586.22

*If actual figure is unknown, show "estimated" beside the figure.

Page 1 of 1 (for Schedule D)

CANDIDATE COMMITTEES NOTE:
*Incurred indebtedness also includes each person/entity with whom the candidate's committee has entered into a contract during the reporting period for future or continuing performance. Enter the name of the consultant who provides or procures services for items such as advertising, fund-raising, polling, managing, or organizing services. Report on Schedule G the nature of performance and the estimated performance reasonably expected of the consultant.

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Resolution

SCHEDULE F (Rev. 07/03)	LOANS RECEIVED & REPAID

☐ CHECK THIS BOX IF AMENDING FORM

COMMITTEE NAME *(Must be same as on Statement of Organization)*
Hagarty For Mayor Committee

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

TOTAL UNPAID LOANS FROM LAST REPORTING PERIOD $ .00

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
10/30/03	Tom Hagarty P.O. Box 1 Cedar Falls IA 50613	Candidate	$ 785.00

TOTAL *(PART I)* $ 785.00

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
			$

TOTAL CASH REPAYMENTS *(PART II)* $ 0

From Schedule E -- TOTAL LOANS FORGIVEN $ 0

TOTAL OUTSTANDING LOANS END OF REPORT PERIOD $ 785.00

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