

# DISCLOSURE SUMMARY PAGE

Reset Form

*Black Hawk*

<b>FORM DR-2</b> (Rev. 07/2004)	<b>DISCLOSURE REPORT</b>
<b>For Office Use Only</b>	
Comm. #	<u>17633</u>
Logged In	<u>SM</u>
Scanned	
Computer	<u>SM</u>
Audited	

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

IMPORTANT: Indicate by # type of committee you are reporting for: 5  
( 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

**CANDIDATE COMMITTEES ONLY:**

Candidate Name <u>Tom Little</u>	Political Party (if applicable) <u>Democrat</u>
Office Sought <u>BHC Supervisor</u>	District (if Senate or House) <u>—</u>

Late reports are subject to possible civil and criminal penalties.

Tom B Little 319-232-7556 1-14-05  
SIGNATURE OF PERSON FILING REPORT TELEPHONE DATE SIGNED

I AM FILING A 1-19-2005 REPORT FOR (1) ELECTION (2) NON-ELECTION YEAR.  
(report date) PM 1-18-05 Indicate by # 2  
JAN 25 2005

- 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  
Nov. 2 2004  
County & Local Committees, enter County in which Election is held  
Black Hawk

## 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.) ..... \$ 1656.22

**ADD TOTAL MONEY TAKEN IN THIS PERIOD**

Schedule A: Cash Contributions total (Attach Schedule A) (\*also see in-kind below) ..... 125.00

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 ..... \$** 1781.22

**SUBTRACT TOTAL MONEY SPENT THIS PERIOD**

Schedule B: Expenditures total (Attach Schedule B) (\*\*also see debts and loans below).... 715.36

Schedule F: Loan Repayments total (Attach Schedule F)..... 1,000.00

CASH ON HAND at the end of this reporting period (if final report balance must be zero) (Attach DR-3)..... \$ 65.86

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

\*\*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E) ..... \$ 11.50

\*\*OUTSTANDING LOANS (From Schedule F - Attach Schedule F)..... \$ 50.00

**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

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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)  
*Tom Little 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 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
10/31/04	ID# CK#	RICHARD DEWATER 930 2nd Ave RUANSDALE, IA 50707	—	\$25.00	<input type="checkbox"/>
11/26/04	ID# CK# 13799	CWA COPE PCC 501 3rd. Street Washington, DC 20001	—	100.00	<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				\$125.00	
<b>TOTAL (if last page of this schedule)</b>				\$125.00	

\* 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

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**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)  
*Tom Little 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
10/18	ID# CK# 147	W'loo Courier News paper Waterloo IA 50703	2 political ADS	\$456.-
10/22	ID# CK# 148	Northern Iowan paper Cedar Falls, IA 50613	1 political AD	65.50
10/28	ID# CK# 149	Waterloo Courier News paper Waterloo, IA 50703	1 political AD	106.25
10/30	ID# CK# 157	Robin Aenow 1101 Columbia St W'loo, IA 50703	Rembursement for candy for an Event	12.00
11/11	CK# 155	Evansdale Post office Evansdale, IA 50077	postage	14.80
11/24	ID# CK# 159	Tom Little 230 R. Ser Forest Evansdale IA	Rembursement for cost of picture	46.01
12/3	ID# CK# 158	Evansdale Post office Evansdale, IA 50077	postage	14.80
	ID# CK#			
SUB-TOTAL				\$ 715.36
TOTAL (if last page of this schedule)				\$ 715.36

**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).)

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(for Schedule B)

<b>SCHEDULE E</b> (Rev. 06/97)	IN KIND CONTRIBUTIONS
	<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM

**COMMITTEE NAME** (Must be same as on Statement of Organization)  
 Tom Little For Supervisor

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DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
10/18/04	Jonice Little 231 River Forest Rd Evensdale IA 52007	wife	Cost of Fax	\$ 8.00	<input type="checkbox"/>
10/25/04	" "	wife	Cost of Fax	2.50	<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

SUB-TOTAL \$ 10.50

TOTAL (if last page of this schedule) \$ 10.50

\*Disclosure law requires candidates to disclose the relationship of any relative making an in kind 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.

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

COMMITTEE NAME (Must be same as on Statement of Organization)  
Tom Little 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 \$ 1050.00

**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
			\$

DATE PAID (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE* (If Applicable)	AMOUNT REPAY
11/1/04	Tom Little 231 River Forest Rd Evanston, IA 52017	Self	\$ 300.00
11/29/04	" "	Self	700.00

TOTAL (PART I) \$ 0

TOTAL CASH REPAYMENTS (PART II) \$ 1,000.00  
From Schedule E -- TOTAL LOANS FORGIVEN \$ 0  
TOTAL OUTSTANDING LOANS END OF REPORT PERIOD \$ 50.00

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