

FOR INSTRUCTIONS, SEE BACK OF FORM

# DISCLOSURE SUMMARY PAGE

Reset Form

*Polk*

<b>FORM DR-2</b> (Rev. 07/2003)	<b>DISCLOSURE REPORT</b>
<b>For Office Use Only</b>	
Comm. #	<u>13303</u>
Logged In	_____
Scanned	_____
Computer	_____
Audited	_____

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

Gayle Collins for City Council

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**IMPORTANT: Indicate type of committee you are reporting for:**  1  2  3  4  5  6

( 1 )Statewide/Legislative Candidate ( 2 )Statewide PAC ( 3 )State Party ( 4 )County/Local Candidate ( 5 )County PAC ( 6 )Ballot Issue/Franchise Committee for County/City Central Committee

**CANDIDATE COMMITTEE**

Candidate Name \_\_\_\_\_ Political Party \_\_\_\_\_

Office Sought \_\_\_\_\_ District (if Senate or House) \_\_\_\_\_

**TREASURER & CAMPAIGN DISCLOSURE BOARD**

MAY 19 2004

FILED HD

*Kit Curran* 515-280-7313 5/19/04

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 May 19, 2004 REPORT FOR AN/A (1) ELECTION /(2)NON-ELECTION YEAR.

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 5/11/04

County & Local Committees, enter County in which Election is held Polk

## STATEMENT OF CASH ON HAND

<b>CASH ON HAND</b> at the beginning of the reporting period. (This is the total of all monies held by the committee. This amount <b>MUST</b> 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.)	\$ 16,574.09
<b>ADD TOTAL MONEY TAKEN IN THIS PERIOD</b>	
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)	9225
Schedule F: Loans Received total (Attach Schedule F)	_____
Schedule H: Total Sales of Campaign Property (Attach Schedule H)	_____
<b>(Schedule H applies to Candidates' Committees Only)</b>	
<b>SUB-TOTAL</b> .....	\$ 25,799.09
<b>SUBTRACT TOTAL MONEY SPENT THIS PERIOD</b>	
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)	11,194.50
Schedule F: Loan Repayments total (Attach Schedule F)	_____
<b>CASH ON HAND</b> at the end of this reporting period (if final report, balance must be zero) (Attach DR-3)	\$ 14,604.59
<b>**UNPAID BILLS</b> (From Schedule D - Attach Schedule D)	\$ 12,347.77
<b>**IN KIND CONTRIBUTIONS</b> (From Schedule E - Attach Schedule E)	\$ _____
<b>**OUTSTANDING LOANS</b> (From Schedule F - Attach Schedule F)	\$ 15,000
<b>CANDIDATE COMMITTEES ONLY:</b>	
<b>CONSULTANT BREAKDOWN</b> (Schedule G Attached?)	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
<b>VALUE OF CAMPAIGN PROPERTY</b> (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)

<b>SCHEDULE</b> <b>A</b> (Rev. 07/03)	<b>MONETARY</b> <b>RECEIPTS</b>
<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
5/4/04	ID# CK# 3333	Joseph Henry 1846 Evergreen Avenue Des Moines, IA 50320		\$200.00	<input type="checkbox"/>
5/5/04	ID# CK# 8963	Edwin McIntosh 1677 NW 109th Street Clive, IA 50325		100.00	<input type="checkbox"/>
5/5/04	ID# CK# 4929	Mike Barnes 717 4th Street, Ste. 100 Des Moines, IA 50309-1331		250.00	<input type="checkbox"/>
5/5/04	ID# CK# 4930	Evie Barnes 717 4th Street, Ste. 100 Des Moines, IA 50309-1331		250.00	<input type="checkbox"/>
5/5/04	ID# CK# 1012	Bruce Mundy 200 Grand, #220 Des Moines, IA 50309		30.00	<input type="checkbox"/>
5/5/04	ID# CK# 7322	Susan E. Voss 323 E. 5th Street Des Moines, IA 50309		100.00	<input type="checkbox"/>
5/5/04	ID# CK# 2151	Wayne R. Graham 300 Walnut, Ste. 33 Des Moines, IA 50309		500.00	<input type="checkbox"/>
5/5/04	ID# CK# 9157	D. Bryan Shiffler 11 - 52nd Street Des Moines, IA 50312		150.00	<input type="checkbox"/>
5/5/04	ID# CK# 5307	Steven L. Nelson 5300 Shriver Avenue Des Moines, IA 50312-2044		200.00	<input type="checkbox"/>
5/5/04	ID# CK# 8760	David L. Claypool 5754 Gallery Court West Des Moines, IA 50266		50.00	<input type="checkbox"/>

SUB-TOTAL

\$ 1830.00

\$

**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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**CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

<b>SCHEDULE</b> <b>A</b> (Rev. 07/03)	<b>MONETARY</b> <b>RECEIPTS</b>
<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
5/7/04	ID# CK# 1008	Iowa Landlord PAC 6000 Douglas Ave., Ste 208 Des Moines, IA 50322-3300		\$200.00	<input type="checkbox"/>
5/7/04	ID# CK# 12872	Barbara Lee Boatwright 2331 East 39th Court Des Moines, IA 50317		25.00	<input checked="" type="checkbox"/>
5/7/04	ID# CK# 4389	Stephanie J. Christy 2714 Ingersoll Avenue, #104 Des Moines, IA 50312		30.00	<input checked="" type="checkbox"/>
5/7/04	ID# CK# 2188	John M. Morrissey 2913 Oxford Street Des Moines, IA 50313		50.00	<input checked="" type="checkbox"/>
5/7/04	ID# CK# 2924	Kit Curran 4015 Muskogee Avenue Des Moines, IA 50312		50.00	<input checked="" type="checkbox"/>
5/7/04	ID# CK# 1876	Tina L. Mowry 3907 Forest Avenue Des Moines, IA 50311		100.00	<input checked="" type="checkbox"/>
5/10/04	ID# CK# 1185	Plumber & Steamfitters Local Union 33 2501 Bell Avenue Des Moines, IA 50321-1118		500.00	<input type="checkbox"/>
5/10/04	ID# CK# 2935	AFSCME - Iowa Council 61 4320 NW 2nd Avenue Des Moines, IA 50313		500.00	<input type="checkbox"/>
5/7/04	ID# CK# 7072	Joanne Mahaffey 2220 32nd Des Moines, IA 50317		100.00	<input checked="" type="checkbox"/>
5/7/04	ID# CK# 10283	Mary L. Brubaker 612 - 44th Street Des Moines, IA 50312		50.00	<input checked="" type="checkbox"/>

SUB-TOTAL

\$ 1,605.00  
\$

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

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SCHEDULE <b>A</b> (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

**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/YY)	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
5/5/04	ID# CK# 10432	Rosemary V. Moody 5285 E. Oakwood Drive Pleasant Hill, IA 50327		\$25.00	<input type="checkbox"/>
5/5/04	ID# CK# 2207	Ann-Marie Baughman 692 Polk Des Moines, IA 50312		20.00	<input type="checkbox"/>
5/5/04	ID# CK# 5717	Gerald M. Kirke 417 Locust Street Des Moines, IA 50309		500.00	<input type="checkbox"/>
5/6/04	ID# CK# 5782	Brent B. Green 7 - 34th Street Des Moines, IA 50309		250.00	<input type="checkbox"/>
5/6/04	ID# CK# 10503	Claire Celsi 743 37th Street Des Moines, IA 50312		25.00	<input type="checkbox"/>
5/6/04	ID# CK# 682	Debra Kay West 7306 Wimberly Lane Montgomery, AL 36117		250.00	<input type="checkbox"/>
5/6/04	ID# CK# 3308	Kasey W. Kincaid 300 Walnut Street, #47 Des Moines, IA 50309		1000.00	<input type="checkbox"/>
5/6/04	ID# CK# 5761	Gerald M. Kirke 417 Locust Street Des Moines, IA 50309		500.00	<input type="checkbox"/>
5/9/04	ID# CK# 3116	Robert G. Tully 4315 Greenwood Drive Des Moines, IA 50312		100.00	<input type="checkbox"/>
5/10/04	ID# CK# 1855	Anna M. Griffith 7424 Eagle Point Drive Johnston, IA 50131		3000.00	<input type="checkbox"/>

SUB-TOTAL

\$ 5670.00

TOTAL (if last page of this schedule)

\$ ~~5670.00~~

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<b>SCHEDULE</b> <b>A</b> (Rev. 07/03)	<b>MONETARY</b> <b>RECEIPTS</b>
<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

**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
5/7/04	ID# CK#	Unitemized Contributions from Fundraiser at Sticks		\$120.00	<input checked="" 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"/>
	ID# CK#				<input type="checkbox"/>
SUB-TOTAL				\$ 120.00	
<b>TOTAL (if last page of this schedule)</b>				\$ 9225.00	

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FOR INSTRUCTIONS, SEE BACK OF FORM

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**EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT**

SCHEDULE <b>B</b> (Rev. 07/03)	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)  
Gayle Collins for City Council

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
5/7/04	ID# CK# 1042	Ernest J. Ferin 3000 Summit Vista Drive Des Moines, IA 50321	Campaign Worker	\$ 500.00
5/7/04	ID# CK# 1043	Teresa Ferin 3000 Summit Vista Drive Des Moines, IA 50321	Campaign Worker	500.00
5/7/04	ID# CK# 1044	Tom A. Alessio 3734 - SE 10th Street Des Moines, IA 50315	Campaign Worker	500.00
5/7/04	ID# CK# 1045	Janet Alessio 3734 - SE 10th Street Des Moines, IA 50315	Campaign Worker	500.00
5/7/04	ID# CK# 1050	Jim Cataldo 3428 Rose Avenue Des Moines, IA 50321	Campaign Worker	500.00
5/7/04	ID# CK# 1051	Jolyn Cataldo 3428 Rose Avenue Des Moines, IA 50321	Campaign Worker	500.00
5/7/04	ID# CK# 1046	Nick Iaria 3420 SW 12th Place Des Moines, IA 50315	Campaign Worker	500.00
5/7/04	ID# CK# 1047	Kathleen Iaria 1209 Broad Street Des Moines, IA 50315	Campaign Worker	500.00
SUB-TOTAL				\$ 4000.00
<b>TOTAL (if last page of this schedule)</b>				\$

**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.402(3)(i).)

FOR INSTRUCTIONS, SEE BACK OF FORM

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

<b>SCHEDULE D</b> (Rev. 08/98)	<b>INCURRED INDEBTEDNESS</b>
<input type="checkbox"/> <b>CHECK THIS BOX IF AMENDING FORM</b>	

**NOTE:** Debts previously reported that remain unpaid must be included on this Schedule, as well as any new obligations incurred in this period.

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**DEBTS/OBLIGATIONS REMAINING THIS REPORTING PERIOD  
 (DO NOT INCLUDE LOANS -- SHOW LOANS ON SCHEDULE F)**

An "incurred debt" is a debt for goods or services ordered or received, but not paid for by the end of the reporting period., regardless of whether an invoice has been received.

DATE INCURRED (MM/DD/YR)	NAME AND ADDRESS OF PERSON TO WHOM DEBT OR OBLIGATION IS OWED	DESCRIPTION OF GOODS OR SERVICES PROVIDED OR PURCHASED	BALANCE OWED AT CLOSE OF REPORTING PERIOD*
5/12/04	TL & Associates 100 E. Euclid Avenue, Des Moines, IA 50313	Telemarketing fees	\$ 3,526.75
5/11/04	Jason Jasnos 756 17th Street Des Moines, IA 50314	Email deliveries	313.05
5/7/04	Sauer Design Company 3207 49th Street Des Moines, IA 50310	Postcard Blitz Copywriting, Design & Illustration	1,475.00
5/11/04	Qwest PO Box 2560 Omaha, NE 68103-2560	Telephone bill (estimated)	184.31
4/31/04	Carter Printing 1739 E. Grand Avenue Des Moines, IA 50316	Printing - invoice # 79272	712.32
4/31/04	Carter Printing 1739 E. Grand Avenue Des Moines, IA 50316	Printing Yard Signs Invoice # 79752	1,050.46
4/31/04	Carter Printing 1739 E. Grand Avenue Des Moines, IA 50316	Printing postcards Invoice # 79732	1,749.00
<b>SUB-TOTAL</b>			<b>\$ 9,010.89</b>
<b>TOTAL DEBTS OWED BY COMMITTEE AT THE END OF THIS REPORTING PERIOD</b>			<b>\$</b>

\*If actual figure is unknown, show "estimated" beside the figure.

**CANDIDATE COMMITTEES NOTE:**

\*Incurred indebtedness also includes each person/entity with whom the candidate's committee has entered into a contract during the reporting period for future or continuing performance. Enter the name of the consultant who provides or procures services for items such as advertising, fund-raising, polling, managing, or organizing services. Report on Schedule G the nature of performance and the estimated performance reasonably expected of the consultant.

FOR INSTRUCTIONS, SEE BACK OF FORM

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**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.

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

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

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
5/7/04	ID# CK# 1048	Paul Iaria 3024 SE 8th Street Des Moines, IA 50315	Campaign Worker	\$ 500.00
5/7/04	ID# CK# 1049	Joe Iaria 1209 Broad Street Des Moines, IA 50315	Campaign Worker	500.00
5/7/04	ID# CK#	Mailtech, Inc. 712 E. 2nd Street Des Moines, IA 50309	Mail processing	997.30
5/7/04	ID# CK#	US Postal Service 1165 Second Avenue Des Moines, IA 50309	Postage for mailer	2697.20
5/7/04	ID# CK#	TL & Associates 100 Euclid Avenue Des Moines, IA 50313	Telemarketing fees	2500.00
	ID# CK#			
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$ 7194.50
<b>TOTAL (if last page of this schedule)</b>				\$ 11,194.50

**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.402(3)(i).)

FOR INSTRUCTIONS, SEE BACK OF FORM

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

Gayle Collins for City Council

**NOTE:** Debts previously reported that remain unpaid must be included on this Schedule, as well as any new obligations incurred in this period.

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<b>SCHEDULE D</b> (Rev. 08/98)	<b>INCURRED INDEBTEDNESS</b>
<input type="checkbox"/> <b>CHECK THIS BOX IF AMENDING FORM</b>	

**DEBTS/OBLIGATIONS REMAINING THIS REPORTING PERIOD  
(DO NOT INCLUDE LOANS -- SHOW LOANS ON SCHEDULE F)**

An "incurred debt" is a debt for goods or services ordered or received, but not paid for by the end of the reporting period., regardless of whether an invoice has been received.

DATE INCURRED (MM/DD/YR)	NAME AND ADDRESS OF PERSON TO WHOM DEBT OR OBLIGATION IS OWED	DESCRIPTION OF GOODS OR SERVICES PROVIDED OR PURCHASED	BALANCE OWED AT CLOSE OF REPORTING PERIOD*
5/4/04	Carter Printing 1739 East Grand Avenue Des Moines, IA 50316	Printing of Merger plan postcards Invoice # 79834	\$ 1,203.10
5/7/04	Carter Printing 1739 East Grand Avenue Des Moines, IA 50316	Printing of fire/police postcards Invoice # 79886	1,068.48
5/10/04	Carter Printing 1739 East Grand Avenue Des Moines, IA 50316	Printing of Imprint postcards	1,065.30
<b>SUB-TOTAL</b>			<b>\$ 3,336.88</b>
<b>TOTAL DEBTS OWED BY COMMITTEE AT THE END OF THIS REPORTING PERIOD</b>			<b>\$ 12,347.77</b>

\*If actual figure is unknown, show "estimated" beside the figure.

**CANDIDATE COMMITTEES NOTE:**

\*Incurred indebtedness also includes each person/entity with whom the candidate's committee has entered into a contract during the reporting period for future or continuing performance. Enter the name of the consultant who provides or procures services for items such as advertising, fund-raising, polling, managing, or organizing services. Report on Schedule G the nature of performance and the estimated performance reasonably expected of the consultant.

FOR INSTRUCTIONS, SEE BACK OF FORM

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SCHEDULE <b>F</b> (Rev. 07/03)	<b>LOANS RECEIVED &amp; REPAID</b>
<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

**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

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