

HP

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset 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)
Committee to Elect AKO

IMPORTANT: Indicate type of committee you are reporting for: 7
(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 <u>AKO Abdul Samad</u>	Political Party _____
Office Sought <u>School Board Member</u>	District (if Senate or House) <u>Democratic Independent School District</u>

Paul W. Dwyer
SIGNATURE OF TREASURER (or person filing this report)

(615) 244-6779
TELEPHONE

LA ETHICS & CAMPAIGN DISCLOSURE BOARD
OCT 1 2003
FILED 10/28/2003
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 Campaign Disclosure 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 _____
County & Local Committees, enter County in which Election is held _____

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.) \$ 2273.21

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below) 4990.00

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 \$ 7263.21

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below) 4835.76

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) \$ 2427.45

**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) \$ _____

For Instructions, See Back of Form

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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)
Committee to Elect AKC

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 ICWA 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
9/3/03	ID# CK#	South Central Iowa Federation of Labor AFL-CIO 2000 Walker St. Des Moines, Iowa 50317		\$ 500.00	<input type="checkbox"/>
9/3/03	ID# CK#	Alfredo & Margaret Stuart 2910 Grand Ave Des Moines, Ia 50318		100.00	<input type="checkbox"/>
9/3/03	ID# CK#	Michael F. Osgood Sr. Alton 570-43-4 St Des Moines, Iowa 50312		100.00	<input type="checkbox"/>
9/3/03	ID# CK#	Tawana & Azza Shaukib 3221 Ashwood Dr Urbandale, Ia 50322		150.00	<input type="checkbox"/>
9/3/03	ID# CK#	Vernon & Terese Johnson 3907 SW 29th St Des Moines, Ia 50321		200.00	<input type="checkbox"/>
9/3/03	ID# CK#	The Islamic Center of DM Zakat 6201 Franklin Ave. Des Moines, Ia 50322		250.00	<input type="checkbox"/>
9/3/03	ID# CK#	Napoleon & Denise Douglas 6525 Lincoln Ave Des Moines, Ia 50322		100.00	<input type="checkbox"/>
9/3/03	ID# CK#	Peter M. Sando & Diane Sand 4317 Ovid Ave Des Moines, Ia 50310		50.00	<input type="checkbox"/>
9/3/03	ID# CK#	James M. Earles 4100 Quail Park Dr Des Moines, Ia 50265		250.00	<input type="checkbox"/>
9/3/03	ID# CK#	Cherry Renee Dardman 1909 34th St Des Moines, Ia 50310		200.00	<input type="checkbox"/>
SUB-TOTAL				\$ 1900.00	
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 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)
Committee to Elect AKO

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
9/4/03	ID# CK#	Belle E. Douglas 1406 Mondamin ave DSM, Ia 50314		\$ 20.00	<input type="checkbox"/>
9/3/03	ID# CK#	International Assoc of Heat & Frost Insulators Asbestos Workers # 74		190.00	<input type="checkbox"/>
	ID# CK#	1501 East Aurora ave DSM, Ia 50313			<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
\$ 210.00
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 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)
Committee to Elect AKO

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
9/13/03	ID# CK#	<i>Phred Gilbert DMACC 2006 Anthony Blvd Anthony Iowa 50021</i>		\$ 100.00	<input type="checkbox"/>
9/13/03	ID# CK#	<i>David Drake DO 1221 Center Street DSM, Ia 50309</i>		100.00	<input type="checkbox"/>
9/13/03	ID# CK#	<i>Betty Ferguson 5630 Blvd DSM Ia 50310</i>		5.00	<input type="checkbox"/>
9/13/03	ID# CK#	<i>John Boardt - Susan E Meyer 4901 - 80th Place Urbandale Ia. 50322</i>		20.00	<input type="checkbox"/>
9/13/03	ID# CK#	<i>Carolyn R. Bennett 3024 Deepwoods Court DSM, Ia 50320</i>		250.00	<input type="checkbox"/>
9/13/03	ID# CK#	<i>T. Nicholas Torrey 609-41st DSM, Ia 50312</i>		100.00	<input type="checkbox"/>
9/13/03	ID# CK#	<i>Merion J. Colston 4902 Cedar Dr. WDSM, Ia. 50266</i>		25.00	<input type="checkbox"/>
9/13/03	ID# CK#	<i>A. Norm or Susan Jensen 8372 Lakeshore Dr Des Moines, Ia 50070</i>		25.00	<input type="checkbox"/>
9/13/03	ID# CK#	<i>Thomas D. Or Sophie Klassen 5001 Lyndale Dr. DSM, Ia. 50310-5035</i>		100.00	<input type="checkbox"/>
9/13/03	ID# CK#	<i>Michael E. Delaney - Dell Radcliff 1121 - 45th St. DSM, Ia 50311</i>		50.00	<input type="checkbox"/>
SUB-TOTAL				\$ 775.00	
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)
Committee to Elect ALC

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
9/13/03	ID# CK#	Robert A. Schulte 124-34 th St. DSM, Ia 50312		\$ 35.00	<input type="checkbox"/>
9/13/03	ID# CK#	Ted Townsend 2425-Hebbell Ave. DSM, Ia 50305		250.00	<input type="checkbox"/>
9/13/03	ID# CK#	Jane E. Nagler 1927 Lincoln Ave DSM, Ia 50314		20.00	<input type="checkbox"/>
9/13/03	ID# CK#	United Financial Services 1102 Grand Ave W DSM, Ia 50266-3521		250.00	<input type="checkbox"/>
9/13/03	ID# CK#	AISC ME/Iowa Council of People 4320 NW 2 nd Ave DSM, Ia 50313		100.00	<input type="checkbox"/>
9/27/03	ID# CK#	Jeff Turner, Business Representative Local Union # 33, Plumbers and Steamfitters 2501 Bell Ave DSM, Ia 50309		50.00	<input type="checkbox"/>
9/27/03	ID# CK#	Iowa State Building & Council Construction Trades Council # 6085 110-10 Ave NW Atlanta 2, 50009		500.00	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

\$ ~~1335.00~~ 2105.00
\$ ~~4440.00~~ 4990.00

TOTAL (if last page of this schedule)

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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)
Committee to Elect AKO

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
9/3/03	ID# CK#	<i>Joyce Paerit 17th Grand ave DSM, Ia. 50309</i>		\$ <i>20.68</i>
9/3/03	ID# CK#	<i>mail - Tech 712 - East 2nd DSM Ia 50309</i>		<i>218.88</i>
9/3/03	ID# CK#	<i>mail - Tech 712 - East 2nd DSM, Ia 50309</i>		<i>542.77</i>
9/3/03	ID# CK#	<i>Dudley Allison 1343 - 13th St DSM Ia 50314</i>		\$ <i>600-</i>
9/3/03	ID# CK#	<i>Bobby Stanley 1343 - 13th St DSM Ia 50314</i>		<i>400.00</i>
9/13/02	ID# CK#	<i>Holiday Inn downtown 6th Ave & Day St. DSM Ia 50309</i>		<i>679.30</i>
9/13/03	ID# CK#	<i>Denise Douglas 1343 - 13th St DSM, Ia 50314</i>		<i>142.71</i>
9/13/03	ID# CK#	<i>Mary Moore 1343 - 13th St DSM, Ia 50309</i>		<i>23.04</i>
SUB-TOTAL				\$ <i>2627.32</i>
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.6(3)(i).)

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EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
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COMMITTEE NAME (Must be same as on Statement of Organization)
Committee to Elect AKO

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
9/13/03	ID# CK#	<i>Carter Keating 1739 E. Grand Ave DSM, Ia 50316</i>		\$ 1668.44
9/19/03	ID# CK#	<i>Iowa Bystander 3705 Grand Ave DSM, Ia 50312</i>		540.00
	ID# CK#			

SUB-TOTAL \$ 2208.44

TOTAL (if last page of this schedule) \$ 4835.76

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)(f).)