FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

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FORM DR-2 (Rev. 01/2003) DISCLOSURE REPORT

For Office Use Only
Comm. # ____
Indexed ____
Audited ____
Computer ____

COMMITTEE NAME (Must be same as on Statement of Organization)
The Committee to Elect Scott Cirksena

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: Scott C. Cirksena
Political Party: Republican
Office Sought: Clive City Council
District (if Senate or House): ____

NOV 26 2003

Kerri J. Johnson — SIGNATURE OF TREASURER (or person filing this report)
515-225-6010 — TELEPHONE
11-26-03 — 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 Dec. 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.) $	338.37
ADD TOTAL MONEY TAKEN IN THIS PERIOD	
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)	100.00
Schedule F: Loans Received total (Attach Schedule F)	00
Schedule H: Total Sales of Campaign Property (Attach Schedule H)	00
(Schedule H applies to Candidates' Committees Only)	
SUB-TOTAL $	438.37
SUBTRACT TOTAL MONEY SPENT THIS PERIOD	
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)	63.23
Schedule F: Loan Repayments total (Attach Schedule F)	00
CASH ON HAND at the end of this reporting period (if final report, balance must be zero) (Attach DR-3) $	375.14

**UNPAID BILLS (From Schedule D - Attach Schedule D) $	
*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E) $	17.25
**OUTSTANDING LOANS (From Schedule F - Attach Schedule F) Carried forward $	200.00
CANDIDATE COMMITTEES ONLY:	
CONSULTANT BREAKDOWN (Schedule G Attached?)	☐ YES ☒ NO
VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H) $	None.

For Instructions, See Back of Form

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SCHEDULE A (Rev. 08/97)	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)*

The Committee to Elect Scott Circksena

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
11-03-03	ID# CK#	Cecelia P Bolman 1510 Mount Curve Ave Minneapolis, MN 55403	Aunt	$ 100	☐
	ID# CK#				☐
	ID# CK#				☐
	ID# CK#				☐
	ID# CK#				☐
	ID# CK#				☐
	ID# CK#				☐
	ID# CK#				☐
	ID# CK#				☐
	ID# CK#				☐

SUB-TOTAL $ 100

TOTAL *(If last page of this schedule)* $ 100

* Disclosure law requires candidates 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

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SCHEDULE B (Rev. 09/97)	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)*
The Committee to Elect Scott Cirksena

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
11-4-03	ID# CK#	Dahl's 1208 Prospect West Des Moines, IA 50265	Food - Volunteer Party	$63.23
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
			SUB-TOTAL	$63.23
			TOTAL *(If last page of this schedule)*	$63.23

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 Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)
The Committee to Elect Scott Cirksena

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SCHEDULE E (Rev. 06/97) IN KIND CONTRIBUTIONS

☐ CHECK THIS BOX IF AMENDING FORM

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
10-31-03	Terri J. Johnson 912-19th West Des Moines, IA 50265	mother Treasurer	Tray of Cookies + Napkins for Campaign Office	$ 17.25	☐
					☐
					☐
					☐
					☐
					☐
					☐
					☐
					☐
					☐
			SUB-TOTAL	$ 17.25	
			TOTAL (If last page of this schedule)	$ 17.25	

*Disclosure law requires candidates to disclose the relationship of any relative making an in kind 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.

Page 1 of 1 (for Schedule E)