

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE



FORM <b>DR-2</b> (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)  
Charlie Thomas - Abrahamson for Council Committee

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 <u>Pat R. Abrahamson</u>	Political Party _____
Office Sought <u>City Council</u>	District (if Senate or House) _____

OCT 31 2003

Jim S. Reed  
SIGNATURE OF TREASURER (or person filing this report)

641.424.2281  
TELEPHONE

10-30-03  
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 10-30-03 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 <u>11-4-2003</u>
County & Local Committees, enter County in which Election is held <u>Cerro Gordo</u>

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>0.00</u>
<b>ADD TOTAL MONEY TAKEN IN THIS PERIOD</b>		
Schedule A: Cash Contributions total (Attach Schedule A) (**also see in-kind below)		<u>3315.30</u>
Schedule F: Loans Received total (Attach Schedule F)		<u>0.00</u>
Schedule H: Total Sales of Campaign Property (Attach Schedule H)		<u>0.00</u>
<u>(Schedule H applies to Candidates' Committees Only)</u>		
SUB-TOTAL	\$	<u>3315<sup>00</sup></u>
<b>SUBTRACT TOTAL MONEY SPENT THIS PERIOD</b>		
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)		<u>2910.36</u>
Schedule F: Loan Repayments total (Attach Schedule F)		<u>0.00</u>
CASH ON HAND at the end of this reporting period (if final report, balance must be zero) (Attach DR-3)	\$	<u>404.94</u>

**UNPAID BILLS (From Schedule D - Attach Schedule D)	\$	<u>0.00</u>
**IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)	\$	<u>240.61</u>
**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)	\$	<u>0.00</u>

CANDIDATE COMMITTEES ONLY:

CONSULTANT BREAKDOWN (Schedule G Attached?)  YES  NO

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H) \$ 0.00

①

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)  
*Charlie Thomas - Abrahamson for Council 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
10-14-03	ID# CK#	Terry Carpenter 12 Sumac Road Mason City IA		\$ 100.00	<input type="checkbox"/>
10-14-03	ID# CK#	Jamie Smutz 708-12th St NE Mason City IA		150.00	<input type="checkbox"/>
10-14-03	ID# CK#	Bob Lemcke 8 Old Farm Road Mason City IA		50.00	<input type="checkbox"/>
10-14-03	ID# CK#	Jack + Marilyn Zock 508-24th Pl S.W. Mason City IA		50.00	<input type="checkbox"/>
10-14-03	ID# CK#	Ernie Martinez 1226 N. Monroe Mason City IA		100.00	<input type="checkbox"/>
10-14-03	ID# CK#	Jim + Cindy Niemants 8 Hackberry Mason City IA		50.00	<input type="checkbox"/>
10-14-03	ID# CK#	Charlie MacNider PO Box 643 Clear Lake IA		100.00	<input type="checkbox"/>
10-14-03	ID# CK#	Jack + Joyce Nieben 32 Lakeview Dr Mason City IA		50.00	<input type="checkbox"/>
10-14-03	ID# CK#	Thomas Schaefer 7 Briarstone Ct Mason City IA		100.00	<input type="checkbox"/>
10-14-03	ID# CK#	Katharine Olson 504-18th St W Clear Lake IA		50.00	<input type="checkbox"/>
SUB-TOTAL				\$800.00	
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.

2

For Instructions, See Back of Form



SCHEDULE <b>A</b> (Rev. 07/02)	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)  
*Charlie Thomas-Abrahamson for Council Committee*

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10-14-03	ID# CK#	John Drew 94 Brook Terrace Mason City IA		\$ 150.00	<input type="checkbox"/>
10-14-03	ID# CK#	Bill Killpack 1630 Springview Drive Mason City IA		50.00	<input type="checkbox"/>
10-14-03	ID# CK#	Robert + Bonnie McCoy 431-1st SE Mason City IA		100.00	<input type="checkbox"/>
10-14-03	ID# CK#	Becky Krause 21357 395th St Mason City IA		200.00	<input type="checkbox"/>
10-14-03	ID# CK#	Steve + Deb Watts 3701-4th St S.W. Mason City IA		100.00	<input type="checkbox"/>
10-14-03	ID# CK#	Gene + Nancy Kuehn 278 Lakeview Drive Mason City IA		100.00	<input type="checkbox"/>
10-14-03	ID# CK#	Kay Kathmann 1003 Manor Drive Mason City IA		50.00	<input type="checkbox"/>
10-14-03	ID# CK#	Al Zook 16275 Monroe Mason City IA		50.00	<input type="checkbox"/>
10-14-03	ID# CK#	Jeff or Julie Gade 10801 S. 60th Lincoln, NE 68516		50.00	<input type="checkbox"/>
10-14-03	ID# CK#	Mary or Eugene Cole 504 S Vermont Mason City IA 50401		50.00	<input type="checkbox"/>
SUB-TOTAL				\$ 900.00	
TOTAL (if last page of this schedule)				\$	

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3

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)  
*Charlie Thomas-Abrahamson for Council 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
10-15-03	ID# CK#	Ron Minert 706 S. Federal Mason City IA		\$ 100.00	<input type="checkbox"/>
10-15-03	ID# CK#	Brian Carlson 639-9th ST NE Mason City IA		50.00	<input type="checkbox"/>
10-15-03	ID# CK#	Dr Russell Schurtz 1350 N Eisenhower Mason City IA		100.00	<input type="checkbox"/>
10-20-03	ID# CK#	Greg Gade 1111 E State Mason City IA		100.00	<input type="checkbox"/>
10-20-03	ID# CK#	Dave + Joanne Bernhardt 1415 S Monroe Mason City IA		50.00	<input type="checkbox"/>
10-20-03	ID# CK#	Greg + Julie Nicholas 1308 N Shore Dr Mason City IA		50.00	<input type="checkbox"/>
10-20-03	ID# CK#	Hatky Barkas 2921-1st St SW Mason City IA		100.00	<input type="checkbox"/>
10-20-03	ID# CK#	James + Jean Marinos 120 S. Carolina Mason City IA		50.00	<input type="checkbox"/>
10-24-03	ID# CK#	Mike Gasaway 2270 Country Club Dr Mason City IA		50.00	<input type="checkbox"/>
10-24-03	ID# CK#	D Kendall Peterson 44 N W. Housgreen Ct Mason City IA		150.00	<input type="checkbox"/>
SUB-TOTAL				\$ 800.00	
TOTAL (if last page of this schedule)				\$	

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**EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT**

SCHEDULE <b>B</b> (Rev. 07/03)	MONETARY EXPENDITURES
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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)  
*Charlie Thomas-Abrahamson for Council Committee*

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
10/21/03	ID# CK#	Larson Printing 714 S. Delaware Mason City IA	Brochures	\$ 407.62
10/21/03	ID# CK#	Mason City Postmaster N. Delaware Mason City IA	Postage	1489.74
10/24/03	ID# CK#	Jamie Smatz 708-124 SNE Mason City IA	Postage - stamps	148.00
10/24/03	ID# CK#	Pat Abrahamson 290 Lakewood Dr Mason City IA	Postage - stamps	37.00
10/28/03	ID# CK#	Globe Gazette 300 N Washington Mason City IA	Newspaper Ad	300.00
10/28/03	ID# CK#	Clear Channel Radio 341 S Yorktown Pkwy Mason City IA	Radio Ads	528.00
	ID# CK#			
	ID# CK#			

SUB-TOTAL \$ 2910.36  
TOTAL (if last page of this schedule) \$ 2910.36

**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.6(3)(i).)

FOR INSTRUCTIONS, SEE BACK OF FORM

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

Charlie-Thomes-Abrahamson for Council

Reset Form

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

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
10/20/03	Pat Romans 4126-12th St NE Mason City IA	-	Printing Services	\$ 40.61	<input type="checkbox"/>
10/28/03	Gene Cole 504 S. Vermont Mason City IA	-	Radio Ads	200.00	<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"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

SUB-TOTAL \$ 240.61

TOTAL (if last page of this schedule) \$ 240.61

\*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 surnames of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.