

*Black Hawk*

*S*

FOR INSTRUCTIONS, SEE BACK OF FORM

### DISCLOSURE SUMMARY PAGE



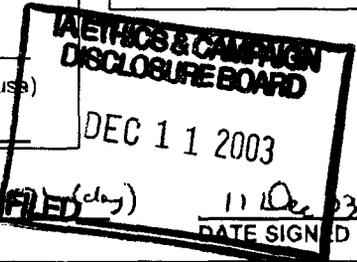
<b>FORM DR-2</b> (Rev. 07/2003)	<b>DISCLOSURE REPORT</b>
<b>For Office Use Only</b>	
Comm. # _____	Logged In _____
Scanned <u>12-11-03</u>	Computer _____
Audited _____	

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

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 State of Candidates

**CANDIDATE COMMITTEES ONLY:**

Candidate Name: David Wieland Political Party: \_\_\_\_\_  
 Office Sought: Cedar Falls Councilman at Large District (if Senate or House): \_\_\_\_\_



*Dean A. Hart*  
SIGNATURE OF TREASURER (or person filing this report)

319-242-5444 (day) TELEPHONE  
11 Dec 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 December 11, 2003 11-27-03 REPORT FOR AN/A (1) ELECTION /(2)NON-ELECTION YEAR.  
(report date)

Indicate one  1

CHECK IF AMENDMENT TO REPORT DATED October 14, 2003 *original*

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  
Nov 04, 2003 & Dec 02, 2003

County & Local Committees, enter County in which Election is held  
Blackhawk

### 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 <b>MUST</b> 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.)	\$ 795.69 ✓
<b>ADD TOTAL MONEY TAKEN IN THIS PERIOD</b>	
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)	2400.94 ✓
Schedule F: Loans Received total (Attach Schedule F)	
Schedule H: Total Sales of Campaign Property (Attach Schedule H)	
<u>(Schedule H applies to Candidates' Committees Only)</u>	
<b>SUB-TOTAL</b> .....	\$ 3196.63
<b>SUBTRACT TOTAL MONEY SPENT THIS PERIOD</b>	
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)	2695.52 ✓
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)	\$ 501.11 ✓
<hr/>	
**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)	\$ 500.00 ✓
<b>CANDIDATE COMMITTEES ONLY:</b>	
CONSULTANT BREAKDOWN (Schedule G Attached?)	<input type="checkbox"/> YES <input type="checkbox"/> NO
VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)	\$ _____

For Instructions, See Back of Form



SCHEDULE <b>A</b> (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)

Wieland for 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.

**CAUTION:** Section 68B.32A(8), 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
10/04/03	ID# CK#	Joc Routott 1403 Erik Road Cedar Falls, Ia 50613		<del>25.00</del>	<input type="checkbox"/>
10/08/03	ID# CK#	Jim Schmitz 4215 Heritage Road Cedar Falls, Ia 50613	<i>on previous report</i>	50.00	<input type="checkbox"/>
	ID# CK#	Unitemized Contributions		89.99	<input type="checkbox"/>
10/15/03	ID# CK#	Kate Brennen Hall 1900 Hawthorne Dr. Cedar Falls, Ia 50613		30.00	<input type="checkbox"/>
10/15/03	ID# CK#	Kathleen Scholl 1027 W 9th St. Cedar Falls, Ia 50613		25.00	<input type="checkbox"/>
10/16/03	ID# CK#	Larry Hays 207 Damascus Dr. Cedar Falls, Ia 50613		25.00	<input type="checkbox"/>
10/16/03	ID# CK#	Cheryl McCullagh Sabin Hall, UNI Cedar Falls, IA 50613		25.00	<input type="checkbox"/>
10/16/03	ID# CK#	Mike Stark 3305 Pridemore Dr Cedar Falls, Ia 50613		50.00	<input type="checkbox"/>
10/17/03	ID# CK#	Gerald Mohling 104 Highland Drive Cedar Falls, IA 50613		25.00	<input type="checkbox"/>
10/23/03	ID# CK#	Robert Barnes 208 Cordoba Ave Cedar Falls, IA 50613		50.00	<input type="checkbox"/>
SUB-TOTAL				\$ <del>394.99</del>	<input type="checkbox"/>
<b>TOTAL (if last page of this schedule)</b>				\$ <u>230.00</u>	<input type="checkbox"/>

\* 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



SCHEDULE <b>A</b> (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)*  
 Wieland for 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.

**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#	Dorothy McCarville 4115 Orchard Hill Dr. Cedar Falls, Ia 50613		\$50.00	<input type="checkbox"/>
11/04/03	ID# CK#	Kathy Livingston 39 River Ridge Road Cedar Falls, Ia 50613		100.00	<input type="checkbox"/>
11/04/03	ID# CK#	Kathleen Scholl 1027 West 9th St. Cedar Falls, Ia		25.00	<input type="checkbox"/>
11/05/03	ID# CK#	Jon Crews 416 W 19th St Cedar Falls, Ia 50613		200.00	<input type="checkbox"/>
11/05/03	ID# CK#	Patricia Goodwin 2508 Union Road Cedar Falls, Ia 50613		25.00	<input type="checkbox"/>
11/05/03	ID# CK#	David McCalley 1915 Grand Blvd Cedar Falls, IA 50613		50.00	<input type="checkbox"/>
11/06/03	ID# CK#	Mary Brammer 1408 W 18th St Cedar Falls, Ia 50613		100.00	<input type="checkbox"/>
11/06/03	ID# CK#	Bill Teaford 3913 Carlton Dr Cedar Falls, Ia 50613		50.00	<input type="checkbox"/>
11/07/03	ID# CK#	Judith Harrington 3714 Eastpark Dr Cedar Falls, Ia 50613		25.00	<input type="checkbox"/>
11/07/03	ID# CK#	Kate McElligott 2300 Tremont Cedar Falls, Ia 50613		25.00	<input type="checkbox"/>
SUB-TOTAL				\$ 650.00	
<b>TOTAL (if last page of this schedule)</b>				\$	

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For Instructions, See Back of Form



<b>SCHEDULE</b> <b>A</b> (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)  
Wieland for 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

**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
11/08/03	ID# CK#	Kyle Christason 1822 Grand Blvd Cedar Falls, Ia 50613		\$50.00	<input type="checkbox"/>
11/09/03	ID# CK#	Betty Fitkin 1902 Brookside Dr Cedar Falls, Ia 50613		50.00	<input type="checkbox"/>
11/09/03	ID# CK#	Sandr Fitkin 1902 Brookside Dr Cedar Falls, Ia 50613		50.00	<input type="checkbox"/>
11/09/03	ID# CK#	Dean Gipp 4127 Sturgis Dr Cedar Falls, Ia 50613		50.00	<input type="checkbox"/>
11/11/03	ID# CK#	Stan Smith 2331 Pleasant Dr Cedar Falls, Ia 50613		100.00	<input type="checkbox"/>
11/12/03	ID# CK#	Bill Teaford 3913 Carlton Dr Cedar Falls, Ia 50613		50.00	<input type="checkbox"/>
11/12/03	ID# CK#	Jon Crews 416 W 10th St Cedar Falls, Ia 50613		300.00	<input type="checkbox"/>
11/12/03	ID# CK#	Jane Danielsen 109 Iris Dr Cedar Falls, IA 50613		50.00	<input type="checkbox"/>
11/13/03	ID# CK#	Steve Dotzler 182 Summit Dr Cedar Falls, IA 50613		25.00	<input type="checkbox"/>
11/15/03	ID# CK#	Kate Brennan Hall 1900 Hawthorne Dr Cedar Falls, Ia		30.00	<input type="checkbox"/>
SUB-TOTAL				\$ 755.00	
TOTAL (if last page of this schedule)				\$	

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For Instructions, See Back of Form



SCHEDULE <b>A</b> (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)

Wielund for 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.

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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
11/16/03	ID# CK#	William Witt PO Box 506 Cedar Falls, IA 50613		\$25.00	<input type="checkbox"/>
10/18/03	ID# CK#	Ken Klingman 4207 Heritage Road Cedar Falls, Ia 50613		25.00	<input type="checkbox"/>
11/18/03	ID# CK#	Dorothy Kelso 287 Clark Dr Cedar Falls, IA 50613		35.00	<input type="checkbox"/>
11/18/03	ID# CK#	Judith Brown 4315 Sterling Lane Cedar Falls, IA 50613		50.00	<input type="checkbox"/>
11/18/03	ID# CK#	Dr. R. E. King 1915 Valley Park Dr Cedar Falls, Ia 50613		25.00	<input type="checkbox"/>
11/20/03	ID# CK#	Bob Kressig 3523 Veralta Dr Cedar Falls, IA 50613		25.00	<input type="checkbox"/>
11/20/03	ID# CK#	Jack Yates 519 Chateua Court Cedar Falls, Ia 50613		25.00	<input type="checkbox"/>
11/20/03	ID# CK#	Jim Miller 1826 Walnut St Cedar Falls, Ia 50613		25.00	<input type="checkbox"/>
11/21/03	ID# CK#	Uyntha Duncan 2129 Grand Blvd Cedar Falls, Ia		100.00	<input type="checkbox"/>
11/27/03	ID# CK#	Terry Buck 1114 W 19th St Cedar Falls, Ia 50613		25.00	<input type="checkbox"/>
SUB-TOTAL				\$ 360.00	
<b>TOTAL (if last page of this schedule)</b>				\$	

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For Instructions, See Back of Form



<b>SCHEDULE</b> <b>A</b> (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)  
 Wieland for 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.

**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
11/20/03	ID# CK#	David Halterman 4108 Heritage Road Cedar Falls, Ia 50613		\$25.00	<input type="checkbox"/>
11/20/03	ID# CK#	Linda Hicks 4102 Heritage Road Cedar Falls, Ia 50613		50.00	<input type="checkbox"/>
	ID# CK#	Unitemized Contributions		330.94	<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"/>
<b>SUB-TOTAL</b>				\$ 405.94	
<b>TOTAL (if last page of this schedule)</b>				\$ <del>4133.93</del>	<i>5/6</i> <i>#2400.94</i>

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 (for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM



EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

SCHEDULE <b>B</b> (Rev. 07/03)	MONETARY EXPENDITURES
<input checked="" 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)  
Wieland 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
09/03/03	ID# CK#	JDCCU 1827 Ansborough Ave Waterloo, Ia 50702	Check printing charge	\$ 10.35
09/27/03	ID# CK#	Signs & Designs 5600 Nordic Dr Cedar Falls, IA 50613	Campaign Signs <i>on previous report</i>	1043.75
09/28/03	ID# CK#	CopyWorks 2227 College St Cedar Falls, Ia 50613	Campaign literature	385.20
10/15/03	ID# CK#	Waverly Newspapers Waverly, Ia	Newspaper Ad - Cedar Falls Times	296.00
10/28/03	ID# CK#	Waverly Newspapers Waverly, Ia	Newspaper Ad - Cedar Falls Times	231.00
11/09/03	ID# CK#	Walmart College Square Mall Cedar Falls, Ia 50613	Printer Ink	46.93
11/09/03	ID# CK#	Office Depot 1645 E. San Marnan Dr Waterloo, Ia 50702	Index cards and paper	22.17
11/09/03	ID# CK#	US Postal Service	Stamps	106.00
SUB-TOTAL				\$ 2,141.40
TOTAL (if last page of this schedule)				\$ <i>702.10</i>

**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.8(3)(i).)

FOR INSTRUCTIONS, SEE BACK OF FORM



**EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT**

SCHEDULE <b>B</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)  
Wieland 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
11/13/03	ID# CK#	Staples 1542 Flamming Dr Waterloo, Ia 50702	Printer Ink and paper	\$ 83.79
11/14/03	ID# CK#	City of Cedar Falls Administrative Services Dept Cedar Falls, Ia 50613	Printout of election results	30.00
11/14/03	ID# CK#	Waverly Newspapers Waverly Iowa	Newspaper Ad	231.00
11/15/03	ID# CK#	US Postal Service	Stamps	69.00
11/18/03	ID# CK#	Office Max 1210 Flamming Drive Waterloo Ia 50702	Index Cards and Paper	11.31
11/18/03	ID# CK#	US Postal Services	Stamps	4.60
11/18/03	ID# CK#	Office Max 1210 Flamming Dr Waterloo, Ia 50702	Index Cards	5.13
11/18/03	ID# CK#	Staples 1542 Flamming Dr Waterloo, Ia 50702	Printer Ink	53.49
SUB-TOTAL				\$ 488.32
TOTAL (if last page of this schedule)				\$

**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).)

FOR INSTRUCTIONS, SEE BACK OF FORM



EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

SCHEDULE <b>B</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)  
Wieland 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
11/18/03	ID# CK#	Verizon Wireless 2807 University Ave Waterloo, Ia 50701	Cell Phone Calls	\$ 14.40
11/18/03	ID# CK#	Signs and Designs 5600 Nordic Drive Cedar Falls, Ia 50613	Campaign Signs	422.65
11/18/03	ID# CK#	Signs and Designs 5600 Nordic Drive Cedar Falls, IA 50613	Metal stakes for signs	21.40
11/08/03	ID# CK#	Waterloo Courier 501 Commercial St Waterloo Ia 50701	Advertisement	500.00
11/20/03	ID# CK#	Dickeys Printing 310 E 4th St Waterloo, Ia 50704	Printing of advertisement	315.65
11/21/03	ID# CK#	Waverly Newspapers Waverly, Ia	Advertisement	231.00
	ID# CK#			
	ID# CK#			

SUB-TOTAL \$ 1505.10 ✓

TOTAL (if last page of this schedule) \$ 4134.82 ✓

S/B  
2695.52

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).)

FOR INSTRUCTIONS, SEE BACK OF FORM

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



SCHEDULE <b>F</b> (Rev. 07/03)	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
09/27/03	Dave Wieland 4201 Heritage Road Cedar Falls, IA 50613	Same	\$ 500.00

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) \$ 500.00

TOTAL CASH REPAYMENTS (PART II) \$ 0  
 From Schedule E -- TOTAL LOANS FORGIVEN \$ 0  
 TOTAL OUTSTANDING LOANS END OF REPORT PERIOD \$ 500.00

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