hs

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)*
Jim Fausett for Mayor

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: Jim L. Fausett
Political Party: _____
Office Sought: Mayor
District (if Senate or House): _____

PM. 11.29.03
DEC 1 2003

SIGNATURE OF TREASURER (or person filing this report) — **TELEPHONE:** 319-351-8000 — **DATE SIGNED:** 11/28/03

Late filed reports are subject to possible civil and criminal penalties.

SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE:

I AM FILING A December 1, 2003 (report date) REPORT FOR AN/A (1) **ELECTION** /(2)**NON-ELECTION** YEAR.

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 _____
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.) ..... $ 227.50

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below) 1750.00

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 ..... $ 1977.50

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below).... 1272.00

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) ..... $ 705.50

****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) $ _____

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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)*

Jim Fausett for Mayor

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
10/30/03	ID# CK#	Neil Trott 704 1st AVe Coralville,IA		$ 50.00	☐
10/30	ID# CK#	Keith & Connie Jones 1625 Oak Lake Park Rd Coralville,IA		25.00	☐
10/30	ID# 6294 CK# 1160	Iowa City CArpenters 705 S. Clinton Iowa City,IA		500.00	☐
10/30	ID# 6294 CK# 780	Iowa State Building Trades 110 10th AVe NW Altoona,IA		100.00	☐
10/30	ID# 6449 CK# 1070	Iowa Laborers PAC 5806 Meredith Dr. Suite B Des Moines,IA 50322		100.00	☐
10/30	ID# CK#	Randy Larson 4 Longview Knoll Iowa City,IA		25.00	☐
10/31	ID# CK#	Ted Jacobsen 2160 Chad DRive Coralville,IA		50.00	☐
10/31	ID# CK#	GAry Watts 2346 Mormon Trek Blvd Iowa City,IA		100.00	☐
10/31	ID# CK#	Brad Houser 3693 Johnston Way NE North Liberty,IA 52317		100.00	☐
10/31	ID# CK# 672	Heartland REgional Council of CArpenters PAC 201 3rd St. Sterling,IL		500.00	☐

SUB-TOTAL $ 1550.00

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
☐ 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)*

Jim Fausett for Mayor

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
11/3/03	ID# CK#	Stephen West 17 The Woods NE Iowa City,IA		$ 50.00	☐
11/4	ID# CK#	Chuck Sjodergren 671 Highland Park Ave Coralville,IA		100.00	☐
11/4	ID# CK#	Allen Wiley 1425 Buresh Ave Iowa City,IA		50.00	☐
	ID# CK#				☐
	ID# CK#				☐
	ID# CK#				☐
	ID# CK#				☐
	ID# CK#				☐
	ID# CK#				☐
	ID# CK#				☐
			SUB-TOTAL	$200.00	
			TOTAL ***(if last page of this schedule)***	$1750.00	

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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)*

Jim Fausett for Mayor

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
10/30/03	ID# CK#	Rex Brandstatter 1483 High Country RD Coralville,IA	postage reimbursement	$ 120.75
10/30	ID# CK#	Rex Brandstatter 1483 High Country Rd Coralville,IA	reimbursement for campaign advertising expense	410.82
11/7	ID# CK#	Iowa City Press Citizen 1725 N. Dodge Iowa City,IA	campaign advertising	100.20
11/26	ID# CK#	Kevin Boyd Iowa City,IA	voter lists, labels, printing, supplies	164.99
11/26	ID# CK#	Jim Fausett 814 14th AVe Coralville,IA	postage,stationary, food for election workers	459.14
11/28	ID# CK#	Lee Freeseman 1956 Brown Deer Trl Coralville,IA	postage reimbursement	16.10
	ID# CK#			
	ID# CK#			

SUB-TOTAL $ 1272.00

TOTAL ***(if last page of this schedule)*** $ 1272.00

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).)