

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

Reset Form

Pottawattamie

FORM DR-2 (Rev. 07/2004)	DISCLOSURE REPORT
For Office Use Only	
Comm #	<u>11177</u>
Logged In	<u>am</u>
Scanned	<u>am</u>
Computer	<u>am</u>
Audited	<u>am</u>

5

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

Committee to Elect Gina Malloy

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 Gina Malloy Political Party (if applicable) _____

Office Sought School Board Council Bluffs Comm School Dist District (if Senate or House) _____

Late reports are subject to possible civil and criminal penalties.

Melvin B. Swensen
SIGNATURE OF PERSON FILING REPORT

712-325-4991
TELEPHONE

9/6/05
DATE SIGNED

I AM FILING A September 8, 2005 REPORT FOR (1) ELECTION (2) NON-ELECTION YEAR.
 (report date) Indicate by #

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 <u>9/13/2005</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. (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)	1780.00 ✓
Schedule F: Loans Received total (Attach Schedule F)	0
Schedule H: Total Sales of Campaign Property (Attach Schedule H)	0
<u>(Schedule H applies to Candidates' Committees Only)</u>	
SUB-TOTAL	\$ 1780.00
SUBTRACT TOTAL MONEY SPENT THIS PERIOD	
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)	1241.78 ✓
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)	\$ 538.22 ✓
**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
CONSULTANT BREAKDOWN (Schedule G Attached?)	YES <input checked="" type="checkbox"/> NO
CANDIDATE COMMITTEES ONLY:	
VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)	\$ 0

For Instructions, See Back of Form

Report 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 Elect Gina Malloy

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
8/12/05	ID# CK# 4008	Gloria Reusch 17610 Turnberry Council Bluffs, IA 51503		\$50.00	<input type="checkbox"/>
8/12/05	ID# CK# 11441	Michael Winter 201 3rd St Council Bluffs, IA 51503		100.00	<input type="checkbox"/>
8/12/05	ID# CK# 4952	Douglas Primmer 105 Treeclops Council Bluffs, IA 51503		100.00	<input type="checkbox"/>
8/12/05	ID# CK# 14933	Francis Clark 2 Decatur Cr Council Bluffs, IA 51503		50.00	<input type="checkbox"/>
8/12/05	ID# CK# 1012	Gina Malloy 1001 Hiatt Ave Carter Lake, IA 51510	self	50.00	<input type="checkbox"/>
8/12/05	ID# CK# 4806	Doris Samuelson 10 Shady Lane Council Bluffs, IA 51503		25.00	<input type="checkbox"/>
8/15/05	ID# CK# 2626	Richard Peterson 1007 Arbor Ridge Cr Council Bluffs, IA 51503		25.00	<input type="checkbox"/>
8/15/05	ID# CK# 2368	Scott Belt 1447 Madison Ave Council Bluffs, IA 51503		50.00	<input type="checkbox"/>
8/15/05	ID# CK# 6397	Joan Crowl 554 Cogleywood Council Bluffs, IA 51503		25.00	<input type="checkbox"/>
8/15/05	ID# CK# 2186	Melanie Shipley 103 Opal Dr Council Bluffs, IA 51503		25.00	<input type="checkbox"/>
SUB-TOTAL				\$ 500.00	
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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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
8/15/05	ID# CK# 4976	Jane Bell 20 S. 41st St Council Bluffs, IA 51503		\$25.00	<input type="checkbox"/>
8/15/05	ID# CK# 5647	Kathryne Cutler 808 Birchwood Council Bluffs, IA 51503		50.00	<input type="checkbox"/>
8/16/05	ID# CK# 3515	Dorothy Bennett 520 Clark Ave Council Bluffs, IA 51503		25.00	<input type="checkbox"/>
8/16/05	ID# CK# 6259	Ardeth Christie 233 Turley St Council Bluffs, IA 51503		50.00	<input type="checkbox"/>
8/16/05	ID# CK# 10364	Lynne Hranigan 10 Becky Lane Council Bluffs, IA 51503		35.00	<input type="checkbox"/>
8/16/05	ID# CK# 3646	Charles Smith 25 Horizon Dr Council Bluffs, IA 51503		25.00	<input type="checkbox"/>
8/16/05	ID# CK# 2571	Paul Shomshor 3018 Avenue M Council Bluffs, IA 51501		25.00	<input type="checkbox"/>
8/16/05	ID# CK# 3094	Matt Buchanan 162 N Linden Ave Council Bluffs, IA 51503		25.00	<input type="checkbox"/>
8/16/05	ID# CK# 7228	Ron Tekippe 5 Horizon Dr Council Bluffs, IA 51503		25.00	<input type="checkbox"/>
8/16/05	ID# CK# 6552	Phillip Wilson 548 Cogleywood Council Bluffs, IA 51503		50.00	<input type="checkbox"/>
SUB-TOTAL				\$ 335.00	
TOTAL (if last page of this schedule)				\$	

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CONTRIBUTIONS – MONEY TAKEN IN

(Including candidate's personal funds)

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

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DATE RECEIVED (MM/DD/YY)	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
8/18/05	ID# CK# 4243	Verne Welch PO Box 617 Council Bluffs, IA 51502		\$50.00	<input type="checkbox"/>
8/18/05	ID# CK# 7452	John Nelson 344 Kenmore Ave Council Bluffs, IA 51503		100.00	<input type="checkbox"/>
8/18/05	ID# CK# 1800	Carrie Schaaf 213 Winchester Council Bluffs, IA 51503		50.00	<input type="checkbox"/>
8/23/05	ID# CK# 4040	Linda Steensland 19351 Monument Rd Council Bluffs, IA 51503		25.00	<input type="checkbox"/>
8/23/05	ID# CK# 2999	Douglas Stryk 219 Carson Ave Council Bluffs, IA 51503		100.00	<input type="checkbox"/>
8/23/05	ID# CK# 3090	Linda Nelson 231 Midland Dr Council Bluffs, IA 51503		100.00	<input type="checkbox"/>
8/23/05	ID# CK# 6214	Douglas Goodman 17341 Turnberry Council Bluffs, IA 51503		30.00	<input type="checkbox"/>
8/29/05	ID# CK# 5466	Richard Miller 1611 Madison Ave Council Bluffs, IA 51503		50.00	<input type="checkbox"/>
8/31/05	ID# CK# 7274	Nancy Brooks 711 28th Ave Council Bluffs, IA 51501		25.00	<input type="checkbox"/>
8/31/05	ID# CK# 2500	Gerald Mathiasen 224 Elmwood Dr Council Bluffs, IA 51503		25.00	<input type="checkbox"/>
SUB-TOTAL				\$ 555.00 ✓	
TOTAL (if last page of this schedule)				\$	

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

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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
8/31/05	ID# CK# 3703	Chad Primmer 17561 Turnberry Council Bluffs, IA 51503		\$100.00	<input type="checkbox"/>
8/31/05	ID# CK# 2590	Roger Carlon 204 Zenith Dr Council Bluffs, IA 51503		25.00	<input type="checkbox"/>
9/2/05	ID# CK# 2889	David A. Christlansen 2735 N Broadway Council Bluffs, IA 51503		25.00	<input type="checkbox"/>
8/12/05	ID# CK#	Unitemized Contributions		240.00	<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"/>
SUB-TOTAL				\$ 390.00 ✓	
TOTAL (if last page of this schedule)				\$ 1780.00 ✓	

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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 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
8/16/05	ID# CK# 0001	Gina Malloy 1001 Hiatt Ave Carter Lake, IA 51510	Reimbursement for stationary supplies and printing for campaign letters.	\$ 319.48
8/18/05	ID# CK# 0002	Vist Print USA 100 Hayden Ave Lexington, MA 02421	Payment for direct mail postcards promoting candidate.	176.51
8/29/05	ID# CK# 0003	Gina Malloy 1001 Hiatt Ave Carter Lake, IA 51510	Reimbursement for postage for direct mailings.	632.50
9/2/05	ID# CK# 0004	Gina Malloy 1001 Hiatt Ave Carter Lake, IA 51510	Reimbursement for additional postcards for direct mailing.	113.29
	ID# CK#			
SUB-TOTAL				\$ 1241.78
TOTAL (if last page of this schedule)				\$ 1241.78

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 88A.402(3)(i))

(for Schedule B)