FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

FORM DR-2 (Rev. 07/2003)	DISCLOSURE REPORT

For Office Use Only
Comm. # _____
Logged In _____
Scanned _____
Computer _____
Audited _____

COMMITTEE NAME *(Must be same as on Statement of Organization)*
Kiernan For 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
(8)Support Slate of Candidates

CANDIDATE COMMITTEES ONLY:

Candidate Name: Michael Kiernan
Political Party: Democrat
Office Sought: Des Moines City Council
District (if Senate or House): At Large Seat

APR - 8 2004
HD

SIGNATURE OF TREASURER (or person filing this report) — **TELEPHONE** 270-4810 — **DATE SIGNED** 3/7/04

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 Day Report Before Primary (April 8) REPORT FOR AN/A (1) **ELECTION** /(2)**NON-ELECTION** YEAR.
(report date) 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: Primary - April 13 General - May 11
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. (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.) ..... $ 0

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below) 11,030.00
Schedule F: Loans Received total (Attach Schedule F) 1,500.00
Schedule H: Total Sales of Campaign Property (Attach Schedule H) 0

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL.....$ 12,530.00

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)... 10,434.61
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) ..... $ 2,095.39

****UNPAID BILLS** (From Schedule D - Attach Schedule D) ..... $ 5,384.70
***IN KIND CONTRIBUTIONS** (From Schedule E - Attach Schedule E) ..... $ 0
****OUTSTANDING LOANS** (From Schedule F - Attach Schedule F) ..... $ 1,500.00

CANDIDATE COMMITTEES ONLY:

CONSULTANT BREAKDOWN (Schedule G Attached?) ___ YES X NO

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

For Instructions, See Back of Form

Reset Form

SCHEDULE A (Rev. 07/03)	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)*
KIERNAN FOR 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
3-8-04	ID# CK#	Jack Hatch 1623 Woodland Ave. Des Moines, IA 50309		$ 250.00	☐
3-9-04	ID# CK#	Timothy J. Brien 3969 Woodale Ave. Des Moines, IA 50310		100.00	☐
3-10-04	ID# CK#	David Carlson 818-18th St. Des Moines, IA 50314		500.00	☐
3-10-04	ID# CK#	Mona Rae Bond 2818 W. 1st St. Ankeny, IA 50021		100.00	☐
3-11-04	ID# CK#	Martha & Anthony Schmitt 2406 Kingman Blvd. Des Moines, IA 50311		25.00	☐
3-11-04	ID# CK#	Ronald Walters P.O. Box 71094 Clive, IA 50325		250.00	☐
3-11-04	ID# CK#	John C. Kline 2171 Grand Ave. West Des Moines, IA 50265		250.00	☐
3-15-04	ID# CK#	James Lacona 1154-21st St. West Des Moines, IA 50265		500.00	☐
3-15-04	ID# CK#	Johnny C. Lanoa 3315 Southern Hills Dr. Des Moines, IA 50321		250.00	☐
3-16-04	ID# CK#	John M. Myers 937-64th St. Des Moines, IA 50312		25.00	☐
			SUB-TOTAL	$ 2,250.00	
			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

Reset Form

SCHEDULE A (Rev. 07/03)	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)*
Kiernan For 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
3-16-04	ID# CK#	Gene Hamilton 678 - 45th St. Des Moines, IA 50312		$ 25.00	☐
3-16-04	ID# CK#	Ann-Marie Gaughran 939 - Office Park Road West Des Moines, IA 50265		20.00	☐
3-17-04	ID# CK#	James C. Conlin 500 Griffin Alley - 318 - 7th St. Des Moines, IA 50309		1,000.00	☐
3-17-04	ID# CK#	Lawrence & Jennifer James 1056 - 26th St. Des Moines, IA 50311		100.00	☐
3-17-04	ID# CK#	Thomas & Sharon Clarke 2011 - 47th St. Des Moines, IA 50310		100.00	☐
3-17-04	ID# CK#	Patrick Gorley 4702 Meadowlark Avenue Des Moines, IA 50311		50.00	☐
3-18-04	ID# CK#	Maggie Moss 2906 Gilmore Ave. Des Moines, IA 50312		250.00	☐
3-18-04	ID# CK#	Del C. Gelman 236 S. 26th St. West Des Moines, IA 50265		100.00	☐
3-19-04	ID# CK#	Harry Gooley 400 Locust St. - #790 Des Moines, IA 50309		250.00	☐
3-19-04	ID# CK#	Michelle M. Cosper 2880 Grand Avenue Des Moines, IA 50312		250.00	☐

SUB-TOTAL $ 2,245.00

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

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For Instructions, See Back of Form

Reset Form

SCHEDULE A (Rev. 07/03)	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)*
Kiernan For 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
3-19-04	ID# CK#	Monique C. Dona 1600 Walnut St. Des Moines, IA 50309		$ 50.00	☐
3-21-04	ID# CK#	Lawrence & Barbara James 928 California Drive Des Moines, IA 50312		250.00	☐
3-25-04	ID# CK#	JoAnne Company 741-16th Street Des Moines, IA 50314		25.00	☐
3-25-04	ID# CK#	Susan J. Foley 741-16th Street Des Moines, IA 50314		25.00	☐
3-25-04	ID# CK#	Thomas G. Ross 4507 Waldorf Pkwy. Des Moines, IA 50315		100.00	☐
3-25-04	ID# CK#	Emily Gross 3903 50th St. Des Moines, IA 50310		40.00	☐
3-25-04	ID# CK#	Ken Baird 727-48th St. Des Moines, IA 50314		10.00	☐
3-25-04	ID# CK#	Courtney Greene 3804 Tippecanoe Drive West Des Moines, IA 50265		250.00	☐
3-25-04	ID# CK#	Dexter J. Sidney 10301 Grosvenor Place North Bethesda, MD 20852		400.00	☐
3-25-04	ID# CK#	Patricia Daniels 2414 Kingman Blvd. Des Moines, IA 50311		500.00	☐
			SUB-TOTAL	$ 1,650.00	
			TOTAL ***(if last page of this schedule)***	$	

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For Instructions, See Back of Form

Reset Form

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS

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CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME *(Must be same as on Statement of Organization)*
Kiernan For 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
3-25-04	ID# CK#	David Carlson 818 - 18th St. Des Moines, IA 50314		$ 500.00	☐
3-26-04	ID# CK#	Matthew Dopscott 726 - 15th St. Des Moines, IA 50314		50.00	☐
3-26-04	ID# CK#	William J. Lillix 3000 Pelham Drive Des Moines, IA 50312		100.00	☐
3-26-04	ID# CK#	Robert E. Joslen 801 Grand - Ste. 3900 Des Moines, IA 50309		250.00	☐
3-27-04	ID# CK#	Ronald R. Pieker 437 - 49th St. Des Moines, IA 50312		100.00	☐
3-27-04	ID# CK#	Stacy Deutmeyer 1209 S. 53rd St. West Des Moines, IA 50265		25.00	☐
3-27-04	ID# CK#	Curtis W. Stomp 300 Walnut St. Des Moines, IA 50309		25.00	☐
3-29-04	ID# CK#	James C. Conlin 500 Griffin Blds. - 319-7th St. Des Moines, IA 50309		1,000.00	✓
3-29-04	ID# CK#	David Repp 621 - 41st St. Des Moines, IA 50312		50.00	✓
3-29-04	ID# CK#	Brent A. Halling 1463 Hull avenue Perry, IA 50220		250.00	✓
			SUB-TOTAL	$ 2,350.00	
			TOTAL ***(if last page of this schedule)***	$	

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For Instructions, See Back of Form

Reset Form

SCHEDULE A (Rev. 07/03)	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)*

Kiernan For 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
3-29-04	ID# CK#	Unitemized Contributions		$ 45.00	✓
3-29-04	ID# CK#	Edgar Hassell 1391-37th St. Des Moines, IA 50312		100.00	✓
3-29-04	ID# CK#	Thomas D. Vlassis 5901 Lyndale Drive Des Moines, IA 50310		100.00	✓
3-29-04	ID# CK#	Linda A. Gifford 1402 SW Lewis Des Moines, IA 50315		200.00	✓
3-29-04	ID# CK#	Valentina Tomizyk 118 Northwood Road Des Moines, IA 50312		100.00	✓
3-29-04	ID# CK#	Jean M. Davis 4303 Harwood Drive Des Moines, IA 50312		25.00	✓
3-29-04	ID# CK#	Lou Ann + Tony Lemmo 1220 SW Creston Des Moines, IA 50315		25.00	✓
3-29-04	ID# CK#	Thomas H. McBride III 718 Tech Blvd. Des Moines, IA 50312		25.00	✓
3-29-04	ID# CK#	David A. Barzen 420-51st St. Des Moines, IA 50312		100.00	✓
3-29-04	ID# CK#	Doug W. Burnett 1510 Center Street Des Moines, IA 50314		200.00	✓
			SUB-TOTAL	$ 920.00	
			TOTAL ***(if last page of this schedule)***	$	

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For Instructions, See Back of Form

Reset Form

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS

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CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME *(Must be same as on Statement of Organization)*
Kiernan For 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
3-29-04	ID# CK#	James M. Lacona II 801-10th St. West Des Moines, IA 50265		$ 200.00	✓
3-29-04	ID# CK#	Matthew R. Tapscott 726-15th St. Des Moines, IA 50314		25.00	✓
3-29-04	ID# CK#	David M. Roeloffs 8151 Wellington Blvd. Johnston, IA 50131		100.00	✓
3-29-04	ID# CK#	J. Marc Wakeland 699 Walnut, Ste. 1600 Des Moines, IA 50309		50.00	✓
3-29-04	ID# CK#	Joseph R. Lohers 3116 Summit Vista Drive Des Moines, IA 50321		50.00	✓
3-29-04	ID# CK#	Brian Cooney 3708 Beaver Avenue Des Moines, IA 50310		50.00	✓
3-29-04	ID# CK#	Brian Meyer 678-38th St. Des Moines, IA 50312		40.00	✓
3-29-04	ID# CK#	J. Brendan Comito 4516 Woodland Court Des Moines, IA 50312		50.00	✓
3-29-04	ID# CK#	Judith McClure 654-19th St. Des Moines, IA 50314		50.00	✓
3-29-04	ID# CK#	Jean Hauglend 6750 School St. Des Moines, IA 50311		500.00	

SUB-TOTAL $ 1,115.00

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

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For Instructions, See Back of Form

Reset Form

SCHEDULE A (Rev. 07/03)	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)*
Kiernan For 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
3-29-04	ID# CK#	Rick Roobe 3781 Rivers Oaks Drive Des Moines, IA 50312		$ 500.00	☐
	ID# CK#				☐
	ID# CK#				☐
	ID# CK#				☐
	ID# CK#				☐
	ID# CK#				☐
	ID# CK#				☐
	ID# CK#				☐
	ID# CK#				☐
	ID# CK#				☐

SUB-TOTAL $ 500.00

TOTAL ***(if last page of this schedule)*** $ 11,030.00

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FOR INSTRUCTIONS, SEE BACK OF FORM

SCHEDULE B (Rev. 07/03)	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)*
Kiernan For 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
3-16-04	ID# CK#	Mail Services LC 4100 - 121st St. Urbandale, IA 50322	Mail services	$2,520.32
3-16-04	ID# CK#	Office Max 2700 Ingersoll Des Moines, IA 50312	Office supplies	21.37
3-17-04	ID# CK#	Office Max 2700 Ingersoll Des Moines, IA 50312	Office supplies	25.38
3-18-04	ID# CK#	U. S. Postmaster 1165-2nd Avenue Des Moines, IA 50318	Postage for mailing	391.00
3-22-04	ID# CK#	U. S. Postmaster 1165-2nd Avenue Des Moines, IA 50318	Postage for mailing	402.00
3-25-04	ID# CK#	Carter Printing 1739 E. Grand Ave. Des Moines, IA 50316	Printing	1,500.00
3-25-04	ID# CK#	Office Max 2700 Ingersoll Des Moines, IA 50312	Office Supplies	42.38
3-25-04	ID# CK#	Polk Co. Auditor 111 Court Avenue Des Moines, IA 50309	Voter list	25.00

SUB-TOTAL $ 4,937.45

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).)

(for Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM

SCHEDULE B (Rev. 07/03)	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)*
Kiernan For 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
3-25-04	ID# CK#	Phil James 1220 SW Creston Des Moines, IA 50315	Office help	$ 50.00
3-28-04	ID# CK#	Office Max 2700 Ingersoll Des Moines, IA 50312	Office supplies	21.37
3-29-04	ID# CK#	Mail Services LC 4100 - 12th St. Urbandale, IA 50322	Mail services	2,520.32
3-29-04	ID# CK#	U.S. Postmaster 1165 - 2nd Avenue Des Moines, IA 50318	Postage for mailing	470.00
3-29-04	ID# CK#	TCG 412 NW 22nd St. Gainesville, FL 32605	Telemarketing services	2,294.50
3-30-04	ID# CK#	Office Max 2700 Ingersoll Des Moines, IA 50312	Office supplies	25.38
3-31-04	ID# CK#	Phil James 1220 SW Creston Des Moines, IA 50315	Reimbursement for postage	25.33
3-31-04	ID# CK#	Office Max 2700 Ingersoll Ave. Des Moines, IA 50312	Office supplies	21.37

SUB-TOTAL $ 5,438.27

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).)

FOR INSTRUCTIONS, SEE BACK OF FORM

SCHEDULE B (Rev. 07/03)	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)*
Kiernan For 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
3-31-04	ID# CK#	Polk Co. Auditor 111 Court Avenue Des Moines, IA 50309	Voterlist	$ 25.00
3-31-04	ID# CK#	Office Max 2700 Ingersoll Des Moines, IA 50312	Office supplies	25.38
4-3-04	ID# CK#	Office Max 2700 Ingersoll Des Moines, IA 50312	Office supplies	8.51
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
			SUB-TOTAL	$ 58.89
			TOTAL (*if last page of this schedule*)	$ 10,434.61

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

SCHEDULE D (Rev. 08/98)	INCURRED INDEBTEDNESS

☐ CHECK THIS BOX IF AMENDING FORM

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

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

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*
3-22-04 and 3-26-04	Carter Printing 1739 E. Grand Ave. Des Moines, IA 50316	Printing	$ 5,384.70

SUB-TOTAL $ 5,384.70

TOTAL DEBTS OWED BY COMMITTEE AT THE END OF THIS REPORTING PERIOD $ 5,384.70

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

Page 1 of 1 (for Schedule D)

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

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

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
	NONE			$	
			SUB-TOTAL	$ 0	
			TOTAL (if last page of this schedule)	$ 0	

*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.

FOR INSTRUCTIONS, SEE BACK OF FORM

SCHEDULE F (Rev. 07/03)	LOANS RECEIVED & REPAID

☐ CHECK THIS BOX IF AMENDING FORM

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

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

TOTAL UNPAID LOANS FROM LAST REPORTING PERIOD $ 0

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
3-23-04	Michael Kiernan 750 - 16th St. Des Moines, IA 50314	Self	$ 1,500.00

TOTAL *(PART I)* $ 1,500.00

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
N/A	N/A		$ 0

TOTAL CASH REPAYMENTS *(PART II)* $ 0

From Schedule E -- TOTAL LOANS FORGIVEN $ 0

TOTAL OUTSTANDING LOANS END OF REPORT PERIOD $ 1,500.00

*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 when it applies.