FOR INSTRUCTIONS, SEE BACK OF 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)

IMPORTANT: Indicate type of committee you are reporting for: 4 NOV - 2 2003

(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: CHAD D. PRIMMER
Political Party:
Office Sought: COUNCIL BLUFFS CITY COUNCIL
District (if Senate or House):

SIGNATURE OF TREASURER (or person filing this report) — TELEPHONE 712-322-6812 — DATE SIGNED 10/30/2003

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: NOV. 4, 2003
County & Local Committees, enter County in which Election is held: Pottawattamie

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)	3322
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 $	3322.00
SUBTRACT TOTAL MONEY SPENT THIS PERIOD	
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)	1,818.30
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) $	1503.70
**UNPAID BILLS (From Schedule D - Attach Schedule D) $	
*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E) $	956.40
**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

SCHEDULE A (Rev. 07/03)	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)*
FRIENDS to RE-ELECT CHAD PRIMMER

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
A ✓	7-23-03	ID# CK#	W. CURTIS HEWETT 107 GOLDEN CIRCLE DR COUNCIL BLUFFS IA 51503		$ 50.00	✓
A ✓	7-23-03	ID# CK#	LINDA M. NELSON 231 MIDLAND DR. COUNCIL BLUFFS IA 51503		50.00	✓
A ✓	7-23-03	ID# CK#	JOHN P. NELSON 344 KENMORE AVE COUNCIL BLUFFS IA 51503		250.00	✓
A ✓	7-23-03	ID# CK#	SCOTT + BOBBETTE BRHRENS 139 WOODBURY CR. COUNCIL BLUFFS IA 51502		50.00	✓
A ✓	7-23-03	ID# CK#	DAVID RICHTER 222 S 6TH ST COUNCIL BLUFFS IA 51503		50.00	✓
A ✓	7-23-03	ID# CK#	"UNITEMIZED CONTRIBUTIONS"		100.00	✓
A ✓	6-27-03	ID# CK#	[illegible] 447 FORREST DR. COUNCIL BLUFFS IA 51503		100.00	✓
B ✓	7-25-03	ID# CK#	RICHARD MILLER 1611 MADISON AVE COUNCIL BLUFFS IA 51303		150.00	✓
C	7-27-03	ID# CK#	KATHRYNE CUTLER 17655 PAGE LANE HONEY CREEK, IA 51542		100.00	✓
D	7-28-03	ID# CK#	ALFREDO [illegible] 2910 GRAND AVE DES MOINES IA 50312		200.00	✓

SUB-TOTAL $1100.00

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.

For Instructions, See Back of Form

SCHEDULE A (Rev. 07/03)	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)*

FRIENDS TO RE-ELECT CHAD PRIMMER

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
7-28-03	ID# CK#	DAN AND PAMELA KINNEY 600 OAKLAND AVE. COUNCIL BLUFFS IA 51503		$ 50.00	✓
7-28-03	ID# CK#	JASON JAMES 24371 RICHFIELD LOOP COUNCIL BLUFFS IA 51503		50.00	✓
7-28-03	ID# CK#	UNITEMIZED CONTRIBUTIONS		25.00	✓
7-29-03	ID# CK#	MARVIN ARNPRIESTER 101 SUNNY RIDGE DR. COUNCIL BLUFFS IA 51503		50.00	-
7-29-03	ID# CK#	UNITEMIZED CONTRIBUTIONS		75.00	-
7-29-03	ID# CK#	CHAD PRIMMER 447 FOREST DR. COUNCIL BLUFFS IA 51503		400.00	✓
8-1-03	ID# CK#	SUE OVERTON 500 WILLOW AVE COUNCIL BLUFFS IA 51503		50.00	✓
8-1-03	ID# CK#	DOUGLAS STRUTK 219 CARSON COUNCIL BLUFFS IA 51503		75.00	-
8-1-03	ID# CK#	JOHN & KAREN [illegible] 176 NORWOOD DR. COUNCIL BLUFFS IA 51503		100.00	-
8-1-03	ID# CK#	PAMELA [illegible] 325 N. AVE APT 10 COUNCIL BLUFFS IA 51503		100.00	-

SUB-TOTAL $ 975

TOTAL *(If last page of this schedule)* $

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For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN
(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
☐ CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME *(Must be same as on Statement of Organization)*
FRIENDS TO RE-ELECT CHAD PRIMMER

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
G	8-1-03	ID# CK#	LYNN MANHART 123 GOULD AVE COUNCIL BLUFFS, IA 51503		$ 100.00	✓
G	8-1-03	ID# CK#	WARD BEAN 539 DELONG AVE. COUNCIL BLUFFS, IA 51503		50.00	✓
4	8-1-03	ID# CK#	DOUGLAS PRIMMER 223 S. MAIN ST. COUNCIL BLUFFS, IA 51503	FATHER	50.00	✓
H	8-1-03	ID# CK#	UNITEMIZED CONTRIBUTIONS		170.00	✓
I	8-1-03	ID# CK#	SCOTT BELT 1851 MADISON AVE COUNCIL BLUFFS, IA 51503		[illegible]	✓
I	8-1-03	ID# CK#	UNITEMIZED CONTRIBUTIONS		137.00	✓
J	8-4-03	ID# CK#	JEAN HARTWELL 19806 290TH ST. McCLELLAND, IA 51547		50.00	✓
J	8-4-03	ID# CK#	ROGER SAWATZKE 229 S. MAIN ST. COUNCIL BLUFFS, IA 51503		50.00	✓
K	8-19-03	ID# CK#	UNITEMIZED CONTRIBUTIONS		90.00	
K	8-19-03	ID# CK#	MICHAEL WINTER 541 6TH AVE. COUNCIL BLUFFS, IA 51503		50.00	✓
				SUB-TOTAL	$ 797	
				TOTAL *(if last page of this schedule)*	$	

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For Instructions, See Back of Form

SCHEDULE A (Rev. 07/03)	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)*

FRIENDS TO RE-ELECT CHAD PRIMMER

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
K	8-19-03	ID# CK#	JEFFREY BALLENGER 12626 GREYSTONE CT COUNCIL BLUFFS, IA 51503		$ 100.00	✓
K	8-19-03	ID# CK#	CHRISTOPHER TINLEY 338 GOLDEN OAKS DR COUNCIL BLUFFS IA 51503	-	100.00	✓
L	8-22-03	ID# CK#	JACK RUESCH 17610 TURNBERRY RIDGE COUNCIL BLUFFS, IA 51503		50.00	✓
L	8-22-03	ID# CK#	CHARLES SMITH 25 HORIZON DR COUNCIL BLUFFS, IA 51503		50.00	✓
M	9-4-03	ID# CK#	RUSSELL LETT 1020 N 26TH ST COUNCIL BLUFFS, IA 51501		50.00	✓
N	9-4-03	ID# CK#	MICHAEL GALLNER PO BOX 1530 COUNCIL BLUFFS IA 51502		100.00	✓
		ID# CK#				
		ID# CK#				
		ID# CK#				
		ID# CK#				

SUB-TOTAL $450

TOTAL *(if last page of this schedule)* 3322

* 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.

FOR INSTRUCTIONS, SEE BACK OF 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)*

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
Counter Check	ID# CK# 1500	SIGNS BY TOMORROW	YARD SIGNS	$ 1583.60
9/23/03	ID# CK# 1004	MARGARITE'S CATERING	FOOD FUND RAISE	234.70
9/23/03	ID# CK# 1005	ADVANCED AIR INC	RENTAL HANGER COUNCIL BLUFFS AIRPORT FUND RAISER	75.00
9/23/03	ID# CK# 1006	A PLUS PRINTING	LABELS MAILING	108.07
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			

SUB-TOTAL $ 1717.37

TOTAL *(if last page of this schedule)* $ 1717.37

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).)

(for Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)
FRIENDS TO RE-ELECT CHAD PRIMMER

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
6/16/03	CHAD PRIMMER 447 FOREST DRIVE COUNCIL BLUFFS, IA 51503	candidate	CDROM	$ 28.10	☐
7/12/03	CHAD PRIMMER 447 FOREST DRIVE COUNCIL BLUFFS, IA 51503	candidate	Postage	111.00	☐
7/12/03	CHAD PRIMMER 447 FOREST DRIVE COUNCIL BLUFFS, IA 51503	candidate	printing	33.50	☐
7/14/03	CHAD PRIMMER 447 FOREST DRIVE COUNCIL BLUFFS, IA 51503	candidate	mailing supplies	148.13	☐
7/16/03	CHAD PRIMMER 447 FOREST DRIVE COUNCIL BLUFFS, IA 51503	candidate	postage	37.00	☐
7/18/03	CHAD PRIMMER 447 FOREST DRIVE COUNCIL BLUFFS, IA 51503	candidate	banner	153.02	☐
7/16/03	CHAD PRIMMER 447 FOREST DRIVE COUNCIL BLUFFS, IA 51503	candidate	corroplast signs	412.80	☐
7/15/03	CHAD PRIMMER 447 FOREST DRIVE COUNCIL BLUFFS, IA 51503	candidate	t-shirts polo shirts	402.99	☐
					☐
					☐

SUB-TOTAL $ 956.54

TOTAL (if last page of this schedule) $ 956.54

*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.

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) Friends to Re-elect Chad Primmer

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: Chad D. Primmer
Political Party: —
Office Sought: Council Bluffs City Council
District (If Senate or House): —

[signature] Chad Primmer — 712/322-6812 — 12/5/03

SIGNATURE OF TREASURER (or person filing this report) — TELEPHONE — 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 date) REPORT FOR AN/A (1) ELECTION /(2)NON-ELECTION YEAR.

Indicate one [1]

[X] CHECK IF AMENDMENT TO REPORT DATED 10/30/03

[ ] 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.) ..... $	0
ADD TOTAL MONEY TAKEN IN THIS PERIOD	
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)	$ 3322.00
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 ..... $	3322.00
SUBTRACT TOTAL MONEY SPENT THIS PERIOD	
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)	$ 2017.35
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) ..... $	1304.65

**UNPAID BILLS (From Schedule D - Attach Schedule D) ..... $	
*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E) ..... $	956.54
**OUTSTANDING LOANS (From Schedule F - Attach Schedule F) ..... $	
CANDIDATE COMMITTEES ONLY:	
CONSULTANT BREAKDOWN (Schedule G Attached?)	[ ] YES [X] NO
VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H) $	

For Instructions, See Back of Form

SCHEDULE A (Rev. 07/03) 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)*
FRIENDS to RE-ELECT CHAD PRIMMER

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
7-23-03	ID# CK#	W. [illegible] HEWETT 108 [illegible] CIRCLE DR COUNCIL BLUFFS IA 51503		$ 50.00	✓
7-23-03	ID# CK#	LINDA M. NELSON 231 MIDLAND DR. COUNCIL BLUFFS IA 51503		50.00	✓
7-23-03	ID# CK#	JOHN P. NELSON 344 KENMORE AVE COUNCIL BLUFFS IA 51503		250.00	✓
7-23-03	ID# CK#	SCOTT + BOBBETTE BEHRENS 139 WOODBURY CR. COUNCIL BLUFFS IA 51503		50.00	✓
7-23-03	ID# CK#	DAVID RICHTER 221 S 6TH ST COUNCIL BLUFFS IA 51503		50.00	✓
7-23-03	ID# CK#	"UNITEMIZED CONTRIBUTIONS"		100.00	✓
6-27-03	ID# CK#	[illegible] FORREST DR. COUNCIL BLUFFS IA 51503		100.00	✓
7-[illegible]	ID# CK#	RICHARD MILLER 1611 [illegible] AVE COUNCIL BLUFFS IA 51503		150.00	✓
7-2[illegible]	ID# CK#	KATHRYNE CUTLER 7655 PAGE LANE HONEY CREEK IA 51542		100.00	✓
7-2[illegible]	ID# CK#	ALFRED [illegible] 2[illegible] GRAND AVE [illegible] IA 50312		200.00	✓

SUB-TOTAL $ [illegible]

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

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For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN
(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
☐ CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME *(Must be same as on Statement of Organization)*
FRIENDS TO RE-ELECT CHAD PRIMMER

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
7-28-03	ID# CK#	DAN AND PAMELA KINNEY 600 OAKLAND AVE. COUNCIL BLUFFS IA 51503		$ 50.00	✓
7-28-03	ID# CK#	JASON JAMES 24371 RICHFIELD LOOP COUNCIL BLUFFS IA 51503		50.00	✓
7-28-03	ID# CK#	UNITEMIZED CONTRIBUTIONS		25.00	✓
7-29-[illegible]	ID# CK#	MARVIN ARNPRIESTER 101 SUNNY RIDGE DR. COUNCIL BLUFFS IA [illegible]		50.00	✓
7-29-[illegible]	ID# CK#	UNITEMIZED COUNCIL [illegible]		75.00	
7-29-03	ID# CK#	CHAD PRIMMER [illegible] FOREST DR. COUNCIL BLUFFS IA [illegible]		[illegible]	✓
[illegible]	ID# CK#	SUE OVERTON 500 WILLOW AVE COUNCIL BLUFFS IA 51503		50.00	✓
[illegible]	ID# CK#	DOUGLAS STRUCK 21[illegible] CARSON COUNCIL BLUFFS IA 51503		[illegible]	✓
[illegible]	ID# CK#	[illegible] KAPAN [illegible] [illegible] NORWOOD DR. COUNCIL BLUFFS IA 51503		[illegible]	✓
[illegible]	ID# CK#	PAMELA [illegible] 325 N. AVE [illegible] COUNCIL BLUFFS IA 51503		[illegible]	✓

SUB-TOTAL $ [illegible]

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

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For Instructions, See Back of Form

SCHEDULE A (Rev. 07/03) 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)*
FRIENDS TO RE-ELECT CARD PRIMMER

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
G	8-1-03	ID# CK#	LYNN MANHART 123 GOULD AVE COUNCIL BLUFFS, IA 51503		$ 100.00	✓
G	8-1-03	ID# CK#	WARD BEAN 539 DELONG AVE. COUNCIL BLUFFS IA 51503		50.00	✓
H	8-1-03	ID# CK#	DOUGLAS PRIMMER 223 S. MAIN ST. COUNCIL BLUFFS, IA 51503	FATHER	50.00	✓
I	8-1-03	ID# CK#	UNITEMIZED CONTRIBUTIONS		170.00	✓
J	8-1-03	ID# CK#	SCOTT BELT 1851 MADISON AVE COUNCIL BLUFFS, IA 51503		[illegible]	✓
I	8-1-03	ID# CK#	UNITEMIZED CONTRIBUTIONS		137.00	✓
J	8-4-03	ID# CK#	JEAN HARTWELL 19803 [illegible] ST McCLELLAND IA 51541		50.00	✓
J	8-4-03	ID# CK#	ROGER SAWATZKE 223 S. MAIN ST. COUNCIL BLUFFS IA 51503		50.00	✓
K	8-19-03	ID# CK#	UNITEMIZED CONTRIBUTIONS		90.00	
K	8-19-03	ID# CK#	MICHAEL WINTER 5th 6TH AVE. COUNCIL BLUFFS, IA 51503		50.00	✓

SUB-TOTAL $ 797

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.

For Instructions, See Back of Form

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

FRIENDS TO RE-ELECT CHAS FOLLMER

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
K	8-1-03	ID# CK#	JEFFREY BALLENGER 12626 GREYSTONE CT COUNCIL BLUFFS, IA 51503		$ 100.00	✓
K	8-19-03	ID# CK#	CHRISTOPHER TINLEY 338 GOLDEN OAKS DR COUNCIL BLUFFS IA 51503	-	100.00	✓
L	8-22-03	ID# CK#	JACK RUESCH 17610 TURNBERRY RIDGE COUNCIL BLUFFS, IA 51503		50.00	✓
L	8-22-03	ID# CK#	CHARLES SMITH 25 HORIZON DR COUNCIL BLUFFS, IA 51503		50.00	✓
M	9-4-03	ID# CK#	RUSSELL LETT 1020 N 25TH ST COUNCIL BLUFFS IA 51501		50.00	✓
N	9-4-03	ID# CK#	MICHAEL GALLNER PO BOX 1530 COUNCIL BLUFFS IA 51502		100.00	✓
		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). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

FOR INSTRUCTIONS, SEE BACK OF 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)*

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
7/30	ID# CK# N/A	US Bank 421 W Broadway Co Bluffs, IA 51503	check printing fee	$ 15.95
country check	ID# — CK# 1500	Signs by Tomorrow	yard signs	1573.60
9/23/03	ID# CK# 1004	Margarita's Catering	Food Fundraiser	234.70
9/23/03	ID# CK# 1005	Advance Air Inc	Rental Hungry Council Bluffs Airport Fundraiser	75.00
9/23/03	ID# CK# 1006	A Plus Printing	Labels Mailing	108.07
8/14/03	ID# CK# N/A	US Bank 421 W Broadway Co Bluffs, IA 51503	Analysis Service Charge	0.03
	ID# CK#			
	ID# CK#			

SUB-TOTAL $2017.35

TOTAL ***(if last page of this schedule)*** $2017.35

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)(l).)

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)
FRIENDS TO RE-ELECT CHAD PRIMMER

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
6/16/03	CHAD PRIMMER 447 FOREST DRIVE COUNCIL BLUFFS, IA 51503	candidate	CDROM	$ 23.10	☐
7/12/03	CHAD PRIMMER 447 FOREST DRIVE COUNCIL BLUFFS, IA 51503	candidate	Postage	111.00	☐
7/12/03	CHAD PRIMMER 447 FOREST DRIVE COUNCIL BLUFFS, IA 51503	candidate	printing	33.50	☐
7/21/03	CHAD PRIMMER 447 FOREST DRIVE COUNCIL BLUFFS, IA 51503	candidate	mailing supplies	1413.13	☐
7/16/03	CHAD PRIMMER 447 FOREST DRIVE COUNCIL BLUFFS, IA 51503	candidate	postage	37.00	☐
7/17/03	CHAD PRIMMER 447 FOREST DRIVE COUNCIL BLUFFS, IA 51503	candidate	banner	153.02	☐
7/16/03	CHAD PRIMMER 447 FOREST DRIVE COUNCIL BLUFFS, IA 51503	candidate	campaign signs	412.80	☐
7/15/03	CHAD PRIMMER 447 FOREST DRIVE COUNCIL BLUFFS, IA 51503	candidate	t-shirts polo shirts	402.49	☐
					☐
					☐

SUB-TOTAL	$ 956.54
TOTAL (if last page of this schedule)	$ 956.54

*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.

Page 1 of 1 (for Schedule E)