

DISCLOSURE SUMMARY PAGE

Madison

| | |
|---------------------------------------|----------------------|
| FORM DR-2 (Rev. 01/2001) | DISCLOSURE REPORT |
| For Office Use Only | |
| Comm. # | <u>17276</u> |
| Indexed | <u>sb</u> |
| Audited | _____ |
| Computer | _____ |

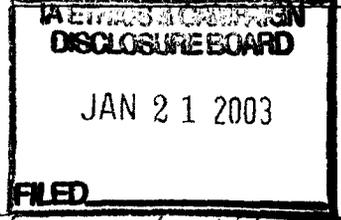
COMMITTEE NAME (Must be same as on Statement of Organization)
"Cy" McDonald for Supervisor

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 "Cy" McDonald Political Party Democrat
 Office Sought Supervisor District (if Senate or House) _____



M. Jean McDonald (515)462-3457 1-17-03
 SIGNATURE OF TREASURER (or person filing this report) TELEPHONE DATE SIGNED

Routine Penalties Due For Late Filed Reports Range from \$20 to \$800

SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE:

I AM FILING A 10/15 thru 12/31 (Jan 19) REPORT FOR AN/A (1) ELECTION / (2) NON-ELECTION YEAR.
 (report date) Indicate one

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
11-5-02
 County & Local Committees, enter County in which Election is held
Madison

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.) | \$ | <u>432.94</u> |
| ADD TOTAL MONEY TAKEN IN THIS PERIOD | | |
| Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below) | | <u>300.00</u> |
| Schedule F: Loans Received total (Attach Schedule F)..... | | <u>1500.00</u> |
| Schedule H: Total Sales of Campaign Property (Attach Schedule H)..... | | <u>0</u> |
| (Schedule H applies to Candidates' Committees Only) | | |
| | SUB-TOTAL.....\$ | <u>2232.94</u> |
| SUBTRACT TOTAL MONEY SPENT THIS PERIOD | | |
| Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)... | | <u>2208.13</u> |
| Schedule F: Loan Repayments total (Attach Schedule F) | | <u>24.81</u> |
| CASH ON HAND at the end of this reporting period (if final report, balance must be zero) (Attach DR-3) | \$ | <u>0</u> |

| | | |
|--|----|----------|
| **UNPAID BILLS (From Schedule D - Attach Schedule D) | \$ | <u>0</u> |
| *IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E) | \$ | <u>0</u> |
| **OUTSTANDING LOANS (From Schedule F - Attach Schedule F)..... | \$ | <u>0</u> |

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

| | |
|---|----------------------|
| SCHEDULE A (Rev. 06/97) | 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)
"Cy" McDonald for Supervisor

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 |
|--------------------------|--|--|--|------------------|-----------------------------|
| <i>11-14-02</i> | ID# CK# | <i>Madison County Democrat Central Committee</i> | | <i>\$ 300.00</i> | |
| | ID# CK# | | | | |

SUB-TOTAL

\$ 300.00

TOTAL (if last page of this schedule)

\$ 300.00

* 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) (See Page 2 of forms packet.). 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

| | |
|---|--------------------------|
| SCHEDULE B (Rev. 09/97) | MONETARY EXPENDITURES |
| <input type="checkbox"/> 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)
 "Cy" McDonald for Supervisor

| 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 |
|---------------------------------------|--|--|-----------------------------------|-----------------|
| 11-19-02 | ID# CK# 515 | Wright & Short Service 924 N. Hampshire Dr Winterset, Ia 52273 | Gas for Campaigning | \$ 126.48 |
| 11-25-02 | ID# CK# 516 | Earlham Advocate Earlham, Ia 50072 | 4 ads and Thank you | 145.60 |
| 11-25-02 | ID# CK# 517 | The Shopper Winterset, Ia 52273 | 4 ads - Thank you - Inserts | 581.80 |
| 12-31-02 | ID# CK# | Union State Bank 201 W. Court Winterset, Ia 52273 | Service Charge | 4.67 |
| 12-31-02 | ID# CK# 519 | Cyrus B. McDonald 1826 Dogback Bridge Earlham, Ia 50072 | Refrigerator payment | 24.81 |
| | ID# CK# | | | |
| | ID# CK# | | | |
| | ID# CK# | | | |
| SUB-TOTAL | | | | \$ 883.36 |
| TOTAL (if last page of this schedule) | | | | \$ 2232.94 |

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 56.6(3)(i).)

FOR INSTRUCTIONS, SEE BACK OF FORM

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

| | |
|---|--------------------------|
| SCHEDULE B (Rev. 09/97) | 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)

"Cy" McDonald for Supervisor

| 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 |
|---------------------------------------|--|--|--|-----------------|
| 12-15-02 | ID# CK# 510 | Wright Short Service 924 John Wayne Dr Winterset, Ia 52273 | gas for Campaigning | \$ 49.40 |
| 10-21-02 | ID# CK# 511 | Center Printing 1739 E. Grand Des Moines, Ia 50316 | 100 notepads | 307.40 |
| 10-31-02 | ID# CK# | Zion State Bank 201 W. Court Winterset, Ia 52273 | Service Charge | 4.52 |
| 10-25-02 | ID# CK# 512 | Bookies 105 E. Madison Winterset, Ia 52273 | food for Volunteers | 50.00 |
| 11-1-02 | ID# CK# 513 | Center Printing 1739 E. Grand Des Moines, Ia 50316 | 4500 Brochures 150.50 300 notepads 142.04 | 592.54 |
| 11-1-02 | ID# CK# 514 | Visa First National Bank Omaha, Nebraska | gas for Campaigning | 114.89 |
| 11-29-02 | ID# CK# | Zion State Bank 201 W Court Winterset, Ia 52273 | Service Charge | 4.83 |
| 11-25-02 | ID# CK# 518 | Winterset Madisonian 112 W. Court Winterset, Ia 52273 | 4 ads and Thank you. | 226.00 |
| SUB-TOTAL | | | | \$ 1349.58 |
| 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 56.6(3)(i).)

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

"Cy" McDonald for Supervisor

| | |
|--------------------------------------|---|
| SCHEDULE F (Rev. 08/96) | LOANS RECEIVED & REPAID |
| | <input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM |

NOTE: This schedule reports money loaned to the committee which is deposited in the committee account.

TOTAL UNPAID LOANS FROM LAST REPORTING PERIOD \$ 1100.00

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 |
|--------------------------|---|--|----------------|
| 10-31-02 | Cyrus B. McDonald 1526 Hogback Bridge Rd Farrham, Va 50072 | Self | \$ 700.00 |
| 11-25-02 | Cyrus B. McDonald | Self | 800.00 |
| | | | |
| | | | |

TOTAL (PART I) \$ 1500.00

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 |
|----------------------|---|--|---------------|
| 12-31-02 | Cyrus B. McDonald 1526 Hogback Bridge Rd Farrham, Va 50072 | Self | \$ 24.81 |
| | | | |
| | | | |
| | | | |

TOTAL CASH REPAYMENTS (PART II) \$ 24.81

From Schedule E -- TOTAL LOANS FORGIVEN \$ 2575.19

TOTAL OUTSTANDING LOANS END OF REPORT PERIOD \$ 0

*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). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column when it applies.

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

Madison

| | |
|--------------------------------------|--------------|
| FORM | (Rev. 02/96) |
| DR-3 NOTICE OF DISSOLUTION | |
| For Office Use Only | |
| Comm. # | <u>17276</u> |
| Indexed | <u>pb</u> |
| Audited | _____ |
| Computer | _____ |
| Certified Date of Dissolution | _____ |

Notice of Dissolution

Every Notice of Dissolution shall be accompanied by a completed Disclosure Report Form current to the date of dissolution.

**STATE OF CALIFORNIA
DISCLOSURE BOARD**
JAN 21 2003
FILED

COMMITTEE NAME

| | |
|-------------------------------------|-----------|
| Official Name of Committee | |
| <u>"Cy" McDonald for Supervisor</u> | |
| Street | |
| <u>1526 Hogback Bridge Rd.</u> | |
| City, State, Zip Code | |
| <u>Eatham, Ja 50072</u> | |
| Area Code | Telephone |
| <u>(515) 462-3457</u> | |

Effective date of dissolution:

December 31, 2002

Cy McDonald
Signature of Treasurer

1-17-03
Date Signed

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

I, the candidate, certify that my candidate committee's cash balance is zero, all debts, obligations and loans have been paid or satisfied in accordance with law as shown on my committee's final report and all campaign property and leftover funds have been distributed in accordance with my committee's last filed Statement of Organization.

Cy McDonald 1-17-03
Signature of Candidate - Required for Candidate's Committee Date signed

WHEN TO FILE:

The Notice of Dissolution must be filed within thirty (30) days of the committee's dissolution, with a copy of the final bank statement attached.