

Pottawattamie 2

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

COMMITTEE NAME (Must be same as on Statement of Organization)
Committee To Elect Pam Collins

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: Pam Collins Political Party: _____
 Office Sought: SCHOOL BOARD District (if Senate or House): _____

| | |
|------------------------------------|--------------------------|
| FORM DR-2 (Rev. 07/2003) | DISCLOSURE REPORT |
| For Office Use Only | |
| Comm. # | <u>11123</u> |
| Logged In | _____ |
| Scanned | <u>8.29.03</u> |
| Computer | <u>ob</u> |
| Audited | _____ |

AUG 29 2003

[Signature]
SIGNATURE OF TREASURER (or person filing this report)

712-323-2625
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 8-30-03 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 <u>9-9-03</u> |
| County & Local Committees, enter County in which Election is held <u>Pottawattamie</u> |

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) 1,835.00

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 \$ 1,835.00

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

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

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) \$ 1,835.00

****UNPAID BILLS** (From Schedule D - Attach Schedule D)..... \$ 0-

****IN KIND CONTRIBUTIONS** (From Schedule E - Attach Schedule E) \$ 0-

****OUTSTANDING LOANS** (From Schedule F - Attach Schedule F)..... \$ 0-

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

CONTRIBUTIONS – MONEY TAKEN IN

(Including candidate's personal funds)

| | |
|---|----------------------|
| SCHEDULE A (Rev. 07/03) | MONETARY RECEIPTS |
| <input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM | |

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

Committee To Elect Pam Collins

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/YYR) | 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 |
|---------------------------------------|--|--|--|----------------------|-----------------------------|
| 8-5-03 | ID# CK# | MICHAEL KINSE 622 N 3RD ST Co Buuffs IA 51503 | NA | \$ 50 ⁰⁰ | <input type="checkbox"/> |
| 8-5-03 | ID# CK# | LINDA NELSON 231 MIDLAND DR Co Buuffs IA 51503 | NA | 50 ⁰⁰ | <input type="checkbox"/> |
| 8-5-03 | ID# CK# | RAYMOND SORRELL 2809 MACINERAY DRWS #2102 Co Buuffs IA 51501 | NA | 35 ⁰⁰ | <input type="checkbox"/> |
| 8-5-03 | ID# CK# | MARVIN VANNIER 41 HORIZON DRWS Co. Buuffs IA 51503 | NA | 50 ⁰⁰ | <input type="checkbox"/> |
| 8-5-03 | ID# CK# | JULIE WYMORE 48 SYLVAN DR Co Buuffs IA 51503 | NA | 50 ⁰⁰ | <input type="checkbox"/> |
| 8-5-03 | ID# CK# | MARVIN ARNPRISTER 101 SUNNY RIDGE DR Co. Buuffs IA 51503 | NA | 50 ⁰⁰ | <input type="checkbox"/> |
| 8-5-03 | ID# CK# | CHAD PRUMMER 223 S. MAIN ST Co Buuffs IA 51503 | NA | 150 ⁰⁰ | <input type="checkbox"/> |
| 8-5-03 | ID# CK# | DOROTHY BENNETT 520 CLARK Co Buuffs IA 51503 | NA | 100 ⁰⁰ | <input type="checkbox"/> |
| 8-5-03 | ID# CK# | UNITEMIZED CONTRIBUTIONS | NA | 365 ⁰⁰ | <input type="checkbox"/> |
| 8-5-03 | ID# CK# | RUTH WRIGHT 332 S 8TH ST MONMOUTH IL 61462 | MOTHER | 50 ⁰⁰ | <input type="checkbox"/> |
| SUB-TOTAL | | | | \$ 950 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

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

| | |
|--|------------------------------------|
| SCHEDULE A (Rev. 07/03) | MONETARY RECEIPTS |
| <input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM | |

COMMITTEE NAME (Must be same as on Statement of Organization)
Committee To Elect Pam Collins

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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 |
|---------------------------------------|--|---|--|----------------------|-----------------------------|
| 8-8-03 | ID# CK# | DAVID WRIGHT 1115 VESPER RD ANN ARBOR MI 48103 | Brother | \$ 250 ⁰⁰ | <input type="checkbox"/> |
| 8-8-03 | ID# CK# | JOAN BOUCHER 8019 OLD DOMINION DR MCLEAN VA 22102 | NA | 100 ⁰⁰ | <input type="checkbox"/> |
| 8-8-03 | ID# CK# | UNITENIZED CONTRIBUTIONS | NA | 70 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"/> |
| SUB-TOTAL | | | | \$ 420 ⁰⁰ | |
| TOTAL (if last page of this schedule) | | | | \$ | |

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CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

| | |
|---|----------------------|
| SCHEDULE A (Rev. 07/03) | MONETARY RECEIPTS |
| <input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM | |

COMMITTEE NAME (Must be same as on Statement of Organization)
Committee To Elect Pam Collins

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 |
|---------------------------------------|--|---|--|------------------------|-----------------------------|
| 8-19-03 | ID# CK# | EDWIN ROTASKY 1326 OAK PARK ROAD Co Bluffs IA 51503 | NA | \$ 100 ⁰⁰ | <input type="checkbox"/> |
| 8-19-03 | ID# CK# | JOHN P NELSON 344 KENNEDY AVE Co Bluffs IA 51503 | NA | 100 ⁰⁰ | <input type="checkbox"/> |
| 8-19-03 | ID# CK# | PAMELA FOGLE 429 COLLEGE ROAD Co. Bluffs IA 51503 | NA | 50 ⁰⁰ | <input type="checkbox"/> |
| 8-19-03 | ID# CK# | ROBERT BOUCHER 468 TERRINGTON DR BARKLAW MO 63021 | NA | 40 ⁰⁰ | <input type="checkbox"/> |
| 8-19-03 | ID# CK# | UNITENIZED CONTRIBUTIONS | NA | 175 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"/> |
| SUB-TOTAL | | | | \$ 465 ⁰⁰ | |
| TOTAL (if last page of this schedule) | | | | \$ 1,835 ⁰⁰ | |

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