

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

### DISCLOSURE SUMMARY PAGE

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

**COMMITTEE NAME** (Must be same as on Statement of Organization)  
Matt Main 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 State of Candidates

**CANDIDATE COMMITTEES ONLY:**

Candidate Name Matt Main Political Party Republican  
 Office Sought West Des Moines City Council At Large District (if Senate or House) \_\_\_\_\_

Deanne Main  
SIGNATURE OF TREASURER (or person filing this report)

515-225-1403  
TELEPHONE

OCT 23 2003  
10-23-03  
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 5 days prior to election 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 <u>11-4-03</u>
County & Local Committees, enter County in which Election is held <u>Polk</u>

### 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) ..... 2680.<sup>00</sup>

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** .....\$ 2680.<sup>00</sup>

**SUBTRACT TOTAL MONEY SPENT THIS PERIOD**

Schedule B: Expenditures total (Attach Schedule B) (\*\*also see debts and loans below).... 1587.<sup>58</sup>

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)..... \$ 1092.<sup>42</sup>

\*\*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)..... \$ \_\_\_\_\_

**CANDIDATE COMMITTEES ONLY:**

CONSULTANT BREAKDOWN (Schedule G Attached?)  YES  NO

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

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SCHEDULE  
**A**  
(Rev. 07/03)

MONETARY  
RECEIPTS

**CONTRIBUTIONS -- MONEY TAKEN IN**

(including candidate's personal funds)

CHECK THIS BOX IF AMENDING FORM

COMMITTEE NAME (Must be same as on Statement of Organization)  
Matt Main 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
9-23-03	ID# CK# 6289	Shawn Miller 7426 Pommel Pl West Des Moines, IA 50266		\$ 100.00	<input type="checkbox"/>
9-24-03	ID# CK# 2487	William Jess 3105 E.P. True Pky #603 West Des Moines, IA 50265		50.00	<input type="checkbox"/>
9-24-03	ID# CK# 7013	Allan W. Gierstorf Jr. Karla Gierstorf 396 57th Ct. West Des Moines, IA 50266		25.00	<input type="checkbox"/>
9-24-03	ID# CK# 4256	Tanya M. Zaglawer 2614 10th St SW Altoona, IA 50009		25.00	<input type="checkbox"/>
9-24-03	ID# CK# 7489	Todd or Shelley Cline 721 Heatherwood Dr. West Des Moines, IA 50265		25.00	<input type="checkbox"/>
9-24-03	ID# CK# 5590	Mark A. or Karen L Mills 800 Iowa Ave Box 155 Martensdale, IA 50160-0155		25.00	<input type="checkbox"/>
9-24-03	ID# CK# 1468	Paul R. Castelline 223 East Burnham Ave Des Moines, IA 50315		25.00	<input type="checkbox"/>
9-24-03	ID# CK# 8186	Lloyd Carlson, JR. Lashelle Carlson 932 31st St. West Des Moines, IA 50265		25.00	<input type="checkbox"/>
9-25-03	ID# CK# 7809	William R. Main 1620 NW 78th Clive, IA 50325-1221	Blood Relative Father	500.00	<input type="checkbox"/>
9-25-03	ID# CK# 4668	Ted or Cindy Ohmart 1026 - 31st Street West Des Moines, IA 50266-2159	Aunt & Uncle	100.00	<input type="checkbox"/>
SUB-TOTAL				\$ 900.00	
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.

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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)  
Matt Main For City Council

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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
9-30-03	ID# CK# 3799	Mark & Amy Main 423 Silverado Trail Waukee, IA 50263	Brother	\$ 200.00	<input type="checkbox"/>
10-2-03	ID# 6089 CK# 273	Operating Engineers Local #234 Political Fund, no 6089 4830 Hubbell Des Moines, IA 50317		250.00	<input type="checkbox"/>
10-3-03	ID# CK# 3184	Albert J. Caruso 148- 52nd St. West Des Moines, IA 50265		100.00	<input type="checkbox"/>
10-9-03	ID# CK# 1744	MJ Versackas MD Diane Versackas 804 30th St West Des Moines, IA 50265-3134		250.00	<input type="checkbox"/>
10-12-03	ID# CK# Cash	Randy & Edie De Phillips		25.00	<input type="checkbox"/>
10-12-03	ID# CK# 5730	Patrick n. Cummings 1207 21st St. West Des Moines IA 50265-2218		25.00	<input type="checkbox"/>
10-12-03	ID# CK# 1960	Billy Taylor III 605 Adams St. Palk City, IA 50226		25.00	<input type="checkbox"/>
10-12-03	ID# CK# 4645	Jason E. Hatcher & Kristen K. Hatcher 4729 Ashley Park Dr. West Des Moines, IA 50265		25.00	<input type="checkbox"/>
10-12-03	ID# CK# 3139	Peter J. Roth 7705 Hickman, Apt 26 Urbandale, IA 50322		100.00	<input type="checkbox"/>
10-12-03	ID# CK# 2546	Lori E. Brinkmeyer Blain A. Brinkmeyer 1914 NW 89th Clive, IA 50325		50.00	<input type="checkbox"/>
SUB-TOTAL				\$1050.00	
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)  
Matt Main 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
10-15-03	ID# CK# 10313	Laurie Reynolds Robert Reynolds 532 53rd Place West Des Moines IA 50266		\$ 75.00	<input checked="" type="checkbox"/>
10-15-03	ID# CK# 12519	Stephen R. Hoffman 705 35th St West Des Moines, IA 50265		30.00	<input checked="" type="checkbox"/>
10-15-03	ID# CK# 2318	Daniel S. Pawison, Jr. Charis M. Pawison 1511 NW 78th St. Clive, IA 50325		50.00	<input checked="" type="checkbox"/>
10-15-03	ID# CK# 4576	Scott A. Meyer Ruth E. Meyer 1401 S. 42nd St. West Des Moines, IA 50265		50.00	<input checked="" type="checkbox"/>
10-15-03	ID# CK# 6588	Andrew K. Countryman 1218 S 24th Ct. West Des Moines, IA 50265		75.00	<input checked="" type="checkbox"/>
10-15-03	ID# CK# 3565	Bernard L. Taylor Kimberly Taylor 2951 19th St. Trayer, IA 50254		50.00	<input checked="" type="checkbox"/>
10-15-03	ID# CK# 2011	Beverly J. or Billie L. Countryman 1529 19th place West Des Moines, IA 50265		50.00	<input checked="" type="checkbox"/>
10-16-03	ID# CK# 6201	Edward A. Harvey 1371 Polo Lane Cumming, IA 50061		25.00	<input type="checkbox"/>
10-16-03	ID# CK# 2451	Douglas M. Woods 1173 20th St. West Des Moines, IA 50265		50.00	<input type="checkbox"/>
10-18-03 <del>10-18-03</del>	ID# CK# <del>10221</del> Cash	<del>XXXXXXXXXXXXXXXXXXXX</del> <del>10221</del> Steve Arges		25.00	<input type="checkbox"/>
SUB-TOTAL				\$ 480.00	
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)  
Matt Main 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
10-20-03	ID# CK# 1162	Roy C Sours Carole Sours 6696 Panorama Dr. Panora, IA 50246		\$ 100.00	<input type="checkbox"/>
10-21-03	ID# CK# 1729	James G or Christine E Romer 1117 Vividell Ln. West Des Moines, IA 50266-4932		100.00	<input type="checkbox"/>
10-22-03	ID# CK# 2042	Joseph Terruella 1117 15th St. West Des Moines, IA 50265		50.00	<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				\$ 250.00	
TOTAL (if last page of this schedule)				\$ 2680.00	

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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)  
 matt main 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
10-1-03	ID# CK# 1	Kinkos 10201 University Ave. Clive, IA 50325	Informational Flyers to be distributed to potential voters	\$ 99.64
10-1-03	ID# CK# 2	Factory Card Outlet 10201 University Ave. Clive, IA 50325	Thank you cards to send for donations received.	4.23
10-9-03	ID# CK# 3	ABC Herrington Sign 3069 99th St. Urbandale, IA 50322	Advertising signs for yards	1081.20
10-20-03	ID# CK# 4	Office Depot 1550 22nd St. West Des Moines, IA 50265	Postcards for invites on election night.	6.33
10-21-03	ID# CK# 5	ABC Herrington Sign 3069 99th St. Urbandale, IA 50322	Advertising signs for yards	391.58
10-23-03	ID# CK# 6	Deanne main 5814 Wistful Vista Dr. W. Des Moines, IA 50266	Postage for invites on election night	4.40
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$ 1587.58
TOTAL (if last page of this schedule)				\$ 1587.58

**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.6(3)(i).)