

DISCLOSURE SUMMARY PAGE

FORM DR-2 (Rev. 01/98)	DISCLOSURE REPORT
For Office Use Only	
Comm. # _____	_____
Indexed _____	_____
Audited _____	_____
Computer _____	_____

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

Dave Fleming 641-753-6268 10-29-03
SIGNATURE OF TREASURER (or person filing this report) **TELEPHONE** **DATE SIGNED**

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

OCT 31 2003

SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE:

I AM FILING A 10/29/03 REPORT FOR AN/A (1) ELECTION (2) **NON-ELECTION YEAR.**
 (report date) Indicate one 2

CHECK IF AMENDMENT TO REPORT DATED _____

Local Committees, enter Date of Election _____
County & Local Committees, enter County in which Election is held _____

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.)

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.)S 154.94

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) 0

Schedule F: Loans Received total (Attach Schedule F) 0

Schedule H: Total Sales of Campaign Property (Attach Schedule H) 0

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL.....S 154.94

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) 154.94

Schedule F: Loan Repayments total (Attach Schedule F) 0

CASH ON HAND at the end of this reporting period (if final report, balance must be zero) (Attach DR-3)S 0

UNPAID BILLS (From Schedule D - Attach Schedule D)S 0

IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)S 0

OUTSTANDING LOANS (From Schedule F - Attach Schedule F)S 0

CANDIDATE COMMITTEES ONLY:

CONSULTANT BREAKDOWN (Schedule G Attached?) YES NO

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

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 AC 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)

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
9-3-03	ID# CK# N/A	Marshall County Democratic Central Committee All Transfers From	Dissolution of Committee All transactions performed internally at Lenoir Credit Union	\$ 154.94
	ID# CK#	one account to another		
	ID# CK#			
SUB-TOTAL				\$
TOTAL (if last page of this schedule)				\$ 154.94

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).)

Notice of Dissolution

Reset Form

OCT 31 2003

FORM	(Rev. 07/03)
DR-3 NOTICE OF DISSOLUTION	
For Office Use Only	
Comm. #	_____
Indexed	_____
Audited	_____
Computer	_____
Certified Date of Dissolution	_____

COMMITTEE NAME

<i>Cunningham For Supervisor</i>	
Official Name of Committee	
<i>103 North 134th Avenue</i>	
Street	
<i>Marshalltown, Iowa 50158</i>	
City, State, Zip Code	
<i>(641)</i>	<i>753-6268</i>
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.

Dave Henry, Treasurer

Signature of Candidate or Treasurer (if candidate's committee) / Signature of Chair or Treasurer (if PAC)

10-29-03

Date Signed

FOR INSTRUCTIONS, SEE BACK OF FORM

This form is not applicable to statutory political committees.