

Black Hawk

IA ETHICS AND CAMPAIGN DISCLOSURE

2008 JAN -7 PH 3:38

File with:
Iowa Ethics and Campaign
Disclosure Board
510 E. 12th Ste 1A
Des Moines, Iowa 50319
Fax: 515-281-4073

Reset Form

FOR INSTRUCTIONS, SEE BACK OF FORM
DISCLOSURE SUMMARY PAGE

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

SIRE'S FOR CITY COUNCIL

IMPORTANT: Indicate by # type of committee you are reporting for: 6
(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party
(4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political
Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC (11) Local Ballot Issue

FORM DR-2 (Rev. 07/2007)	DISCLOSURE REPORT
For Office Use Only	
Comm #	<u>13744</u>
Logged In	
Scanned	<u>DM</u>
Computer	<u>DM</u>
Audited	

CANDIDATE COMMITTEES ONLY:

Candidate Name	Political Party (if applicable)
<u>DAVE SIRE'S</u>	<u>N/A</u>
Office Sought	District (if Senate or House)
<u>WARD FOUR CITY COUNCIL</u>	<u>N/A</u>

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a

<u>J. J. SULLIVAN</u>	<u>319-266-0908</u>	<u>1/07/08</u>
SIGNATURE OF PERSON FILING REPORT	TELEPHONE	DATE SIGNED

I AM FILING A FINAL REPORT - RUN OFF ELECTION (OR-3 ATTACHED) REPORT FOR (1) ELECTION (2) NON-ELECTION YEAR.
(report date) Indicate by #

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 DR-3 is filed)

Local Committees, enter Date of Election
<u>12/04/07 RUN-OFF</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. (Total of all funds 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.) \$ 1,014.96 ✓

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (**also see in-kind below) 250.00 ✓

Schedule F: Loans Received total (Attach Schedule F) = 0 -

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

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL \$ 1264.96

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below) 658.57 ✓

Schedule F: Loan Repayments total (Attach Schedule F) 606.39 ✓

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

**UNPAID BILLS (From Schedule D - Attach Schedule D) \$ - 0 -

*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E) S/B 412.26 \$ - 0 -

**OUTSTANDING LOANS (From Schedule F - Attach Schedule F) \$ - 0 -

CONSULTANT BREAKDOWN (Schedule G Attached?) YES X NO

CANDIDATE COMMITTEES ONLY:

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

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

For Instructions, See Back of Form

Reset 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)
SIRES 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.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), 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
12/4/07	ID# CK# 2479	David + Joni Kiejchi 1004 PARKWAY AVE CEDAR FALLS IA 50613	N/A	\$ 250. ⁰⁰	<input checked="" 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"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

TOTAL (if last page of this schedule)

\$
\$ 250.⁰⁰

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

Resced 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)
SIRES 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
11/29/07	ID# CK#	Karens Print-Rite 2515 FALLS AVE WATERLOO IA 50701	Print Ad 1/11 Card	\$ 29.75
12/7/07	ID# CK#	Designs of FC 5 Downs 3939 Seminole Valley Rd Central Falls IA 52411	Close Out Web Page	183.75
11/15/07	ID# CK#	Dickey's Printing 812 1/2 CAMDEN ST WATERLOO IA 50703	Addnt 7 and Signs	151.94
11/29/07	ID# CK#	Karens Print Rite 2515 FALLS AVE WATERLOO IA 50701	Print back side of Post Cards	165.32
11/12/07	ID# CK#	Karens Print-Rite 2515 FALLS AVE WATERLOO IA 50701	Print back side of Post Cards	25.41
11/14/07	ID# CK#	BH County Election Office WATERLOO IA 50703	CF Ward 4 Voter list	32.40
11/29/07	ID# CK#	BH County Election Office WATERLOO IA 50703	CF Ward 4 mailing labels	50.00
11/29/07	ID# CK#	BH County Election Office WATERLOO IA 50703	CF Ward 4 A/B List	10.00
11/26/07	ID# CK#	BH County Election Office WATERLOO IA 50703	CF Voter Participation List	12.00
SUB-TOTAL				\$ 658.57
TOTAL (if last page of this schedule)				\$ 658.57

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.402(3)(i).)

FOR ACTIONS, SEE BACK OF FORM

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

SIREN FOR CITY COUNCIL

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

TOTAL UNPAID LOANS FROM LAST REPORTING PERIOD \$

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
	NO LOANS REPORTED BUT CANDIDATE REPORTED EXPENSES ON SCH E		\$

TOTAL (PART I) \$

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 RECEIVED REPAYED
12/31/07	JANE SIREN CANDIDATE	606.39	\$ 606.39

TOTAL CASH REPAYMENTS (PART II) \$ 606.39

From Schedule E - TOTAL LOANS FORGIVEN \$

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

SCHEDULE F

LOANS RECEIVED & REPAYED

CHECK THIS BOX IF AMENDING FORM



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