

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

Reset Form

COMMITTEE NAME (Must be same as on Statement of Organization)
Gayle Collins for City Council

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

FORM DR-2 (Rev. 07/2003)	DISCLOSURE REPORT
For Office Use Only	
Comm. # _____	Logged In _____
Scanned _____	Computer _____
Audited _____	

CANDIDATE COMMITTEES ONLY:

Candidate Name _____	Political Party _____
Office Sought _____	District (if Senate or House) _____

MAY 16 2004
HP

Mary Jo Curran 515-280-7313 5/16/04
 SIGNATURE OF TREASURER (or person filing this report) TELEPHONE 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 5 days prior to the election REPORT FOR AN/A (1) ELECTION / (2) NON-ELECTION YEAR.
 (report date) Indicate one 1

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.) \$ 13,561.59

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below) 2515.00

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 \$ 16,076.59

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below).... 0

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) \$ 16,076.59

****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) \$ 15,000.00

CANDIDATE COMMITTEES ONLY:

CONSULTANT BREAKDOWN (Schedule G Attached?) YES NO

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

For Instructions, See Back of Form

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CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

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

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

Gayle Collins for City 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.

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
4/29/04	ID# CK# 3197	Graham R. Gillette 635 Harwood Drive Des Moines, IA 50312-2313		\$50.00	<input checked="" type="checkbox"/>
4/29/04	ID# CK# 6505	Larry J. Schroeder 4537 51st Street Des Moines, IA 50310		100.00	<input checked="" type="checkbox"/>
4/29/04	ID# CK# 5295	Linda Dietz 1013 63rd Street Des Moines, IA 50311		30.00	<input checked="" type="checkbox"/>
4/29/04	ID# CK# money order	Gordon Troy Gorsuch 4007-39 Place Des Moines, IA 50310-2832		30.00	<input checked="" type="checkbox"/>
4/29/04	ID# CK# 11874	James S. & Carol M. Flansburg 3709 Urbandale Des Moines, IA 50310		30.00	<input checked="" type="checkbox"/>
4/29/04	ID# CK# 6944	John K & Andrea S. Holveck, Jr. 2007 - 47th Des Moines, IA 50310		200.00	<input checked="" type="checkbox"/>
4/29/04	ID# CK# 1030	Deborah A. Babb 1660 Copper Creek Court Pleasant Hill, IA 50327		50.00	<input checked="" type="checkbox"/>
4/29/04	ID# CK# 2767	Fred L. Noon 349 Forest Avenue Des Moines, IA 50314		30.00	<input checked="" type="checkbox"/>
4/29/04	ID# CK# 4698	Glenn E. & Florence D. Buhr 4127 - 30th Street Des Moines, IA 50310		30.00	<input checked="" type="checkbox"/>
4/29/04	ID# CK# 3320	Joseph Henry 1846 Evergreen Avenue Des Moines, IA 50320		100.00	<input checked="" type="checkbox"/>

SUB-TOTAL

\$ 650.00
\$

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.

For Instructions, See Back of Form

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SCHEDULE A (Rev. 07/03)	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)
Gayle Collins for City Council

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4/29/04	ID# CK# 1750	Brian W. Pattinson & Janet Petersen 1346 - 47th Street Des Moines, IA 50311-2404		\$100.00	<input checked="" type="checkbox"/>
4/29/04	ID# CK# 2577	William J. Lillis 3000 Patricia Drive Des Moines, IA 50322-6804		100.00	<input checked="" type="checkbox"/>
4/29/04	ID# CK# 969	Paul W. & Lola M. Mann 2508 48th Place Des Moines, IA 50310		30.00	<input checked="" type="checkbox"/>
4/29/04	ID# CK# 20177	William S. Gray 4617 Franklin Avenue Des Moines, IA 50310		40.00	<input checked="" type="checkbox"/>
4/29/04	ID# CK# 4799	Cecilia J. Tomlonovic 1245 - 40th Street Des Moines, IA 50311		30.00	<input checked="" type="checkbox"/>
4/29/04	ID# CK# 2897	Brant W. Bruhn 2102 York Street Des Moines, IA 50316-1955		30.00	<input checked="" type="checkbox"/>
4/29/04	ID# CK# 2451	Angela Connolly 4707 NW Beaver Drive Des Moines, IA 50310		50.00	<input checked="" type="checkbox"/>
4/29/04	ID# CK# 3851	Paul C. Weeks 4308 Woodland Avenue Des Moines, IA 50312-2339		50.00	<input checked="" type="checkbox"/>
4/29/04	ID# CK# 8717	Craig Campbell 1601 E. 29th Street Des Moines, IA 50317		25.00	<input checked="" type="checkbox"/>
4/29/04	ID# CK#	Unitemized Contrib. -Fundraiser - Christopher's 2816 Beaver Avenue Des Moines, IA 50310		360.00	<input checked="" type="checkbox"/>

SUB-TOTAL

\$ 815.00

TOTAL (if last page of this schedule)

\$

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(for Schedule A)

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

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

COMMITTEE NAME (Must be same as on Statement of Organization)
Gayle Collins For City 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.

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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
7/28/04	ID# CK# 0993	W.A. Krause Revocable Trust 6400 Westown Parkway West Des Moines, IA 50264		\$ 50.00	<input type="checkbox"/>
4/30/04	ID# CK# 560	Iron Workers Local #67 1501 E. Aurora Ave. Des Moines, IA 50313		1000.00	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL
\$ 1050.00
TOTAL (if last page of this schedule)
\$ 2515.00

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

COMMITTEE NAME (Must be same as on Statement of Organization)
Gayle Collins for City Council

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

TOTAL UNPAID LOANS FROM LAST REPORTING PERIOD \$ 15,000.00

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
			\$

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
			\$

TOTAL CASH REPAYMENTS (PART II) \$ _____

From Schedule E -- TOTAL LOANS FORGIVEN \$ _____

TOTAL OUTSTANDING LOANS END OF REPORT PERIOD \$ 15,000.00

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