File with:
Iowa Ethics and Campaign Disclosure Board
510 E. 12th, Ste. 1A
Des Moines, Iowa 50319
Fax: 515-281-4073

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

Effective January 1, 2010, all statements and reports filed by new committees for state office must be filed electronically and effective January 1, 2012, all statements and reports filed by all committees for state office must be filed electronically.
Effective May 1, 2010, all statements and reports for State PACs and State Parties must be filed electronically.

Reset Form

COMMITTEE NAME *(Must be same as on Statement of Organization)*
Mark Cooper for County Public Hospital Trustee

IMPORTANT: Indicate by # type of committee you are reporting for: 5
(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: Mark Cooper
Political Party (if applicable):
Office Sought: County Hospital Trustee
District (if Senate or House):

FORM DR-2 (Rev. 12/2009) DISCLOSURE REPORT

For Office Use Only
Comm. # 30010
Logged In
Scanned
Computer
Audited

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a candidate's committee, and the chairperson, for any other type of committee, is the individual responsible for filing timely and accurate reports.

Mark Cooper — SIGNATURE OF PERSON FILING REPORT
515 274 3227 — TELEPHONE
17 OCT. 2014 — DATE SIGNED

I AM FILING A 19 October 2014 (report date) REPORT FOR (1) ELECTION /(2)NON-ELECTION YEAR. Indicate by # 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 DR-3 is filed.)

Local Committees, enter Date of Election: 4 November 2014
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.)	$ 0.00
ADD TOTAL MONEY TAKEN IN THIS PERIOD	
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)	3,375.00
Schedule F: Loans Received total (Attach Schedule F)	0.00
Schedule H: Total Sales of Campaign Property (Attach Schedule H)	0.00
(Schedule H applies to Candidates' Committees Only)	
SUB-TOTAL	$ 3,375.00
SUBTRACT TOTAL MONEY SPENT THIS PERIOD	
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)	2,457.74
Schedule F: Loan Repayments total (Attach Schedule F)	0.00
CASH ON HAND at the end of this reporting period (if final report balance must be zero)	$ 917.26
****UNPAID BILLS** (From Schedule D - Attach Schedule D)	$ 0.00
***IN KIND CONTRIBUTIONS** (From Schedule E - Attach Schedule E)	$ 0.00
****OUTSTANDING LOANS** (From Schedule F - Attach Schedule F)	$ 0.00
CONSULTANT BREAKDOWN (Schedule G Attached?)	___ YES ✓ NO
CANDIDATE COMMITTEES ONLY:	
VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)	$ 0.00

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

For Instructions, See Back of Form

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SCHEDULE A (Rev. 12/13)	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)*
Mark Cooper for County Public Hospital Trustee

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.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN $750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), 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.

FOR 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 FUND-RAISER INCOME
7/5/2014	ID# CK# 5673	MAX KNAUER 4503 Wakonda Parkway Des Moines, IA 50315		$200.00	
7/22/2014	ID# CK# 8066	GREG & JULIE LEWIS 1816 E. 22nd Street Des Moines, IA 50317		$50.00	
8/1/2014	ID# CK# 1923	BEN MILLER 300 E. Grand APT 512 Des Moines, IA 50309		$100.00	
8/21/2014	ID# 9716 CK# 2327	I.B.E.W. LOCAL 347 850 18th Street Des Moines, IA 50314		$100.00	
8/22/2014	ID# 6133 CK# 1142	South Central Iowa Federation of Labor, AFL-CIO 2000 Walker Street Suite H Des Moines, IA 50317		$100.00	
8/29/2014	ID# CK# 8174	LEE & JAN THIELMAN 2266 NW 71st Place Ankeny, IA 50023		$50.00	
8/27/2014	ID# 6019 CK# 1023	C.W.A. LOCAL 7102 3612 SW 9th Des Moines, IA 50315		$200.00	
9/11/2014	ID# CK# 7541	JAMES FITZGERALD 2931 Hart Avenue Des Moines, IA 50320		$100.00	
9/17/2014	ID# CK# 4684	DONALD & VIRGINIA ROWEN 5221 Village Run Avenue # 302 Des Moines, IA 50317		$25.00	
9/17/2014	ID# 4036 CK# 2171	SEIU COPE 1800 Massachusetts Ave, NW Washington, DC 20036		$750.00	

SUB-TOTAL $ 1675

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, applicable" in the relationship column.

For Instructions, See Back of Form

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SCHEDULE A (Rev. 12/13)	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)*
Mark Cooper for County Public Hospital Trustee

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NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN $750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

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FOR 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 FUND-RAISER INCOME
9/18/2014	ID# 9716 CK# 2349	I.B.E.W. LOCAL # 347 850 18th Street Des Moines, IA 50314		$100.00	☐
9/18/2014	ID# 6334 CK# 1427	PLUMBERS & STEAMFITTERS # 33 2501 Bell Avenue Des Moines, IA 50321		$250	☐
9/22/2014	ID# 6139 CK# 2483	UNITED STEELWORKERS LOCAL #310 125 NW Broadway Avenue Des Moines, IA 50313		$200.00	☐
9/23/2014	ID# CK# 6688	HUGH ESPEY 1005 63rd Street Des Moines, IA 50311		$300.00	☐
9/29/2014	ID# CK# 1023	JODI URICH 6015 Walnut Hill Avenue Des Moines, IA 50312		$50.00	☐
9/29/2014	ID# 8702 CK# 1056	AMERICAN INCOME LIFE PAC 3700 S. Stonebridge Drive McKinney, TX 75070		$200.00	☐
10/1/2014	ID# CK# 8138	GREG & JULIE LEWIS 1816 E 22nd Street Des Moines, IA 50317		$50.00	☐
10/4/2014	ID# CK# cash	HOLLY SAGAR 4018 E. 24th Street Des Moines, IA 50317		$100.00	☐
10/4/2014	ID# 6148 CK# 712	IRON WORKERS LOCAL# 67 PAC 1501 E. Aurora Avenue Des Moines, IA 50313		$250.00	☐
10/13/2014	ID# 8053 CK# 6153	BROTHERHOOD OF LOCOMOTIVE ENG & TRAINMEN PAC 1370 ONTARIO STREET		$200.00	☐

SUB-TOTAL $ 1700

TOTAL ***(if last page of this schedule)*** $ 3375

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FOR INSTRUCTIONS, SEE BACK OF FORM

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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)*

Mark Cooper for County Public Hospital Trustee

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
7/16/2014	ID# CK#	CORNERSTONE COMM CREDIT UNION 414 61st St, Des Moines, IA 50312	CHARGE FOR CHECKS MADE	$ 9.82
8/6/2014	ID# CK# 2001	CARTER PRINTING 1739 E Grand Ave, Des Moines, IA 50316	LETTERHEAD, ENVELOPES	$137.80
8/23/2014	ID# CK# 2002	CARTER PRINTING 1739 E Grand Ave, Des Moines, IA 50316	ENVELOPES, THANK-YOU'S & BUSINESS CARDS	$227.90
8/29/2014	ID# CK# 2004	UNITED STATES POST OFFICE 1165 2ND AVE, DES MOINES, IA 50318-9998	STAMPS	$98.00
9/7/2014	ID# CK# 2003	CARTER PRINTING 1739 E Grand Ave, Des Moines, IA 50316	BACCAM-COOPER CAMPAIGN CARDS	$233.20
9/15/2014	ID# CK# 2005	BEAVERDALE FALL FESTIVAL PO Box 30004 Des Moines, IA 50310	PARADE PERMIT	$50.00
9/30/2014	ID# CK# 2006	CARTER PRINTING 1739 E Grand Ave, Des Moines, IA 50316	YARD SIGNS AND WIRES	$1,317.30
9/30/2014	ID# CK# 2007	CARTER PRINTING 1739 E Grand Ave, Des Moines, IA 50316	CAMPAIGN CARDS	$288.32
			SUB-TOTAL	$ 2362.34
			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

Reset 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)*

Mark Cooper for County Public Hospital Trustee

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
9/30/2014	ID# CK# 2008	CARTER PRINTING 1739 E Grand Ave, Des Moines, IA 50316	CAMPAIGN BANNER	$ $95.40
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
			SUB-TOTAL	$ $95.40
			TOTAL (*if last page of this schedule*)	$ 2,457.74

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

COMMITTEE NAME *(Must be same as on Statement of Organization)*
Mark Cooper for County Public Hospital Trustee

Reset Form

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
9/24/2014	#9773 SEIU Local 199 Voter Education Fund 6 Hawkeye Dr. Suite 103		Automated phone call	$ 149.98	☐
					☐
					☐
					☐
					☐
					☐
					☐
					☐
					☐
					☐
					☐
			SUB-TOTAL	$ 149.98	
			TOTAL (if last page of this schedule)	$ 149.98	

*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.