

FOR INSTRUCTIONS, SEE BACK OF 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)
PFALZGRAF FOR COUNCIL 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 ELAINE A. PFALZGRAF Political Party _____

Office Sought City Council District (if Senate or House) _____

FILED
OCT 16 2003
10/15/03
DATE SIGNED

Robert A Brown
SIGNATURE OF TREASURER (or person filing this report)

(319) 266-5062
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 October 19 2003 REPORT FOR AN/A (1) ELECTION /(2)NON-ELECTION YEAR.
(report date) 30

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
November 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.)	\$	<u>— 0 —</u>
ADD TOTAL MONEY TAKEN IN THIS PERIOD		
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)		<u>1053.95</u>
Schedule F: Loans Received total (Attach Schedule F)		<u>50.-</u>
Schedule H: Total Sales of Campaign Property (Attach Schedule H)		<u>— 0 —</u>
<u>(Schedule H applies to Candidates' Committees Only)</u>		
SUB-TOTAL	\$	<u>1103.95</u>
SUBTRACT TOTAL MONEY SPENT THIS PERIOD		
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)		<u>185.08</u>
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)	\$	<u>918.87</u>

**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)	\$	<u>50.-</u>

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. 06/97)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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

PFALZGRAF FOR COUNCIL 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
9/1/03	ID# CK# 3469	GAIL B. SANDS 1105 OAK PARK BLVD. CEDAR FALLS IOWA 50613	NONE	\$ 200.-	
9/10/03	ID# CK# 805	MR. OR MRS. PARKE H. BEHN 100 RIVER RIDGE RD. CEDAR FALLS IOWA 50613	NONE	25.-	
9/12/03	ID# CK# 2155	CATHERINE A. LIVINGSTON 39 RIVER RIDGE LANE CEDAR FALLS IA 50613-1727	NONE	25.-	
9/13/03	ID# CK# 6063	LYNTHA DUNCAN 2129 GRAND BLVD. CEDAR FALLS, IOWA 50613	NONE	25.-	
9/13/03	ID# CK# 5001	KATHLEEN M. OR STEVE E. M'CREA 2807 ACORN LANE CEDAR FALLS IOWA 50613	NONE	25.-	
9/15/03	ID# CK# 7712	WILLIAM OR MORIA BROWN 505 ARIZONA RD CEDAR FALLS, IOWA 50613	NONE	50.-	
9/16/03	ID# CK# 13644	DAVID H. & PAMELA A. CORRELL 2408 WILLOW LANE CEDAR FALLS IOWA 50613-5908	NONE	100.-	
9/16/03	ID# CK# 5627	ROBERT A. & SHIRLEY A. BERG 1203 W. 12 TH CEDAR FALLS, IOWA 50613	NONE	25.-	
9/16/03	ID# CK# 8949	COLLEEN ANN KELSO 1415 CLARK DR CEDAR FALLS IOWA 50613	NONE	15.-	
9/17/03	ID# CK# 5808	ROBERT M OR ELIZABETH A. KRESSIG 3523 VERALTA DRIVE CEDAR FALLS IOWA 50613	NONE	25.-	
SUB-TOTAL				\$ 515.-	
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) (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

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)
PFALZGRAF FOR COUNCIL COMMITTEE

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9/19/03	ID# CK# 5002	KATHLEEN M. OR STEVE E. MCREA 2807 ACORN LANE CEDAR FALLS IOWA 50613	NONE	\$ 30.-	
9/19/03	ID# CK# 4606	G. OR L. KELLEY 5634 UNIVERSITY CEDAR FALLS IOWA 50613	NONE	25.-	
9/23/03	ID# CK# 1573	DEBORAH D. + DAVID R. NAGLE 4935 N. UNION RD. CEDAR FALLS, IOWA 50613-9428	NONE	25.-	
9/23/03	ID# CK# 11099	BERGENA J. BEACH, Ph.D. 1615 CAMPUS ST CEDAR FALLS, IOWA 50613	NONE	10.-	
9/26/03	ID# CK# 2113 CASH		NONE	24.95	
9/27/03	ID# CK# 4722	JOE OR MARY BOUTOTT 1403 ERIC RD CEDAR FALLS, IOWA 50613	NONE	50.-	
9/30/03	ID# CK# 2066	JAMES S. FOGDALL 5424 UNIVERSITY AVE CEDAR FALLS, IA 50613-5756	NONE	50.-	
9/30/03	ID# CK# 6067	JANETTE NELSON 1510 HAWTHORNE DR CEDAR FALLS IA 50613	NONE	25.-	
10/1/03	ID# CK# 5976	LESLIE W OR COLLEEN M. HALE 4122 SABLE LANE CEDAR FALLS, IOWA 50613	NONE	50.-	
10/2/03	ID# CK# 2113	JAMES C. OR JOAN K. DAY 3101 BOULDER DR CEDAR FALLS IOWA 50613	NONE	25.-	
SUB-TOTAL				\$ 314.95	
TOTAL (if last page of this schedule)				\$	

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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)
PFALZGRAF FOR COUNCIL

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10/10/03	ID# CK# 4451	DIANE M. LARSEN 1118 RAINBOW DR CEDAR FALLS, IA 50613	NONE	\$ 30.-	
10/10/03	ID# CK# 4054	AARON OR RONNIE PODOLEFSKY 8206 BUCK RIDGE CEDAR FALLS, IOWA 50613	NONE	\$ 50.-	
10/10/03	ID# CK# 5621	MICHAEL S. GORTON 1118 RAINBOW DR CEDAR FALLS, IOWA 50613	NONE	\$ 20.-	
9/18/03	ID# CK#	DICK WITHAM 2033 LA PORTE RD WATERLOO, IOWA 50702	NONE	\$ 99.-	
9/18/03	ID# CK#	MAC + CHARLENE EBLEN 207 IRIS DR CEDAR FALLS, IOWA 50613	NONE	\$ 25.-	
	ID# CK#				
SUB-TOTAL				\$ 224.-	
TOTAL (if last page of this schedule)				\$ 1053.95	

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

SCHEDULE F (Rev. 08/96)	LOANS RECEIVED & REPAID
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

NOTE: This schedule reports money loaned to the committee which is deposited in the committee account.
 TOTAL UNPAID LOANS FROM LAST REPORTING PERIOD \$ 0

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.)

PART II - MONETARY LOAN REPAYMENTS MADE THIS REPORTING PERIOD
 (Loans forgiven must be reported on Schedule E -- In-kind Contributions.)

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE (If Applicable*)	AMOUNT OF LOAN
8/29/03	ELAINE A. PFALZGRAF 904 ROYAL DR CEDAR FALLS, IOWA	SAME	\$ 50.-

DATE PAID (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE* (If Applicable)	AMOUNT REPAID
			\$

TOTAL (PART I) \$ 50.-

TOTAL CASH REPAYMENTS (PART II) \$ _____

From Schedule E -- TOTAL LOANS FORGIVEN \$ _____

TOTAL OUTSTANDING LOANS END OF REPORT PERIOD \$ _____

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