

Pottawattamie

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

DISCLOSURE SUMMARY PAGE

<b>FORM DR-2</b> (Rev. 07/2003)	<b>DISCLOSURE REPORT</b>
<b>For Office Use Only</b>	
Comm. #	11081
Logged In	pb
Scanned	10.20.03
Computer	pb
Audited	pb

**COMMITTEE NAME** (Must be same as on Statement of Organization)  
 Committee to Elect Gina Malloy

**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: Gina K. Malloy Political Party: \_\_\_\_\_  
 Office Sought: School Board District (if Senate or House): \_\_\_\_\_

Gina K. Malloy (Signature)  
 SIGNATURE OF TREASURER (or person filing this report)

(712) 847-0143  
 TELEPHONE

10/20/03  
 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 10-19-03 REPORT FOR AN/A (1) ELECTION / (2) NON-ELECTION YEAR.

Indicate one  2

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  
September 2002

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.) \$ 6.47 ✓

**ADD TOTAL MONEY TAKEN IN THIS PERIOD**

Schedule A: Cash Contributions total (Attach Schedule A) (\*also see in-kind below) 0

Schedule F: Loans Received total (Attach Schedule F) 0

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

(Schedule H applies to Candidates' Committees Only)

**SUB-TOTAL** ..... \$ 6.47

**SUBTRACT TOTAL MONEY SPENT THIS PERIOD**

Schedule B: Expenditures total (Attach Schedule B) (\*\*also see debts and loans below) 6.47 ✓

Schedule F: Loan Repayments total (Attach Schedule F) 0

**CASH ON HAND** at the end of this reporting period (if final report, balance must be zero) (Attach DR-3) \$ 0.00 ✓

\*\*UNPAID BILLS (From Schedule D - Attach Schedule D) \$ 0.00

\*\*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E) \$ 615.25 ✓

\*\*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) \$ 0

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

**EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT**

SCHEDULE <b>B</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 Gina Malloy

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
10-20-03	ID# CK# Cashier's ch 4675710 905	Council Bluffs Community Education Foundation, 300 West Broadway, Council Bluffs, IA 51503	Check written to CEF to zero-out the campaign committee bank account for the purpose of committee dissolution.	\$ 6.47
	ID# CK#			
SUB-TOTAL				\$ 6.47
<b>TOTAL (if last page of this schedule)</b>				<b>\$ 6.47</b>

**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 C 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 GBA 6(3)(i).)

FOR INSTRUCTIONS, SEE BACK OF FORM

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

Committee to Elect Gina Malloy

Reset Form

SCHEDULE <b>E</b> (Rev. 06/97)	IN KIND CONTRIBUTIONS
<input type="checkbox"/> 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
08-21-02	Judith K. Malloy, 205 Skyline Drive, Council Bluffs, IA 51503	Candidate's mother	Yard Signs	\$ 615.25	<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
SUB-TOTAL				\$ 615.25	
TOTAL (if last page of this schedule)				\$ 615.25	<input checked="" type="checkbox"/>

\*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.