

Black Hawk

JAN - 5 2005

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE



| | |
|------------------------------------|--------------------------|
| FORM DR-2 (Rev. 07/2003) | DISCLOSURE REPORT |
| For Office Use Only | |
| Comm. # | <u>17529</u> |
| Logged In | <u>AM</u> |
| Scanned | |
| Computer | <u>AM</u> |
| Audited | |

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

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
(3) Support Slate of Candidates

CANDIDATE COMMITTEES ONLY:

Candidate Name Joyce Coil Political Party _____

Office Sought _____ District (if Senate or House) _____

[Signature]
SIGNATURE OF TREASURER (or person filing this report)

319-277-4493
TELEPHONE

1/5/04
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 Oct 15 - Dec 31, 2004 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 |
| County & Local Committees, enter County in which Election is held |

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.)

\$ 4,319.20

ADD TOTAL MONEY TAKEN IN THIS PERIOD

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

\$945.00

Schedule F: Loans Received total (Attach Schedule F)

\$1500.00

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

- 0 -

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL \$ 6764.21

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

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

\$6703.18

Schedule F: Loan Repayments total (Attach Schedule F)

- 0 -

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

\$ 61.03

- UNPAID BILLS (From Schedule D - Attach Schedule D)

\$ - 0 -

- IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)

\$ - 0 -

- OUTSTANDING LOANS (From Schedule F - Attach Schedule F)

\$ 2,000

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



| | |
|--|------------------------------------|
| 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)
COIL FOR SUPERVISOR

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 688.32A(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/YYR) | 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 |
|-------------------------------|---|--|--|--------------------|---------------------------------------|
| 10/16/04 | ID# CK# | Charles Andrews 8101 Dyzart Rd Waterloo IA 50701 | | \$100- | <input type="checkbox"/> |
| 10/29/04 | ID# CK# | Tom and Rebecca Fox 1625 Mandalaug Dr Cedar Falls IA 50613 | | \$100 | <input type="checkbox"/> |
| 10/21/04 | ID# CK# | Christian Burch 1103 Franklin St Cedar Falls IA 50613 | | 95- | <input type="checkbox"/> |
| 10/21/04 | ID# CK# | Marlene Behm 100 River Ridge Rd Cedar Falls IA 50612 | | 100- | <input type="checkbox"/> |
| 10/21/04 | ID# CK# | Kevin Julie Webb 7235 Ansbury Ave Waterloo IA 50701 | | 25- | <input type="checkbox"/> |
| 10/25/04 | ID# CK# | Jim Lind 230 Redwing Waterloo IA 50701 | | 500- | <input type="checkbox"/> |
| 11/29/04 | ID# CK# | David R. Neely PO Box 792 Waterloo IA 50702 | | 25 | <input type="checkbox"/> |
| 12/3/04 | ID# CK# | Interest | | .01 | <input type="checkbox"/> |
| | ID# CK# | | | | <input type="checkbox"/> |
| | ID# CK# | | | | <input type="checkbox"/> |

SUB-TOTAL

\$ 945⁰¹

TOTAL (if last page of this schedule)

\$ 945⁰¹

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 (Rev. 07/03) | MONETARY EXPENDITURES |
| <input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM | |

EXPENDITURES – MONEY SPENT FROM COMMITTEE ACCOUNT

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)
Coal for Supervisor

| 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 |
|--------------------------|--|--|--|-----------------|
| 10/16/01 | ID# CK# | Print 300 PO Box 835 Waterloo IA 50701 | 5000 Don Margolis | \$ 802.50 |
| 10/16 | ID# CK# | Print 300 PO Box 835 Waterloo IA 50701 | 30 Large Signs | \$ 374.50 |
| 10/18 | ID# CK# | CFU PO Box 769 Cedar Falls IA 50613 | Television Commercials | 240 |
| 10/18 | ID# CK# | On Media 6300 Canal St NE Cedar Rapids, IA 52412 | Television Commercials | 917.15 |
| 10/19 | ID# CK# | Postmaster | Postage for Mail ^{Registered} Drop of | \$ 144.26 |
| 10/25 | ID# CK# | Pioneer Graphics PO Box 2514 Waterloo IA 50704 | 10,000 postcards printed & mailed | 736.02 |
| 10/28 | ID# CK# | KWWL TV. KWWL Building Waterloo IA 50701 | T.V. Commercials | \$ 200.75 |
| | ID# CK# | | | |

SUB-TOTAL \$ 6,703.18
TOTAL (if last page of this schedule) \$ 6,703.18

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).)



| | |
|---|--------------------------------|
| SCHEDULE F (Rev. 07/03) | LOANS RECEIVED & REPAYED |
| <input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM | |

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

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

TOTAL UNPAID LOANS FROM LAST REPORTING PERIOD \$ 500

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 |
|--------------------------|---|--|----------------|
| 10/21/04 | | Dad | \$ 1500 |
| | | | |
| | | | |
| | | | |

TOTAL (PART I) \$ \$2000

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 REPAYED |
|----------------------|---|--|----------------|
| | | | \$ |
| | | | |
| | | | |
| | | | |

TOTAL CASH REPAYMENTS (PART II) \$ -0-

From Schedule E - TOTAL LOANS FORGIVEN \$ -0-

TOTAL OUTSTANDING LOANS END OF REPORT PERIOD \$ 2,000

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