



DISCLOSURE SUMMARY PAGE

FORM DR-2 (Rev. 07/2003)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	13322
Logged In	sb
Scanned	11-18-03
Computer	sb
Audited	sb

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

PFALZGRAF FOR COUNCIL

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 ELAINE PFALZGRAF Political Party _____

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

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

(319) 266-5062
TELEPHONE

DATE SIGNED _____

changes made per phone call with treasurer. sb

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

SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE:

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

Indicate one

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
<u>NOVEMBER 4 2003</u>
County & Local Committees, enter County in which Election is held
<u>BLACK HAWK</u>

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.) \$ 918.87

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (**also see in-kind below) 710.-

Schedule F: Loans Received total (Attach Schedule F) 690.71 *D of E*

Schedule H: Total Sales of Campaign Property (Attach Schedule H) -0-

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL \$ 2319.58 *S/B 1628.87*

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below) *S/B 1578.87* 1924.67

Schedule F: Loan Repayments total (Attach Schedule F) *S/B 50.00* 344.91

CASH ON HAND at the end of this reporting period (if final report, balance must be zero) (Attach DR-3) \$ -0-

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

*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E) *S/B 345.80* \$ _____

**OUTSTANDING LOANS (From Schedule F - Attach Schedule F) *S/B 0* \$ 345.80

CANDIDATE COMMITTEES ONLY:

CONSULTANT BREAKDOWN (Schedule G Attached?) YES NO

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H) \$ -0-

SCHEDULE A (Rev. 06/97)	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)
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
10/16/03	ID# CK# 2974	PATRICIA M. Godwin 2508 UNION RD, NO. 305 CEDAR FALLS, IOWA 50613	NONE	\$ 25.-	
10/17/03	ID# CK# 7604	DARIN E. OR CATHY D. BECK 504 N. Highland St CEDAR FALLS, IOWA 50613	NONE	100.-	
10/20/03	ID# CK# 7086	ROBERT J. & JUDITH E. BROWN 4315 STERLING LANE CEDAR FALLS, IOWA 50613	NONE	100.-	
10/23/03	ID# CK# 4059	JOHN H. OR KATE BRENNAN 4411 1900 HAWTHORNE DR CEDAR FALLS, IOWA 50613	NONE	20.-	
10/25/03	ID# CK# 3852	LESLIE COHN - WALLACE HETTLER 1826 RAINBOW DR CEDAR FALLS, IOWA 50613	NONE	20.-	
10/27/03	ID# CK# 4062	LAWRENCE OR BARBARA McDONALD 1904 GRAND BLVD. CEDAR FALLS, IOWA 50613	NONE	20.-	
10/28/03	ID# CK# 4342	JUDITH F. HARRINGTON 3714 EASTPARK RD CEDAR FALLS, IOWA 50613	NONE	20.-	
10/31/03	ID# CK# 4709	LEN OR GAIL E. FROYEN 909 LAKEVIEW DR. CEDAR FALLS, IOWA 50613	NONE	25.-	
11/1/03	ID# CK# 4271	MARY A. SCHLICHER 115 W. 14 TH ST CEDAR FALLS, IA 50613	NONE	40.-	
11/1/03	ID# CK# 10125	EVELYN S WOOD 1703 CAMPUS ST CEDAR FALLS, IA 50613	NONE	10.-	

SUB-TOTAL
\$ 380.-

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



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)
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
11/3/03	ID# CK# 712	JAMES D. & Phyllis H. Gibson 46 DELBURN DRIVE DAVIS ILLINOIS 61014	NONE	\$ 300.-	<input type="checkbox"/>
11/6/03	ID# CK# 8076	DUANE OR SHARRON Nottger 1827 GRAND BLVD CEDAR FALLS, IOWA 50613	NONE	30.-	<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"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

\$ 330.-

TOTAL (if last page of this schedule)

\$ 710.-

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FOR INSTRUCTIONS, SEE BACK OF FORM

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

SCHEDULE B (Rev. 09/97)	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)
PFALZGRAF FOR 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
9/5/03	ID# pd by CK# Candidate	COPY WORKS 2027 COLLEGE CEDAR FALLS, IOWA 50613	COPY OF LETTERS	\$ 16.69
10/8/03	ID# pd by CK# Candidate	WOOLVERTON PRINTING P.O. Box 456 CEDAR FALLS, IOWA 50613	POSTAGE	539.02
10/13/03	ID# pd by CK# Candidate	CEDAR FALLS TIMES P.O. Box 858 WAVERLY, IOWA 50677	AD CEDAR FALLS TIMES	117.-
10/16/03	ID# CK# 1003	WOOLVERTON PRINTING P.O. Box 456 CEDAR FALLS, IOWA 50613	POST CARD MAILER	778.96
10/21/03	ID# pd by CK# Candidate	CEDAR FALLS POST OFFICE CEDAR FALLS, IOWA 50613	STAMPS - POST CARDS	23.-
11/5/03	ID# CK# 1004	AD-FAX P.O. Box 561 CEDAR FALLS, IOWA 50613	YARD SIGNS	455.-
11/7/03	ID# CK# 1005	ELAINE PFALZGRAF 904 ROYAL DRIVE CEDAR FALLS, IA. 50613	PAID ON DEBT LGAN	394.91 SIB 344.91
	ID# CK#			

SUB-TOTAL \$
TOTAL (if last page of this schedule) \$ 2319.58
SIB 1578.87

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 56.6(3)(i).)

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

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 \$ 50.-

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
9/05/03	ELAINE PFALZGRAF 904 ROYAL DRIVE CEDAR FALLS, IOWA 50613	SAME	\$ 16.69
10/08/03	ELAINE PFALZGRAF 904 ROYAL DRIVE CEDAR FALLS, IOWA 50613	SAME	539.02
10/13/03	ELAINE PFALZGRAF 904 ROYAL DRIVE CEDAR FALLS, IOWA 50613	SAME	112.-
10/21/03	ELAINE PFALZGRAF 904 ROYAL DRIVE CEDAR FALLS, IOWA 50613	SAME	23.-

TOTAL (PART I) \$ 690.71
 S/B \emptyset
 690.71 BELONGS ON
 SCH D

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
11/17/03	ELAINE PFALZGRAF 904 ROYAL DRIVE CEDAR FALLS, IOWA 50613	SAME	\$ 394.91 LOAN - 50.00 DEBT 344.91

TOTAL CASH REPAYMENTS (PART II) S/B 50.00 \$ 394.91

From Schedule E -- TOTAL LOANS FORGIVEN S/B \emptyset \$ 345.80

TOTAL OUTSTANDING LOANS END OF REPORT PERIOD \$ 0.-

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