

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)

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 Political Party Office Sought District (if Senate or House) Susan deBuhr City Council

JAN 9 2004 1-10-04 DATE SIGNED

SIGNATURE OF TREASURER (or person filing this report)

TELEPHONE 3192778974

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

SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE:

I AM FILING A 1/19/04 REPORT FOR AN/A (1) ELECTION /(2)NON-ELECTION YEAR.

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 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 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.) ADD TOTAL MONEY TAKEN IN THIS PERIOD SUBTRACT TOTAL MONEY SPENT THIS PERIOD CASH ON HAND at the end of this reporting period (if final report, balance must be zero)

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)

CANDIDATE COMMITTEES ONLY: CONSULTANT BREAKDOWN (Schedule G Attached?) VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

YES NO

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset 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)*
 Elect Susan deBuhr 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
12/29/03	ID# 113 CK#	Amvets 20th & Irving, Cedar Falls, Iowa 50613	charitable donation	\$ 14.01
	ID# CK#			
SUB-TOTAL				\$ 14.01
TOTAL (if last page of this schedule)				\$ 14.01

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

Notice of Dissolution

Every Notice of Dissolution shall be accompanied by a completed Disclosure Report Form current to the date of dissolution.

FORM

(Rev. 02/96)

DR-3 NOTICE OF DISSOLUTION

For Office Use Only

Comm. # _____
Indexed _____
Audited _____
Computer _____
Certified Date of Dissolution _____

COMMITTEE NAME

Official Name of Committee	
Elect Susan deBuhr Committee	
Street	
1434 Starbeck Circle	
City, State, Zip Code	
Cedar Falls, Iowa 50613	
Area Code	Telephone
(319) 277 8974	

JAN 9 2004

Effective date of dissolution:

1-2-04 18 2004

Susan deBuhr
Signature of Treasurer

Susan deBuhr
Date Signed

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

I, the candidate, certify that my candidate committee's cash balance is zero, all debts, obligations and loans have been paid or satisfied in accordance with law as shown on my committee's final report and all campaign property and leftover funds have been distributed in accordance with my committee's last filed Statement of Organization.

Susan deBuhr

Signature of Candidate - Required for Candidate's Committee

1-10-04

Date signed

WHEN TO FILE:

The Notice of Dissolution must be filed within thirty (30) days of the committee's dissolution, with a copy of the final bank statement attached.