

Pottawattamie

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

FORM DR-2 (Rev. 07/2004)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	<u>11160</u>
Logged In	<u>pm</u>
Scanned	
Computer	<u>pm</u>
Audited	

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

Committee to Re-Elect Ampreister 2004

IMPORTANT: Indicate by # type of committee you are reporting for: 7

(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

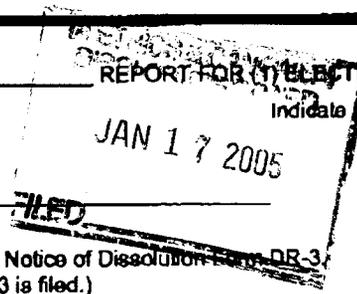
CANDIDATE COMMITTEES ONLY:

Candidate Name	Political Party (if applicable)
<u>Marvin Ampreister</u>	
Office Sought	District (if Senate or House)
<u>School Board (council bluffs)</u>	

Late reports are subject to possible civil and criminal penalties.

Marvin Ampreister SIGNATURE OF PERSON FILING REPORT TELEPHONE _____ 1/15/05 DATE SIGNED

I AM FILING A January 19, 2005 (report date)



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
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. (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

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (**also see in-kind below) 2085

Schedule F: Loans Received total (Attach Schedule F) 250

Schedule H: Total Sales of Campaign Property (Attach Schedule H) 0

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL \$ 2335

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below).... 2085

Schedule F: Loan Repayments total (Attach Schedule F) 250

CASH ON HAND at the end of this reporting period (if final report balance must be zero) (Attach DR-3) \$ 0

**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. 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 Re-Elect Ampreister 2004

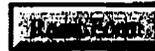
STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(8), 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
9/7/04	ID# CK#	Dorothy Gordon 604 Franklin Ave. Council Bluffs, Ia 51503	n/a	\$200	<input type="checkbox"/>
9/13/04	ID# CK#	John P. Nelson 344 Kenmore Ave. Council Bluffs, Ia 51503	n/a	200	<input type="checkbox"/>
9/2/04	ID# CK#	Linda Primmer 105 Treetop Council Bluffs, Ia 51503	n/a	100	<input type="checkbox"/>
9/2/04	ID# CK#	David Kuper 808 Ironwood Ct. Council Bluffs, Ia 51503	n/a	100	<input type="checkbox"/>
9/2/04	ID# CK#	Gary Woods 14 Hillsdale Council Bluffs, Ia 51503	n/a	100	<input type="checkbox"/>
9/2/04	ID# CK#	Ruth Swarts 11 Elliot Council Bluffs, Ia 51503	n/a	100	<input type="checkbox"/>
9/7/04	ID# CK#	Sucellen Ovrton 500 Willow Ave. Council Bluffs, Ia 51503	n/a	100	<input type="checkbox"/>
9/9/04	ID# CK#	Hugh Prickett 2911 Valleyview Drive Council Bluffs, Ia 51503	n/a	100	<input type="checkbox"/>
9/13/04	ID# CK#	Scott McMullen 110 Woodridge Ct. Council Bluffs, Ia 51503	n/a	100	<input type="checkbox"/>
9/2/04	ID# CK#	Stephen Roberson 170 Norton Council Bluffs, Ia 51503	n/a	50	<input type="checkbox"/>
SUB-TOTAL				\$ 1150	
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
<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 Re-Elect Ampreister 2004

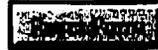
STATE CANDIDATE'S NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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
9/2/04	ID# CK#	Marylea Hall 2808 S. 13th St. Council Bluffs, Ia 51503	n/a	\$50	<input type="checkbox"/>
9/7/04	ID# CK#	Stan Grote 130 Elmwood Council Bluffs, Ia 51503	n/a	50	<input type="checkbox"/>
9/7/04	ID# CK#	Ardeth Christie 233 Turley Ave. Council Bluffs, Ia 51503	n/a	50	<input type="checkbox"/>
9/7/04	ID# CK#	Boyd Littrell 17655 Page Lane Council Bluffs, Ia 51503	n/a	50	<input type="checkbox"/>
9/7/04	ID# CK#	Marjorie Teague 419 Wendy Heights Council Bluffs, Ia 51503	n/a	50	<input type="checkbox"/>
9/13/04	ID# CK#	Pam Collins 325 North Ave. Apt.10 Council Bluffs, Ia 51503	n/a	50	<input type="checkbox"/>
9/13/04	ID# CK#	David Christiansen 2735 North Broadway Council Bluffs, Ia 51503	n/a	50	<input type="checkbox"/>
9/2/04	ID# CK#	Phillip Wilson 548 Cogleywood Council Bluffs, Ia 51503	n/a	30	<input type="checkbox"/>
10/23/04	ID# CK#	Unitemized Contributions	n/a	555	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
SUB-TOTAL				\$ 935	
TOTAL (If last page of this schedule)				\$ 2085	

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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 Re-Elect Armpreister 2004

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
8/4/04	ID# CK#	Secretary of State State of Iowa	Mailing Labels for mailers	\$ 17.97
9/7/04	ID# CK#	United States Post Office Council Bluffs, Iowa	Postage for mailings to voters	451.00
9/9/04	ID# CK#	The Daily NonPareil PO Box 797 Council Bluffs, Iowa 51502	Newspaper Ads - 3 days	456.00
9/27/04	ID# CK#	A Plus Printing 87 South Main Council Bluffs, Iowa 51503	Printing Postcards for Mailing	85.60
9/27/04	ID# CK#	Broadway United Methodist Church 11 South First Street Council Bluffs, Iowa 51503	Coping for letters and postcards	15.00
9/27/04	ID# CK#	Marvin Armpreister 101 Sunnyridge Council bluffs, Ia 51503	Thank you notes purchased personally for the campaign	7.48
9/27/04	ID# CK#	Marvin Armpreister 101 Sunnyridge Council bluffs, Ia 51503	Loan repayment from start of Campaign	250.00
11/22/04	ID# CK#	Community Education Foundation 800 West Broadway Council Bluffs, Iowa 51503	Balance of Campaign funds donated to School nonprofit Foundation	1051.95
SUB-TOTAL				\$ 2335.00
TOTAL (if last page of this schedule)				\$ 2335.00

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.402(3)(f).)

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SCHEDULE F (Rev. 07/03)	LOANS RECEIVED & REPAID
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)
Committee to Re-Elect Ampriester 2004

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. Includes 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
8/4/04	Marvin Ampriester 101 Sunnyridge Dr. Council Bluffs, Ia 51503	Self	\$ 250

TOTAL (PART I) \$ 250

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
9/27/04	Marvin Ampriester 101 Sunnyridge Dr. Council Bluffs, Ia 51503	Self	\$ 250

TOTAL CASH REPAYMENTS (PART II) \$ 250
From Schedule E -- TOTAL LOANS FORGIVEN \$ 0
TOTAL OUTSTANDING LOANS END OF REPORT PERIOD \$ 0

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