

DISCLOSURE SUMMARY PAGE

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

COMMITTEE NAME (Must be same as on Statement of Organization) SLIGHT FOR MAYOR 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 Political Party Office Sought District (if Senate or House)

SIGNATURE OF TREASURER (or person filing this report)

TELEPHONE 515-433-9999

DATE SIGNED 10-29-03

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

SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE:

I AM FILING A OCTOBER 30, 2003 REPORT FOR AN/A (1) ELECTION /(2) NON-ELECTION YEAR.

Indicate one []

CHECK IF AMENDMENT TO REPORT DATED

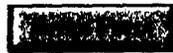
Check if this is final (termination) report and attach Notice of Dissolution Form DR-3. (You must continue to file reports until a Notice of Dissolution is filed.)

Local Committees, enter Date of Election 11-4-03 County & Local Committees, enter County in which Election is held Boone

STATEMENT OF CASH ON HAND

Table with columns for description and amount. Rows include: CASH ON HAND at the beginning of the reporting period (\$0), ADD TOTAL MONEY TAKEN IN THIS PERIOD (Schedule A: 1535.00), SUBTRACT TOTAL MONEY SPENT THIS PERIOD (Schedule B: 1049.75), CASH ON HAND at the end of this reporting period (\$485.25), UNPAID BILLS, IN KIND CONTRIBUTIONS, OUTSTANDING LOANS, CANDIDATE COMMITTEES ONLY, CONSULTANT BREAKDOWN, VALUE OF CAMPAIGN PROPERTY.

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)
SLIGHT FOR MAYOR

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/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
9-3-03	ID# CK#	JOHN NIEMANTS 616 PROVIE AVE BOONE, IA 50036		\$ 75.00	<input type="checkbox"/>
9-4-03	ID# CK#	JOHN SORENSON 1130 HANCOCK DR. BOONE, IA 50036		75.00	<input type="checkbox"/>
9-5-03	ID# CK#	DONN STONE 604 REABUD DR. BOONE, IA 50036		52.00	<input type="checkbox"/>
9-5-03	ID# CK#	LYN SLIGHT 927 ALDRICH AVE BOONE, IA 50036		100.00	<input type="checkbox"/>
9-6-03	ID# CK#	TOM IRMAN 805 1/2 STORY BOONE, IA 50036		200.00	<input type="checkbox"/>
9-6-03	ID# CK#	RANDY MITCHELL 510 COLLEGE BOONE, IA 50036		10.00	<input type="checkbox"/>
9-8-03	ID# CK#	DENNY HAMMAN 1803 S.E. LINN BOONE, IA 50036		250.00	<input type="checkbox"/>
9-8-03	ID# CK#	RICH STEARNS 1431 KATE SWELLEY DR. BOONE, IA 50036		40.00	<input type="checkbox"/>
9-8-03	ID# CK#	KENT PETERSON 409 50 STORY BOONE, IA 50036		20.00	<input type="checkbox"/>
9-10-03	ID# CK#	DAR SCHUETT 2018 LINN BOONE, IA 50036		50.00	<input type="checkbox"/>
SUB-TOTAL				\$ 870.00	
TOTAL (if last page of this schedule)				\$	

* 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

CONTRIBUTIONS - MONEY TAKEN IN

(Including candidate's personal funds)

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

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

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 88B.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
9-12-03	ID# CK#	SUSIE SLIGHT 927 ALDRICH AVE BOONE, IA 50036		\$ 80.00	<input type="checkbox"/>
9-15-03	ID# CK#	ARMY ARMQUIST 304 SA TAMA BOONE, IA 50036		20.00	<input type="checkbox"/>
9-15-03	ID# CK#	BOB HAMMOND 2021 BENTON BOONE IA 50036		10.00	<input type="checkbox"/>
9-29-03	ID# CK#	BARB BUTLER 115 12E ST. BOONE, IA 50036		50.00	<input type="checkbox"/>
9-29-03	ID# CK#	JOANNE BUTLER 1005 PARKWAY DR APT 2 BOONE, IA 50036		50.00	<input type="checkbox"/>
9-30-03	ID# CK#	BYRON DAVIS 415 MARIE EISENHOWER BOONE IA 50036		100.00	<input type="checkbox"/>
10-3-03	ID# CK#	BARB WITTRICK 136 SA RINGOLD BOONE IA 50036		100.00	<input type="checkbox"/>
10-6-03	ID# CK#	GARY MCCAIN 227 17TH BOONE IA 50036		100.00	<input type="checkbox"/>
10-10-03	ID# CK#	BILL SKARE P.O. BOX 541 OGEN, IA 50212		25.00	<input type="checkbox"/>
10-15-03	ID# CK#	SCOTT KINNE 609 REDBUD DR. BOONE, IA 50036		50.00	<input type="checkbox"/>
SUB-TOTAL				\$ 585.00	
TOTAL (if last page of this schedule)				\$	

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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)
SLIGHT FOR MAYOR

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
9-24-03	ID# CK# 1000	WALMART 1815 50 STORY BOONE, IA 50036	PAINTROLLERS, BRUSHES SPRAY PAINT, GLITTER EXT PAINT 1 GAL.	\$ 29.79
9-24-03	ID# CK# 1001	UBC 924 10TH ST BOONE IA 50036	3 SHEETS OF PLYWOOD	94.29
9-25-03	ID# CK# 1002	WALMART 1815 50 STORY BOONE, IA 50036	1 GAL OF PAINT	14.81
10-1-03	ID# CK# 1003	EXTREME PROMOTIONS 817 STORY BOONE IA 50036	85 YARD SIGNS	500.00
10-6-03	ID# CK# 1004	WALMART 1815 50 STORY BOONE IA 50036	SPRAY PAINT, TAPE 1 GAL PAINT, CRAFT STAMP STENCIL PAINT	27.63
10-20-03	ID# CK# 1005	HOME OFFICE 823 ADEN BOONE IA 50036	2500 PRINTED BROCHURES	152.35
10-28-03	ID# CK# 1006	EXTREME PROMOTIONS 817 STORY BOONE, IA 50036	55 YARD SIGNS	230.88
	ID# CK#			
SUB-TOTAL				\$
TOTAL (If last page of this schedule)				\$ 1049.75

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).)