

Reset Form

DISCLOSURE SUMMARY PAGE

Polk

22

COMMITTEE NAME (Must be same as on Statement of Organization)
Jill Hansen for School Board

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 Jill Hansen Political Party _____

Office Sought School Board Member District (if Senate or House) 10

FORM DR-2
(Rev. 07/2003)

DISCLOSURE REPORT

For Office Use Only

Comm. # 11116

Logged In db

Scanned 9.4.03

Computer db

Audited db

Jill Thompson Hansen
 SIGNATURE OF TREASURER (or person filing this report)

225-9059
 TELEPHONE

9/3/03
 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
Sept. 9, 2003

County & Local Committees, enter County in which Election is held
Polk (West Des Moines)

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) 2010.00-

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\$ 2010.00

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below).... 1007.00-

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)\$ 1003.00-

**UNPAID BILLS (From Schedule D - Attach Schedule D).....\$

**IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)\$ 125.80-

**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)
 Jill Hansen for School Board

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
8/15/03	ID# CK#	Jill Hansen 1104 - 20th St. West Des Moines, IA 50265	Candidate	\$100.00	<input type="checkbox"/>
8/19/03	ID# CK#	David C. Craig 2905 Sylvania West Des Moines, IA 50266		100.00	<input type="checkbox"/>
8/19/03	ID# CK#	Howard + Lynn Hagen 1150-28th St, West Des Moines 50266		100.00	<input type="checkbox"/>
8/19/03	ID# CK#	Dan + Cindy Todd 4928 Cherrywood Pl. West Des Moines, IA 50265		150.00	<input type="checkbox"/>
8/19/03	ID# CK#	Mark Rees 5785 Booneville Rd. West Des Moines 50265		50.00	<input type="checkbox"/>
8/19/03	ID# CK#	Fred Dorr 1735 N.W. 101st St., Clive IA 50325		50.00	<input type="checkbox"/>
8/19/03	ID# CK#	Richard + Mary Ellen Breitkiewicz 4713 Brookview Cir West Des Moines, IA 50265		50.00	<input type="checkbox"/>
8/21/03	ID# CK#	Steve + Lisa Zbyliski 2020 Ashworth Rd. West Des Moines, IA 50265		25.00	<input type="checkbox"/>
8/21/03	ID# CK#	David + Dawn Blum 333 - 27th St. West Des Moines, IA 50265		25.00	<input type="checkbox"/>
8/21/03	ID# CK#	Robert Brooks 901-52nd Ct. West Des Moines, IA 50265		100.00	<input type="checkbox"/>
SUB-TOTAL				\$750.00 ✓	
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
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CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

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

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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
8/25/03	ID# CK#	Tim + Ruth Asper 7924 Roseland Dr. Urbandale IA 50322		\$ 2500	<input type="checkbox"/>
8/25/03	ID# CK#	James Marcovis 4710 George Mills Pkwy. West Des Moines 50265		50.00	<input type="checkbox"/>
8/25/03	ID# CK#	Dan + Joanne McPhail 1203 Glen Oaks Dr. West Des Moines, IA 50265		50.00	<input type="checkbox"/>
8/25/03	ID# CK#	Philip + Lori Hodglin 812-55th St. West Des Moines, IA 50265		100.00	<input type="checkbox"/>
8/25/03	ID# CK#	David + Annamaria Vaughan 201 S 30th. West Des Moines, IA 50265		100.00	<input type="checkbox"/>
8/25/03	ID# CK#	William Koenig 3701 Brookwood West Des Moines IA 50265		50.00	<input type="checkbox"/>
8/25/03	ID# CK#	John + Shari Paule 3500 Pommel Pl. West Des Moines, IA 50265		50.00	<input type="checkbox"/>
8/25/03	ID# CK#	Marvin + Marilyn Whirle 1912 76th St. Des Moines, IA		100.00	<input type="checkbox"/>
8/25/03	ID# CK#	John Clarke 5050 Grand Ave. West Des Moines, IA 50265		100.00	<input type="checkbox"/>
8/25/03	ID# CK#	Frank + Janel Marcovis 12156 Sunset Terrace Clive, IA 50325		100.00	<input type="checkbox"/>
SUB-TOTAL				\$ 725.00	
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)

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
8/21/03	ID# CK#	Bart + Marjorie White 2720 Lakeland Urbandale, IA 50322		\$25.00	<input type="checkbox"/>
8/21/03	ID# CK#	John + Julie Bruntz 111 S. 33rd West Des Moines, IA 50265		25.00	<input type="checkbox"/>
8/21/03	ID# CK#	Jack + Jokene Shaffer 2004 Meadowbrook Dr. West Des Moines IA 50265		25.00	<input type="checkbox"/>
8/21/03	ID# CK#	Charles + Sylvia Terlow 4712 Stonebridge West Des Moines IA 50265		25.00	<input type="checkbox"/>
8/21/03	ID# CK#	James + Kathleen Simmons 842-27th St. West Des Moines IA 50265		50.00	<input type="checkbox"/>
8/21/03	ID# CK#	Steve + Susan Taylor 4100 Timberwood West Des Moines, IA 50265		100.00	<input type="checkbox"/>
8/21/03	ID# CK#	Thomas Press 913-26th St. West Des Moines, IA 50265		100.00	<input type="checkbox"/>
8/21/03	ID# CK#	James + Cindy Smith 909-39th St. West Des Moines IA 50265		50.00	<input type="checkbox"/>
8/25/03	ID# CK#	Bradley + Peggy Mabuce 4804 Stonebridge West Des Moines, IA 50265		15.00	<input type="checkbox"/>
8/25/03	ID# CK#	Gary + Susan Moritz 1721 N.W. 101st St. Clive, IA 50325		50.00	<input type="checkbox"/>
SUB-TOTAL				\$465.00	
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)

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
8/25/03	ID# CK#	Scott + Debbie Anderson 1705 Buffalo Rd. West Des Moines, IA 50265		\$ 20.00 (cash)	<input type="checkbox"/>
8/25/03	ID# CK#	Homer + Marilyn Hansen 1105-33rd St. West Des Moines, IA 50266	Mother-in-law and father-in-law	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"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL \$ 70.00
TOTAL (if last page of this schedule) \$ 2010.00

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FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

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)
Jill Hansen for School Board

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
8/21/03	ID# CK#	ABC Herrington Sign + Display 3069 - 99th St. Urbandale, IA 50322	campaign signs	\$1007.00
	ID# CK#			

SUB-TOTAL \$1007.00

TOTAL (if last page of this schedule) \$1007.00

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).)

