

FOR INSTRUCTIONS, SEE BACK OF FORM

# DISCLOSURE SUMMARY PAGE

Reser Form

<b>FORM DR-2</b> (Rev. 07/2003)	<b>DISCLOSURE REPORT</b>
<b>For Office Use Only</b>	
Comm. #	<u>17584</u>
Logged In	<u>db</u>
Scanned	
Computer	<u>db</u>
Audited	

**COMMITTEE NAME** (Must be same as on Statement of Organization)

ELLEN GAFFNEY 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

**CANDIDATE COMMITTEES ONLY:**

Candidate Name	Political Party
<u>ELLEN GAFFNEY</u>	<u>DEMOCRAT</u>
Office Sought	District (if Senate or House)
<u>COUNTY SUPERVISOR</u>	

**ELECTIONS & CAMPAIGN DISCLOSURE BOARD**

MAY 18 2004  
PM 5:17.04

**FILED**

ELLEN GAFFNEY *Ellen Gaffney* 319-636-2660 May 14, 2004  
SIGNATURE OF TREASURER (or person filing this report) TELEPHONE 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 May 14, 2004 REPORT FOR AN/A (1) ELECTION / (2) NON-ELECTION YEAR.  
(report date) Indicate one 1

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

June 8, 2004

County & Local Committees, enter County in which Election is held

BUCHANAN

## 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 <b>MUST</b> 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.)	\$ <u>0</u>
<b>ADD TOTAL MONEY TAKEN IN THIS PERIOD</b>	
Schedule A: Cash Contributions total (Attach Schedule A) (**also see in-kind below)	<u>1000.00</u>
Schedule F: Loans Received total (Attach Schedule F)	
Schedule H: Total Sales of Campaign Property (Attach Schedule H)	
<u>(Schedule H applies to Candidates' Committees Only)</u>	
<b>SUB-TOTAL</b> .....	\$ <u>1000.00</u>
<b>SUBTRACT TOTAL MONEY SPENT THIS PERIOD</b>	
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)	<u>867.66</u>
Schedule F: Loan Repayments total (Attach Schedule F)	
CASH ON HAND at the end of this reporting period (if final report, balance must be zero) (Attach DR-3)	\$ <u>132.34</u>
<b>**UNPAID BILLS</b> (From Schedule D - Attach Schedule D)	\$ _____
<b>**IN KIND CONTRIBUTIONS</b> (From Schedule E - Attach Schedule E)	\$ _____
<b>**OUTSTANDING LOANS</b> (From Schedule F - Attach Schedule F)	\$ _____
<b>CANDIDATE COMMITTEES ONLY:</b>	
CONSULTANT BREAKDOWN (Schedule G Attached?)	<input type="checkbox"/> YES <input type="checkbox"/> NO
VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)	\$ _____

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**Reset Form**

**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)**  
ELLEN GAFFNEY 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
02/13/04	ID# CK# 001	BANKERS ADVERTISING P. O. Box 2060 IOWA CITY, IOWA 52244	PRINTED PENCILS AND EMORY BOARDS	\$ 670.00
02/28/04	ID# CK# 002	BANKERS ADVERTISING P. O. Box 2060 IOWA CITY, IOWA 52244	TAX, SHIPPING, HANDLING FOR PENCILS AND EMORY BOARDS	18.08
05/06/04	ID# CK# 003	BANKERS ADVERTISING P.O. Box 2060 Iowa City, Iowa 52244	OVER RUN DUE ON EMORY BOARDS	105.21
05/12/04	ID# CK# 004	WILSON PHOTOGRAPHY 203 1st Street East Independence, Iowa 50644	PICTURES FOR CAMPAIGN	74.37
	ID# CK#			
SUB-TOTAL				\$ 867.66
<b>TOTAL (if last page of this schedule)</b>				\$ 867.66

**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



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)  
ELLEN GAFFNEY 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
2/6/04	ID# CK#	ELLEN GAFFNEY 2073 118th St. Hazleton, Iowa 50641	SELF	\$ 500.00	<input type="checkbox"/>
2/13/04	ID# CK#	ELLEN GAFFNEY 2073 118th St. Hazleton, Ia 50641	SELF	500.00	<input type="checkbox"/>
	ID# CK#	This money was from my personal checking account 62-752-1			<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				\$ 1000.00	
<b>TOTAL (if last page of this schedule)</b>				\$ 1000.00	

\* 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.