FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

DISCLOSURE SUMMARY PAGE

FORM DR-2 (Rev. 07/2003)	DISCLOSURE REPORT

For Office Use Only
Comm. # _____
Logged In _____
Scanned _____
Computer _____
Audited _____

COMMITTEE NAME *(Must be same as on Statement of Organization)*
Independence Community School Improvement Comm

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

CANDIDATE COMMITTEES ONLY:

Candidate Name _____ Political Party _____

Office Sought _____ District (if Senate or House) _____

Robert L Richard — **SIGNATURE OF TREASURER (or person filing this report)**
319.334.2007 — **TELEPHONE**
4/5/04 — **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 4/5/04 (report date) 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
January 13, 2004
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.) ..... $ 160.24

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below) 2,050.00
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 ..... $ 2,210.24

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below) 2,210.24
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) ..... $ 0.00

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

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

[redacted]

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
☐ 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)*
Independence Community School Improvement Committee

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
3/3/04	ID# CK#	Doug Hand 235 Terrace Independence		$ 25.-	☐
3/3/04	ID# CK#	Marty Brown 415 4th St SW Independence		100.-	☐
3/3/04	ID# CK#	Greg Brassler 800 7th Ave NW Independence		25.-	☐
3/3/04	ID# CK#	Sharon Hoagland 319 6th Ave SE Independence		25.-	☐
3/3/04	ID# CK#	Kathy Smith 2034 Wapsie Access Independence		25.-	☐
3/3/04	ID# CK#	Harriet Shoot 1981 Three Elms Pk Independence		25.-	☐
3/3/04	ID# CK#	Craig Johnson 413 13th Ave NE Independence		25.-	☐
3/3/04	ID# CK#	Judith Olsen 2003 206 St Independence		25.-	☐
3/3/04	ID# CK#	Dennis Vance 1749 Golf Course Access Independence		25.-	☐
3/3/04	ID# CK#	Kathy Jensen 1504 3NE Independence		25.-	☐

SUB-TOTAL $ 325

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
☐ CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME *(Must be same as on Statement of Organization)*
Independence Community School Improvement Committee

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
3/3/04	ID# CK#	Angie Flowker 811 Northview Independence		$25.–	☐
3/3/04	ID# CK#	Ruth Dwitra 418 13th Ave NE Independence		25.–	☐
3/3/04	ID# CK#	Angie Miller 311 6th Ave SE Independence		25.–	☐
3/3/04	ID# CK#	Mike McGill 712 4th St NE Independence		25.–	☐
3/3/04	ID# CK#	John Butler 1109 6th St NE Independence		25.–	☐
3/3/04	ID# CK#	Steve Kilgard 2184 Double L Independence		25.–	☐
3/3/04	ID# CK#	Kevin Greenley 721 8th St SE Independence		50.–	☐
3/3/04	ID# CK#	Lana Flickinger 400 11th Ave NE Independence		50.–	☐
3/3/04	ID# CK#	Larry Wilkinson 1749 Golf Course Road Independence		100.–	☐
3/3/04	ID# CK#	Jon Holland 1117 3 NE Independence		100.–	☐
			SUB-TOTAL	$450	
			TOTAL ***(if last page of this schedule)***	$ —	

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For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
☐ CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME *(Must be same as on Statement of Organization)*
Independence Community School Improvement Committee

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
3/3/04	ID# CK#	Bob Richard 1314 3 NE Independence		$150.-	☐
3/3/04	ID# CK#	Terry Toole 2143 Dowby L Drive Independence		25.-	☐
3/3/04	ID# CK#	Dolph Leytze 2575 Michael Independence		100.-	☐
3/3/04	ID# CK#	Rob Robinson 2816 Jamestown Independence		100.-	☐
3/3/04	ID# CK#	John Arend 2136 Hornebrook Independence		425.-	☐
3/3/04	ID# CK#	Dan Kegler 1114 3 NE Independence		425.-	☐
3/3/04	ID# CK#	Nate Whitesell 501 2nd Ave SW Independence		50.-	☐
	ID# CK#				☐
	ID# CK#				☐
	ID# CK#				☐

SUB-TOTAL $1275

TOTAL *(if last page of this schedule)* $2050

* 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

Reset Form

SCHEDULE **B** (Rev. 07/03)	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)*

Independence Community School Improvement 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
4/5/04	ID# CK# 2008	Oelwein Publishing Oelwein, IA	newspaper ads	$2,160.24
4/5/04	ID# CK# 2009	Mustang Foundation Independence, IA	support	50.00
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
			SUB-TOTAL	$
			TOTAL ***(if last page of this schedule)***	$ 2,210.24

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).)

Notice of Dissolution

Reset Form

FORM (Rev. 07/03)

DR-3
NOTICE OF DISSOLUTION

For Office Use Only

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

COMMITTEE NAME

Independence Community School Improvement Committee
Official Name of Committee

1314 Third St NE
Street

Independence, Ia 50644
City, State, Zip Code

319, 334-2007
Area Code Telephone

WHEN TO FILE:

The Notice of Dissolution must be filed within thirty (30) days of completion of all the following:

1. All debts, loans and obligations have been paid or transferred;
2. All campaign funds have been spent;
3. All campaign property sold or transferred (candidates only); and
4. A final report disclosing all transactions closing the committee.

For state candidates and state PACs, a final bank statement must be filed with the Notice of Dissolution or as soon as possible if the bank statement is not available at the time the Notice of Dissolution is filed.

Robert L Richard
Signature of Candidate or Treasurer (if candidate's committee)/Signature of Chair or Treasurer (if PAC)

April 5, 2004
Date Signed

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