FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

Reset Form

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)*
Tornquist for City Council

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 Slate of Candidates

CANDIDATE COMMITTEES ONLY:

Candidate Name: Scott Tornquist
Political Party: _____
Office Sought: At Large City Council Position
District (if Senate or House): _____

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 12/26/03 (report date) N/A (1) ELECTION /(2)NON-ELECTION YEAR.

Indicate one 1

☐ CHECK IF AMENDMENT TO REPORT DATE _____

☑ 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.)

IA ETHICS & CAMPAIGN DISCLOSURE BOARD FILED JAN 2 2004

Local Committees, enter Date of Election: 12/02/03

County & Local Committees, enter County in which Election is held: Cerro Gordo

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.) ..... $ 1226.05

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below) 615.00

Schedule F: Loans Received total (Attach Schedule F) ..... _____

Schedule H: Total Sales of Campaign Property (Attach Schedule H) ..... _____

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL ..... $ 1841.05

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below).... 1841.05

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) ..... $ 0

UNPAID BILLS (From Schedule D - Attach Schedule D)..... $ 0

***IN KIND CONTRIBUTIONS** (From Schedule E - Attach Schedule E) ..... $ 0

OUTSTANDING LOANS (From Schedule F - Attach Schedule F)..... $ 0

CANDIDATE COMMITTEES ONLY:

CONSULTANT BREAKDOWN (Schedule G Attached?) ☐ YES ☑ NO

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H) $ 0

For Instructions, See Back of Form

Reset Form

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)*

Tornquist for City Council

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
11/24/03	ID# CK#	Kenneth Young 515 S Vermont Mason City, IA. 50401		$100.00	☐
11/24/03	ID# CK#	C.H. Macnider Po Box 643 Mason City, IA 50401		100.00	☐
11/26/03	ID# CK#	Gary and Carol Anderson 8 Barberry Road Mason City, IA. 50401		50.00	☐
11/28/03	ID# CK#	Adrian and Fran Wolbrink 1721 10th Street SW Mason City, IA. 50401		50.00	☐
11/28/03	ID# CK#	Dianna Moeller 6 Barberry Road Mason City, IA. 50401		50.00	☐
11/29/03	ID# CK#	Theresa Betz 3 Barberry Road Mason City, IA. 50401		50.00	☐
11/30/03	ID# CK#	James Thompson 2262 West State Street Mason City, IA. 50401		100.00	☐
	ID# CK#	Unitemized Contributions		115.00	☐
	ID# CK#				☐
	ID# CK#				☐

SUB-TOTAL $ 615.00

TOTAL *(if last page of this schedule)* $ 615.00

* 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.

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)*

Tornquist for City Council

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
11/24/03	ID# CK# 1020	Clear Channel Communications 341 S. Yorktown Pike Mason City, IA. 50401	Radio Advertisements	$ 206.00
11/30/03	ID# CK#1021	Clear Channel Communications 341 S. Yorktown Pike Mason City, IA. 50401	Radio Advertisements	206.00
12/2/03	ID# CK#1022	Stoyles Graphic Services 19 8th Street SE Mason City, IA. 50401	Printing and mailing of campaign brochure	894.76
12/2/03	ID# CK#1023	Mary Ellen Miller 83 E. State Street Mason City, IA 50401	Distribution of campaign brochure	20.00
12/2/03	ID# CK# 1024	Country Kitchen1519 4th Street SW Mason City, IA. 50401	Election return food and room	50.00
12/16/03	ID# CK#1025	Cerro Gordo County Treasurer 220 N. Washington Mason City, IA. 50401	Voter List	43.62
12/16/03	ID# CK# 1026	Scott Tornquist 1 Bittersweet NE Mason City, IA. 50401	Thank-you's and postage	135.64
12/16/03	ID# CK# 1027	Community Kitchen 606 N. Monroe Ave. Mason City, IA. 50401	Contribution to charitable organization	100.00
			SUB-TOTAL	$ 1656.02
			TOTAL *(if last page of this schedule)*	$

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)(l).)

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)*

Tornquist for City Council

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
12/22 03	ID# CK# 1028	Cheer Fund 300 N. Washington Ave. Mason City, IA. 50401	Contribution to charitable organization	$ 179.03
12/22/03	ID# CK#	First Citizens National Bank 33 E. State Street Mason City, IA. 50401	Bank Charges	6.00
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
			SUB-TOTAL	$ 185.03
			TOTAL *(if last page of this schedule)*	$ 1841.05

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

IA ETHICS & CAMPAIGN DISCLOSURE BOARD
JAN 2 2004
FILED

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

Jornquist for City Council
Official Name of Committee

1 Butterscotch St. NE
Street

Mason City, Iowa 50401
City, State, Zip Code

(641) 423-4803
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.

Douglas K Jornquist, Treasurer
Signature of Candidate or Treasurer (if candidate's committee)/Signature of Chair or Treasurer (if PAC)

1-02-04
Date Signed

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