

File with:  
Iowa Ethics and Campaign  
Disclosure Board  
510 E. 12<sup>th</sup>, Ste. 1A  
Des Moines, Iowa 50319  
Fax: 515-281-4073



### FOR INSTRUCTIONS, SEE BACK OF FORM DISCLOSURE SUMMARY PAGE

*Jefferson*  
IA ETHICS AND  
CAMPAIGN DISCLOSURE BOARD

2008 JAN -9 AM 10:40

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

**IMPORTANT:** Indicate by # type of committee you are reporting for: 6  
( 1 )Statewide/Legislative/Judge Standing for Retention Candidate ( 2 )State PAC ( 3 )State Party  
( 4 )County Central Committee ( 5 )County Candidate ( 6 )City Candidate ( 7 )School Board or Other Political  
Subdivision Candidate ( 8 )County PAC ( 9 )City PAC ( 10 )School Board or Other Political Subdivision PAC ( 11 ) Local Ballot Issue

**CANDIDATE COMMITTEES ONLY:**

Candidate Name: Susan Silvers Political Party (if applicable): \_\_\_\_\_

Office Sought: Fairfield City Council At-Large District (if Senate or House): \_\_\_\_\_

<b>FORM DR-2</b> (Rev. 07/2007)	<b>DISCLOSURE REPORT</b>
<b>For Office Use Only</b>	
Comm. #	<u>13762</u>
Logged In	_____
Scanned	<u>B</u>
Computer	<u>DM</u>
Audited	_____

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a

Tom R. Thompson  
SIGNATURE OF PERSON FILING REPORT

641-472-6171  
TELEPHONE

1/8/08  
DATE SIGNED

I AM FILING A December 31, 2007 REPORT FOR (1) ELECTION //(2)NON-ELECTION YEAR.  
(report date) Indicate by #  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 DR-3 is filed.)

Local Committees, enter Date of Election <u>November 6, 2007</u>
County & Local Committees, enter County in which Election is held _____

### STATEMENT OF CASH ON HAND

<b>CASH ON HAND</b> at the beginning of the reporting period. (Total of all funds 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.)	\$ 885.55
<b>ADD TOTAL MONEY TAKEN IN THIS PERIOD</b>	
Schedule A: Cash Contributions total (Attach Schedule A) (**also see in-kind below)	470.00
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>	\$ 1,355.55
<b>SUBTRACT TOTAL MONEY SPENT THIS PERIOD</b>	
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)	895.47
Schedule F: Loan Repayments total (Attach Schedule F)	100.00
<b>CASH ON HAND</b> at the end of this reporting period (if final report balance must be zero)	\$ 360.08

\*\*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) ..... \$ \_\_\_\_\_

CONSULTANT BREAKDOWN (Schedule G Attached?) \_\_\_\_\_ YES \_\_\_\_\_ NO

**CANDIDATE COMMITTEES ONLY:**

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

**STATE COMMITTEES:** Submit a reconciled campaign account bank statement in January of each year.

For Instructions, See Back of Form

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

**Part Form**

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

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

**NOTE:** ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

**CAUTION:** Section 68B.32A(6), 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
10/31/07	ID# CK#	Norman/Dorian Atwood 1639 Packwood Rd Fairfield, IA 52556		\$100.00	<input type="checkbox"/>
10/25/07	ID# CK#	Elizabeth Larson 203 Southgate Circle , Apt A Fairfield, IA 52556		50.00	<input type="checkbox"/>
10/27/07	ID# CK#	Jefferson Co Republican Women %Emily Reneker Fairfeild, IA 52556		100.00	<input type="checkbox"/>
11/1/07	ID# CK#	John/Rhonda Hammes 904 Suncrest Dr Fairfield, IA 52556		50.00	<input type="checkbox"/>
10/31/07	ID# CK#	Unitemized contributions		85.00	<input type="checkbox"/>
11/5/07	ID# CK#	Unitemized contributions		65.00	<input type="checkbox"/>
10/31/07	ID# CK#	UNITEMIZED CONTRIBUTION		20.00	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL  
\$ 470.00  
**TOTAL (if last page of this schedule)**  
\$ 470.00

\* 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

**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)

Silvers for Council

Basic Form

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

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
11/1/07	ID# CK#	Susan Silvers 707 S Maple Fairfield, IA 52556	Prior unpaid bills listed on Sch D	\$ 452.21
11/7/07	ID# CK#	Fairfield Ledger 112 E Broadway Fairfield, IA 52556	Thank you ad	55.60
11/7/07	ID# CK#	Neil Crossland 807 E Broadway Fairfield Fairfield, IA 52556	Prior unpaid bill listed on Sch D	12.35
11/6/07	ID# CK#	Fairfield Ledger 112 E Broadway Fairfield, IA 52556	Prior unpaid bill listed on Sch D	194.60
11/9/07	ID# CK#	Iowa State Bank PO Box 1010 Fairfield, IA 52556	Fees	1.50
11/19/07	ID# CK#	KMCD/KIHK 57 S Court Fairfield, IA 52556	Ads	80.00
11/21/07	ID# CK#	Dick Reed 904 S 6th St Fairfield, IA 52556	Hy Vee supplies for fund raiser	97.71
12/14/07	ID# CK#	Iowa State Bank PO Box 1010 Fairfield, IA 52556	Fees	1.50
SUB-TOTAL				\$ 895.47
<b>TOTAL (if last page of this schedule)</b>				\$ 895.47

**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).)

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(for Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM

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

NOTE: This schedule reports money loaned to the committee which is deposited in the committee account.  
TOTAL UNPAID LOANS FROM LASI REPORTING PERIOD \$ 100.00

SCHEDULE <b>F</b> (Rev. 07/03)	LOANS RECEIVED & REPAID
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**PART I - MONETARY LOANS RECEIVED THIS REPORTING PERIOD**

(Original source of loan, such as a bank, must be shown if a third party is involved. Include loans from candidate's personal funds.)

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, if Applicable)	RELATIONSHIP TO CANDIDATE* (If Applicable)	AMOUNT OF LOAN
			\$

TOTAL (PART I) \$ \_\_\_\_\_

**PART II - MONETARY LOAN REPAYMENTS MADE THIS REPORTING PERIOD**

(Loans forgiven must be reported on Schedule E - In-kind Contributions.)

DATE PAID (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, if Applicable)	RELATIONSHIP TO CANDIDATE* (If Applicable)	AMOUNT REPAID
11/7/07	Tom Silvers 707 S Maple Fairfield, IA 52556	Spouse	\$ 100.00

TOTAL CASH REPAYMENTS (PART II) \$ 100.00

From Schedule E - TOTAL LOANS FORGIVEN \$ \_\_\_\_\_

TOTAL OUTSTANDING LOANS END OF REPORT PERIOD \$ \_\_\_\_\_

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