

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

COMMITTEE NAME (Must be same as on Statement of Organization)
 Bob Mahaffey 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
 (8) Support Slate of Candidates

CANDIDATE COMMITTEES ONLY:

Candidate Name _____ Political Party _____
 Robert L. Mahaffey _____

Office Sought _____ District (if Senate or House) _____
 Des Moines City Council _____

FORM DR-2 (Rev. 07/2003)	DISCLOSURE REPORT
For Office Use Only	
Comm #	13304
Logged In	SW
Scanned	_____
Computer	_____
Audited	_____

JUL 19 2003

Linda Westergaard
SIGNATURE OF TREASURER (or person filing this report)

515-453-7339
TELEPHONE

7-19-03
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 July 19 REPORT FOR AN/A (1) ELECTION / (2) NON-ELECTION YEAR.
(report date)

Indicate one

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
November 4, 2003

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.)	\$	<u>0</u>
ADD TOTAL MONEY TAKEN IN THIS PERIOD		
Schedule A: Cash Contributions total (Attach Schedule A) (**also see in-kind below)		<u>3475</u>
Schedule F: Loans Received total (Attach Schedule F)		<u>400</u>
Schedule H: Total Sales of Campaign Property (Attach Schedule H)		<u>0</u>
<u>(Schedule H applies to Candidates' Committees Only)</u>		
SUB-TOTAL	\$	<u>3875</u>
SUBTRACT TOTAL MONEY SPENT THIS PERIOD		
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)		<u>470.80</u>
Schedule F: Loan Repayments total (Attach Schedule F)		<u>0</u>
CASH ON HAND at the end of this reporting period (if final report, balance must be zero) (Attach DR-3)	\$	<u>3404.20</u>
**UNPAID BILLS (From Schedule D - Attach Schedule D)	\$	<u>233.62</u>
**IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)	\$	_____
**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)	\$	<u>400</u>
CANDIDATE COMMITTEES ONLY:		
CONSULTANT BREAKDOWN (Schedule G Attached?)		<input type="checkbox"/> YES <input checked="" type="checkbox"/> 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)

Bob Mahaffey 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
6/18/03	ID# CK# 11491	James Erickson, 3818 Thomson, Des Moines		\$500	<input checked="" type="checkbox"/>
6/18/03	ID# CK# 9353	Sheryl Paterson, 2111 E 29, Des Moines		500	<input checked="" type="checkbox"/>
6/18/03	ID# CK# 9110	Shirley J Carpenter, 2723 Tiffin, Des Moines		100	<input checked="" type="checkbox"/>
6/18/03	ID# CK# 2634	Paul A Rogness, 1585 Andrews Drive, Pleasant Hill		100	<input checked="" type="checkbox"/>
6/18/03	ID# CK# 6632	Patricia Mammaing, 1700 Indianapolis, Des Moines		100	<input checked="" type="checkbox"/>
6/18/03	ID# CK# 2755	Jane Mahaffey, 1060 46th St, Des Moines	Sister-in-law	100	<input checked="" type="checkbox"/>
6/18/03	ID# CK# 2298	M.L. Kinter, 913 E 27, Des Moines		100	<input checked="" type="checkbox"/>
6/18/03	ID# CK# 5907	Michael W. Simonson, 3300 Elmwood, Des Moines		100	<input checked="" type="checkbox"/>
6/18/03	ID# CK# 2494	Janette Grodt, 8110 Goodman Dr, Urbandale		200	<input checked="" type="checkbox"/>
6/18/03	ID# CK# 8790	Joann Jensen, 8830 Meredith Dr, Des Moines		200	<input checked="" type="checkbox"/>

SUB-TOTAL

\$ 2000

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



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)
Bob Mahaffey for City Council

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6/18/03	ID# CK# 2229	Helen Burgan, 2544 Tiffin, Des Moines		\$50	<input checked="" type="checkbox"/>
6/18/03	ID# CK# 4964	Geraldine Fuller, 2935 John Patterson Road, Des Moines		50	<input checked="" type="checkbox"/>
6/18/03	ID# CK# 7298	W E Rogerson, 2919 Guthrie, Des Moines		50	<input checked="" type="checkbox"/>
6/18/03	ID# CK# 6758	Wendell Murrow, 2507 Boyd, Des Moines		50	<input checked="" type="checkbox"/>
6/18/03	ID# CK# 4198	Rick Olson, 2635 Hubbell, Des Moines		250	<input checked="" type="checkbox"/>
6/18/03	ID# CK# 11258	John Japhet, 2808 Hull, Des Moines		50	<input checked="" type="checkbox"/>
6/18/03	ID# CK# 5747	Marilyn Kramme, 3005 E 31st Ct, Des Moines		150	<input checked="" type="checkbox"/>
6/18/03	ID# CK# 2991	Martha Swanson, 3841 E 28, Des Moines		25	<input checked="" type="checkbox"/>
6/18/03	ID# CK# 3412	Michelle Rivas, 2007 E 29, Des Moines		30	<input checked="" type="checkbox"/>
6/20/03	ID# CK# 4340	Sherrie Lussom, 2919 John Patterson Road, Des Moines		250	<input type="checkbox"/>
SUB-TOTAL				\$ 955	
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)
Bob Mahaffey 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
6/20/03	ID# CK# 11424	William Page, 527 E Sheridan, Des Moines		\$200	<input type="checkbox"/>
6/20/03	ID# CK# 12095	Brian Millard, 3920 Lynner Drive, Des Moines		100	<input type="checkbox"/>
6/20/03	ID# CK# 8685	Arden Borgen, 2504 Forest Drive, Des Moines		100	<input type="checkbox"/>
6/20/0	ID# CK# 7557	Marilyn Staples, 3509 Caulder, Des Moines		50	<input type="checkbox"/>
6/20/0	ID# CK# 7142	Phyllis Pollard, 1011 Bradford Pl, West Des Moines		50	<input type="checkbox"/>
6/20/03	ID# CK# 18798	Mrs Robert Dilley, 2230 E 32, Des Moines		20	<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 \$ 520
TOTAL (if last page of this schedule) \$ 3475

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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)
Bob Mahaffey 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
7/9/03	ID# CK#501	Carter Printing, 1739 E Grand, Des Moines	Printing-Postcards	\$ 148.40
6/17/03	ID# CK#	Iowa State Bank, 627 E Locust, Des Moines	Bank Charges-Printing of checks	15.00
7/19/03	ID# CK#502	Carter Printing, 1739 E Grand, Des Moines	Printing-Campaign Cards	307.40
	ID# CK#			
SUB-TOTAL				\$ 470.80
TOTAL (If last page of this schedule)				\$ 470.80

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 66A.6(3)(i).)

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

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)
Bob Mahaffey 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 \$ _____

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
6/5/03	Robert L. Mahaffey, 2220 E 32, Des Moines	self	\$ 400

TOTAL (PART I) \$ 400

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) \$ 0
 From Schedule E -- TOTAL LOANS FORGIVEN \$ _____
 TOTAL OUTSTANDING LOANS END OF REPORT PERIOD \$ 400

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JUL-19-2003 SAT 10:10 AM FIRST REALTY COPPER CRK FAX NO. 5154537731