

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)
Hagarty For Mayor Committee

IMPORTANT: Indicate type of committee you are reporting for:

(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) DEC 2 2003

X Thomas Hagarty SIGNATURE OF TREASURER (or person filing this report) 319-266-1321 TELEPHONE X 12/01/03 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 Dec 1, 2003 REPORT FOR AN/A (1) ELECTION / (2) NON-ELECTION YEAR.
(report date)

Indicate one

CHECK IF AMENDMENT TO REPORT DATED _____

| |
|--|
| Local Committees, enter Date of Election <u>11-4-2003</u> |
| County & Local Committees, enter County in which Election is held <u>BLACK HAWK</u> |

X 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

| | | |
|---|----|-----------------|
| 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.) | \$ | <u>1,722.00</u> |
| ADD TOTAL MONEY TAKEN IN THIS PERIOD | | |
| Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below) | | <u>1550.00</u> |
| Schedule F: Loans Received total (Attach Schedule F) | | <u>2300.00</u> |
| Schedule H: Total Sales of Campaign Property (Attach Schedule H) | | <u>.00</u> |
| <u>(Schedule H applies to Candidates' Committees Only)</u> | | |
| SUB-TOTAL | \$ | <u>5572.00</u> |
| SUBTRACT TOTAL MONEY SPENT THIS PERIOD | | |
| Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below) | | <u>5572.00</u> |
| Schedule F: Loan Repayments total (Attach Schedule F) | | <u>.00</u> |
| CASH ON HAND at the end of this reporting period (if final report, balance must be zero) (Attach DR-3) | \$ | <u>.00</u> |
| **UNPAID BILLS (From Schedule D - Attach Schedule D) | \$ | <u>.00</u> |
| **IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E) | \$ | <u>3742.42</u> |
| **OUTSTANDING LOANS (From Schedule F - Attach Schedule F) | \$ | <u>.00</u> |

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

COMMITTEE NAME (Must be same as on Statement of Organization)
Haggarty 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 |
|--------------------------|--|--|--|-----------------|-----------------------------|
| 10/31/03 | ID# CK# 7895 | MIKE OR KIM VANDENBRIESSCHE 3118 Pleasant Dr. Cedar Falls IA 50613 | | \$ 50.00 | <input type="checkbox"/> |
| 11/1/03 | ID# CK# 4090 | Dave OR LISA SIRES 4107 Horseshoe Dr. Cedar Falls IA 50613 | | 1250.00 | <input type="checkbox"/> |
| 11/5/03 | ID# CK# 5464 | Larry or Jean Sackett 1820 Hilton Dr. Cedar Falls IA 50613 | | 200.00 | <input type="checkbox"/> |
| 11/7/03 | ID# CK# 6746 | John or Jane Semmer 608 Birdsall Cedar Falls IA 50613 | | 50.00 | <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"/> |
| | ID# CK# | | | | <input type="checkbox"/> |
| | ID# CK# | | | | <input type="checkbox"/> |

SUB-TOTAL

\$ 1550.00

TOTAL (if last page of this schedule)

\$ 1550.00

* 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.

FOR INSTRUCTIONS, SEE BACK OF FORM



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)
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 |
|---------------------------------------|--|--|--|-----------------|
| 10/31/03 | ID# CK# | 1st National Bank Cedar Falls IA | order for checks printed | \$ 13.94 |
| 10/31/03 | ID# CK# 515 | Cedar Falls U.S.P.S Cedar Falls IA 50603 | postage for large mailing of flyers | 1786.00 |
| 11/3/03 | ID# CK# 504 | Signs + Designs 5600 Nordic Dr Cedar Falls IA 50603 | 200 CF mayor signs | 712.62 |
| 11/10/03 | ID# CK# 506 | Signs + Designs 5600 Nordic Dr Cedar Falls IA 50603 | decals for existing signs + labor lettering signs w/decals | 683.73 |
| 11/10/03 | ID# CK# 505 | Parkade Printers 315 Main St Cedar Falls IA 50603 | flyers imp/foiled/habbed labeled + labor | 2341.75 |
| 11 25 03 | ID# CK# 507 | HANK TREPP Cedar Falls IA 50603 | mileage reimbursement to sign delivery + set up | 33.96 |
| | ID# CK# | | | |
| | ID# CK# | | | |
| SUB-TOTAL | | | | \$ 5572.00 |
| TOTAL (if last page of this schedule) | | | | \$ 5572.00 |

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).)

| | |
|---|--------------------------|
| 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)
Hagarty For Mayor Committee



| 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 |
|--------------------------|---|---|--|-----------------------------|-----------------------------------|
| | <i>Tom Hagarty P.O. Box 1 Cedar Falls IA.</i> | <i>Candidate</i> | <i>Total loans Rpt 1 forgiven</i> | <i>\$ 785.00</i> | <input type="checkbox"/> |
| | <i>Tom Hagarty</i> | <i>Candidate</i> | <i>11 Rpt 3</i> | <i>800.00</i> | <input type="checkbox"/> |
| | | | <i>11 Rpt 3</i> | <i>1500.00</i> | <input type="checkbox"/> |
| | | | <i>Total loans forgiven →</i> | <i><u>3085.00</u>*</i> | <input type="checkbox"/> |
| | <i>Tom Hagarty Box 1 Cedar Falls IA 50613</i> | <i>candidate</i> | <i>Pers. Paid Expo from Report # 1</i> | <i>483.82</i> | <input type="checkbox"/> |
| | <i>11</i> | <i>candidate</i> | <i>Pers. Paid Expo from Report # 2</i> | <i>173.60</i> | <input type="checkbox"/> |
| | | <i>candidate</i> | <i>Pers Paid Expo from Report # 3</i> | <i>.00</i> | <input type="checkbox"/> |
| | | | <i>Total Pers. Paid from Reports</i> | <i><u>657.42</u>*</i> | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> |

SUB-TOTAL \$ *3742.42*

TOTAL (if last page of this schedule) \$ *3742.42**

*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.



| | |
|---|-------------------------------|
| SCHEDULE F (Rev. 07/03) | LOANS RECEIVED & REPAID |
| <input type="checkbox"/> 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 \$ 185.00 *

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 |
|--------------------------|---|--|----------------|
| 10/31/03 | Tom Hagarty P.O. Box 1 Cedar Falls IA 50613 | candidate | \$ 800.00 |
| 11/21/03 | Tom Hagarty P.O. Box 1 Cedar Falls IA 50613 | candidate | 1500.00 |
| | | | |
| | | | |

TOTAL (PART I) \$ 2300.00 *

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 \$ 3085.00 *
 TOTAL OUTSTANDING LOANS END OF REPORT PERIOD \$ 0

*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 when it applies.

Notice of Dissolution



| | |
|---|--------------|
| FORM | (Rev. 07/03) |
| DR-3 NOTICE OF DISSOLUTION | |
| For Office Use Only | |
| Comm. # | _____ |
| Indexed | _____ |
| Audited | _____ |
| Computer | _____ |
| Certified Date of Dissolution | _____ |

COMMITTEE NAME

| | |
|------------------------------------|-----------|
| <i>Hagarty For Mayor Committee</i> | |
| Official Name of Committee | |
| <i>P.O. Box 1</i> | |
| Street | |
| <i>Cedar Falls IOWA 50613</i> | |
| City, State, Zip Code | |
| <i>319-266-1321</i> | |
| Area Code | Telephone |

DEC 2 2003

WHEN TO FILE:

The Notice of Dissolution must be filed within thirty (30) days of completion of all the following:

1. All debts, loans and obligations have been paid or transferred;
2. All campaign funds have been spent;
3. All campaign property sold or transferred (candidates only); and
4. A final report disclosing all transactions closing the committee.

For state candidates and state PACs, a final bank statement must be filed with the Notice of Dissolution or as soon as possible if the bank statement is not available at the time the Notice of Dissolution is filed.

X *Thomas P. Hagarty*
Signature of Candidate or Treasurer (if candidate's committee)/Signature of Chair or Treasurer (if PAC)

X *12/01/03*
Date Signed

FOR INSTRUCTIONS, SEE BACK OF FORM
This form is not applicable to statutory political committees.