FOR INSTRUCTIONS, SEE BACK OF FORM

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DISCLOSURE SUMMARY PAGE

FORM DR-2 (Rev. 03/2003)	DISCLOSURE REPORT

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

COMMITTEE NAME *(Must be same as on Statement of Organization)*
Peter M. Rose for Mayor Committee

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: Peter M. Rose
Political Party: Independent
Office Sought: Mayor, City of Des Moines
District (if Senate or House):

IA ETHICS & CAMPAIGN DISCLOSURE BOARD
OCT 1 2003
FILED

SIGNATURE OF TREASURER (or person filing this report) | **TELEPHONE** 281-44 | **DATE SIGNED** 10/1/03

Late filed reports are subject to possible civil and criminal penalties.

SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE:

I AM FILING A Oct 2, 2003 (report date) REPORT FOR AN/A (1) **ELECTION** /(2)**NON-ELECTION** YEAR.

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 _____

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.) ..... $ 32.17

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below) *475.00

Schedule F: Loans Received total (Attach Schedule F) ..... 75.00 candidate's own $

Schedule H: Total Sales of Campaign Property (Attach Schedule H) .....

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL ..... $ 582.17

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below).... 517.98

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) ..... $ 64.19

****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. 06/97)	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)*

Peter M. Rose For Mayor

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
7/31/03	ID# CK# 2100	Evelyn Eckhardt 3501 Vista Park Ft Lauderdale, FL 33308		$ 100	☐
7/31/03	ID# CK# ~~1900~~ 1901	Harlan Miller 400 Collegiate Dr Powder Springs, GA 30127		$125	☐
7/31/03	ID# CK# 1900	Harlan Miller 400 Collegiate Dr Powder Springs, GA 30127		$250	☐
	ID# CK#				☐
	ID# CK#				☐
	ID# CK#				☐
	ID# CK#				☐
	ID# CK#				☐
	ID# CK#				☐
	ID# CK#				☐

SUB-TOTAL $

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) (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.

Page _____ of _____
(for Schedule A)

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SCHEDULE B (Rev. 09/97)	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)*

Peter M. Rose For Mayor

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
7/23/03	ID# CK# 1031	IA Public Interest Group (PIRG-Clean air) 1723 Grand DSM IA 50309	Promoting Clean air & conservation practices for DSM	$ 15.00
8/9/03	ID# CK# 1032	Dahls Grocery 35th & Ingersoll Des Moines IA 50312	postage for mailings	$ 40.13
8/16/03	ID# CK# 1033	Fairground Hardware 2951 E. Walnut Des Moines IA 50317	Stapler for yard signs & staples	$ 32.08
8/19/03	ID# CK# 1034	Koch Brothers 4th & Grand Des Moines, IA 50309	Handbills for Campaign	$ 31.80
8/18/03	ID# CK# 1035	Office Max, 2700 University Des Moines, IA 50312	Materials for printer of campaign inc. color inkjet	$ 86.86
8/18/03	ID# CK# 1036	Walgreens 35th & Ingersoll Des Moines, IA 50312	materials for festival & film, candy for Labor Day parade table for	$ 37.29
8/19/03	ID# CK# 1037	Latinos Unidos 4119-27th Des Moines, IA 50310	Festival at Merle Hay Mall 9/13/03	$ 50.00
8/22/03	ID# CK# 1038	Koch Brothers 4th & Grand	Handbills for Campaign	$ 21.20
			SUB-TOTAL	$ 314.36
			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 56.6(3)(i).)

(for Schedule B)

Schedule B cont

8/20/03	check # 1039	Menards 6000 E. 14th Des Moines, IA 50315	stakes for yard signs	$ 48.19
8/24/03	# 1042	Walgreens 35th & Ingersoll Des Moines, IA 50311	cards & stationery candy for Latino Festival Sept 13 movie/play	$ 21.19
8/27/03	# 1041	"	"	covering for table - Festival campaign use	8.77
8/25/03	# 1040	"	"	supplies - paper pens, envelopes film for Festival campaign mailings	$ 25.47
9/3/03	# 1043	Iowa Bystander 3705 Grand Des Moines, IA 50312	campaign ad	$100.00
			subtotal	203.62

517.98

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

☐ CHECK THIS BOX IF AMENDING FORM

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

Peter M Rose for Mayor Committee

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
9/10/03	Peter Rose 668 - 48th St Des Moines IA 50312-1955	Self	$ 75.00

TOTAL *(PART I)* $ 75.00

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
			$

TOTAL CASH REPAYMENTS *(PART II)* $ _____

From Schedule E -- TOTAL LOANS FORGIVEN $ _____

TOTAL OUTSTANDING LOANS END OF REPORT PERIOD $ _____

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