FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

FORM **DR-2** (Rev. 01/98)	DISCLOSURE REPORT

For Office Use Only
Comm #
Indexed
Audited
Computer

FILED 2004 APR 7 AM 8:45 BREMER CO. AUDITOR WAVERLY, IOWA 50677

COMMITTEE NAME *(Must be same as on Statement of Organization)*
Wapsie Moving Forward Committee

APR - 8 2004

IMPORTANT: Indicate type of committee you are reporting for: 6

(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

Laurie Kerns — **SIGNATURE OF TREASURER (or person filing this report)**
319-635-2888 — **TELEPHONE**
3-30-04 — **DATE SIGNED**

Routine Penalties Due For Late Filed Reports Range from $20 to $800

SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE:

I AM FILING A final 3-17-04 REPORT FOR AN/A **(1) ELECTION /(2)NON-ELECTION** YEAR.
(report date) Indicate one 2

☐ 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
4-3-01
County & Local Committees, enter County in which Election is held
Bremer

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.) ..... $ 60.32

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) ..... Ø
Schedule F: Loans Received total (Attach Schedule F) ..... Ø
Schedule H: Total Sales of Campaign Property (Attach Schedule H) ..... Ø
(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL ..... $ 60.32

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) 60.32
Schedule F: Loan Repayments total (Attach Schedule F) ..... Ø

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

UNPAID BILLS (From Schedule D - Attach Schedule D) ..... $ Ø
IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E) ..... $ Ø
OUTSTANDING LOANS (From Schedule F - Attach Schedule F) ..... $ Ø

CANDIDATE COMMITTEES ONLY:

CONSULTANT BREAKDOWN (Schedule G Attached?) ____ YES ____ NO
VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H) $ _____

FOR INSTRUCTIONS, SEE BACK OF FORM

SCHEDULE **B** (Rev. 09/97)	MONETARY EXPENDITURES

☐ 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)*
Wapsie Valley Moving forward Comm

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
2/26/01	ID# CK# 164	State of Iowa 514 E. Locust St. Suite 104 Des Moines, IA 50309	filing fee late	$ 50.00
2/26/01	ID# CK# 165	Wapsie Valley General fund	donation to close out committe	10.32
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
			SUB-TOTAL	$ 60.32
			TOTAL ***(if last page of this schedule)***	$ 60.32

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 56.6(3)(i).)

(for Schedule B)

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

Notice of Dissolution

APR - 8 2004

FORM	(Rev. 02/96)
DR-3 NOTICE OF DISSOLUTION	

For Office Use Only

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

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

COMMITTEE NAME

Official Name of Committee

Wapsie Moving forward Committee

Street

511 2nd St NE

City, State, Zip Code

fairbank IA 50629

Area Code Telephone

(319) 635-2888

Effective date of dissolution:

March 17, 2004

Laurie Kerns

Signature of Treasurer

3-30-04

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.

Signature of Candidate - Required for Candidate's Committee 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.