

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE



Polk

FORM DR-2 (Rev. 07/2004)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	13303
Logged in	sm
Scanned	
Computer	sm
Audited	

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

Gayle Collins for City Council

IMPORTANT: Indicate by # type of committee you are reporting for: 4
 (1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party
 (4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other
 Political Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political
 Subdivision PAC (11) Local Ballot Issue

CANDIDATE COMMITTEES ONLY:

Candidate Name _____ Political Party (If applicable) _____

Office Sought _____ District (if Senate or House) _____

JAN 19 2005

FAX

Late reports are subject to possible civil and criminal penalties.

SIGNATURE OF PERSON FILING REPORT _____

TELEPHONE _____

DATE SIGNED _____

I AM FILING A January 19, 2005 REPORT FOR (1) ELECTION //(2) NON-ELECTION YEAR.
 (report date) Indicate by #

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 DR-3 is filed.)

Local Committees, enter Date of Election May 11, 2004
County & Local Committees, enter County in which Election is held Polk

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (Total of all funds 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.)\$ 3261.76

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below) 8780.86

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\$ 12,042.62

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below).... 7056.26

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)\$ 4986.36

**UNPAID BILLS (From Schedule D - Attach Schedule D).....\$ 0

**IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)\$

**OUTSTANDING LOANS (From Schedule F - Attach Schedule F).....\$ 15,000

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



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
6/17/04	ID# CK# 17814	Crawford Law Firm 1701 Ruan Center Des Moines, IA 50309		\$150.00	<input type="checkbox"/>
6/18/04	ID# CK# 8303	Ellyn Knapp 5935 McKinley Avenue Des Moines, IA 50321		150.00	<input type="checkbox"/>
7/4/04	ID# CK#	Gayle Collins 100 Market Street, #418 Des Moines, IA 50309-4765	self	400.00	<input type="checkbox"/>
7/28/04	ID# CK# 1407	Eric Bakker 300 Walnut, #114 Des Moines, IA 50309		100.00	<input type="checkbox"/>
8/16/04	ID# CK# 8216077172	Truck Insurance Exchange (Farmer's Insurance) PO Box 590 Lake Orion, MI 48361-0590		2697.20	<input type="checkbox"/>
8/25/04	ID# CK#	Gayle Collins 100 Market Street #418 Des Moines, IA 50309	self	1000.00	<input type="checkbox"/>
9/17/04	ID# CK#	David Kruidenier 715 Locust Des Moines, IA 50309		250.00	<input type="checkbox"/>
10/22/04	ID# CK# 1097	Robert D. Brownell 2213 NW 80th Place Clive, IA 50325		1000.00	<input type="checkbox"/>
12/22/04	ID# CK# 1328	Tom Yochum 1137 36th Street Des Moines, IA 50311		400.00	<input type="checkbox"/>
12/22/04	ID# CK# 2288	Gayle Collins 100 Market Street #418 Des Moines, IA 50309		391.26	<input type="checkbox"/>
SUB-TOTAL				\$ 6538.46	
TOTAL (if last page of this schedule)				\$ 6538.46	

* 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



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

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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
6/7/04	ID# CK# 1597864	Qwest Communications (Refund for overcharge) 5325 Zuni St. Rm 779 Denver, CO 80221		\$92.40	<input type="checkbox"/>
6/7/04	ID# CK# 10055	Painters & Allied Trades Local Union #246 1450 NE 69th Place, Ste. 50 Ankeny, IA 50021		500.00	<input type="checkbox"/>
6/7/04	ID# CK# 2205	John Renda 1592 NE 58th Avenue Des Moines, IA 50313		100.00	<input type="checkbox"/>
6/7/04	ID# CK# 6363	William Lillis 3000 Patricia Drive Des Moines, IA 50322		100.00	<input type="checkbox"/>
6/7/04	ID# CK# 10326	Kimberly Harding 4803-38th Place Des Moines, IA 50310-4304		25.00	<input type="checkbox"/>
6/7/04	ID# CK# 12559	David Hurd 300 Walnut Street, #183 Des Moines, IA 50309		100.00	<input type="checkbox"/>
6/7/04	ID# CK# 3851	Alvin Kirsner 3131 Fleur Drive, Apt 807 Des Moines, IA 50321		100.00	<input type="checkbox"/>
6/7/04	ID# CK# 1035	Gayle Collins 100 Market Street, Unit 418 Des Moines, IA 50309-4765	self	1000.00	<input type="checkbox"/>
6/7/04	ID# CK# 9682	Virginia Rowen 3407 Crocker Des Moines, IA 50312		25.00	<input type="checkbox"/>
6/7/04	ID# CK# 2711	Steven Person 300 Walnut Street, Unit 73 Des Moines, IA 50309-2241		25.00	<input type="checkbox"/>
SUB-TOTAL				\$ 2067.40	
TOTAL (if last page of this schedule)				\$	

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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

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
6/7/04	ID# CK# 5098	Susan R. Ryan 3307 SW 24th Des Moines, IA 50321		\$50.00	<input type="checkbox"/>
6/7/04	ID# CK# 2166	Charles E. Gribble 6200 EP True Parkway, #200 West Des Moines, IA 50266		25.00	<input type="checkbox"/>
6/30/04	ID# CK#	Gayle Collins 100 Market Street, Unit 418 Des Moines, IA 50309-4765	self	100.00	<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"/>
SUB-TOTAL				\$ 175.00	
TOTAL (if last page of this schedule)				\$ 8780.86	

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EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

SCHEDULE 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
6/22/04	ID# CK# 1017	Turner & Sons 1501 SE 1st Street Des Moines, IA 50315	Payment for food for campaign workers.	\$ 65.00
6/22/04	ID# CK#1018	Splash 303 Locust Des Moines, IA 50309	Payment for food for fundraiser.	50.00
6/30/04	ID# CK# 1019	Carter Printing 1739 E. Grand Des Moines, IA 50316	Payment toward total bill for past services	750.00
7/7/04	ID# CK#1020	Carter Printing 1739 E. Grand Des Moines, IA 50316	Payment toward total bill for past services	225.00
7/7/04	ID# CK#1021	John McRoberts	Rent due for campaign headquarters	225.00
8/17/04	ID# CK#1023	Carter Printing 1739 E. Grand Des Moines, IA 50316	Payment toward total bill for past services	2700.00
8/25/04	ID# CK# 1024	Carter Printing 1739 E. Grand Des Moines, IA 50316	Payment toward total bill for past services	1000.00
9/17/04	ID# CK#1025	Carter Printing 1739 E. Grand Des Moines, IA 50316	Payment toward total bill for past services.	250.00
SUB-TOTAL				\$ 5265.00
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 68A.402(3)(i).)

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Reset Form

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

SCHEDULE 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
10/22/04	ID# CK# 1026	Carter Printing 1739 E. Grand Des Moines, IA 50316	Payment toward total bill for past services.	\$ 1000.00
12/23/04	ID# CK# 1027	Carter Printing 1739 E. Grand Des Moines, IA 50316	Payment toward total bill for past services.	791.26
	ID# CK#			
SUB-TOTAL				\$ 1791.26
TOTAL (if last page of this schedule)				\$ 7056.26

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).)

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

Reset Form

SCHEDULE F (Rev. 07/03)	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 \$ 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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