

FOR INSTRUCTIONS, SEE BACK OF FORM



DISCLOSURE SUMMARY PAGE

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

COMMITTEE NAME (Must be same as on Statement of Organization) SACKVILLE FOR MAYOR 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 PATRICIA SACKVILLE Political Party NA Office Sought CITY MAYOR OCT 29 2003 District (if Senate or House)

Ronald Cheamer SIGNATURE OF TREASURER (or person filing this report)

641 456 4993 TELEPHONE

10-29-03 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 PRIOR TO ELECTION 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 NOVEMBER 4, 2003 County & Local Committees, enter County in which Election is held FRANKLIN

STATEMENT OF CASH ON HAND

Table with columns for description and amount. Rows include: CASH ON HAND at the beginning of the reporting period (-0-), ADD TOTAL MONEY TAKEN IN THIS PERIOD (Schedule A: 940.00, Schedule F: -0-, Schedule H: -0-), SUB-TOTAL (940.00), SUBTRACT TOTAL MONEY SPENT THIS PERIOD (Schedule B: 798.91, Schedule F: -0-), CASH ON HAND at the end of this reporting period (141.09), **UNPAID BILLS (-0-), **IN KIND CONTRIBUTIONS (-0-), **OUTSTANDING LOANS (-0-), CANDIDATE COMMITTEES ONLY: CONSULTANT BREAKDOWN (YES/NO), VALUE OF CAMPAIGN PROPERTY (-0-)

For Instructions, See Back of Form



CONTRIBUTIONS -- MONEY TAKEN IN
(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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

SACKVILLE FOR MAYOR 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
10-2-03	ID# CK#	Nina Sackville 117 11th PL NE, Hampton, Ia 50441	Mother in Law	\$ 50.00	<input type="checkbox"/>
10-2-03	ID# CK#	Craig & Kathleen Donnelly 217 1st Ave SE Hampton, IA 50441		40.00	<input type="checkbox"/>
10-14-03	ID# CK#	Bradley Davis 616 4th Ave SE Hampton, IA 50441		50.00	<input type="checkbox"/>
10-16-03	ID# CK#	Roger Doughan 1506 3rd Str NE Hampton, IA 50441		50.00	<input type="checkbox"/>
10-16-03	ID# CK#	Rick & Julie Salveson 1431 Beeds Lake Drive Hampton, IA 50441		50.00	<input type="checkbox"/>
10-18-03	ID# CK#	Daniel Schmidt 321 18th Ave NE Hampton, IA 50441		100.00	<input type="checkbox"/>
10-18-03	ID# CK#	Gordon Seitsena 1622 Club View Drive Hampton, IA 50441		50.00	<input type="checkbox"/>
10-18-03	ID# CK#	Robert & Shirley Irwin 1656 Dorell Dr. Hampton, IA 50441		50.00	<input type="checkbox"/>
10-27-03	ID# CK#	W.A. Krause Des Moines, IA		100.00	<input type="checkbox"/>
10-20-03	ID# CK#	unitemized contributions (chili supper fundraiser)		30.00	<input checked="" type="checkbox"/>
SUB-TOTAL				\$ 570.00	
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.

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SCHEDULE
A
(Rev. 07/03) MONETARY RECEIPTS

CONTRIBUTIONS -- MONEY TAKEN IN
(Including candidate's personal funds)

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

CHECK THIS BOX IF AMENDING FORM

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
	ID# CK#	unitemized contributions for this period		\$370.00	<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"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
SUB-TOTAL				\$ 370.00	
TOTAL (If last page of this schedule)				\$ 940.00	

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EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

SCHEDULE 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)
SACKVILLE FOR MAYOR 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
10/13/03	ID# CK#	US POSTMASTER 22 FEDERAL SOUTH HAMPTON, IA 50441	Letter Postage Purchase	\$ 248.99
10/13/03	ID# CK#	EZ PRINT & DESIGN 115 1ST AVE NW HAMPTON, IA 50441	ABSENTEE BALLOT REQUEST CARD PRINTING	12.72
10/27/03	ID# CK#	GIDDINGS SIGNS 811 4TH STR NE HAMPTON, IA 50441	CAMPAIGN SIGNS AND PRINTING	233.20
10/27/03	ID# CK#	KLMJ RADIO 1509 4TH STR NE HAMPTON, IA 50441	RADIO CAMPAIGN ADS	304.00
	ID# CK#			
SUB-TOTAL				\$ 798.91
TOTAL (if last page of this schedule)				\$ 798.91

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 88A.6(3)(l).)