

Reset Form

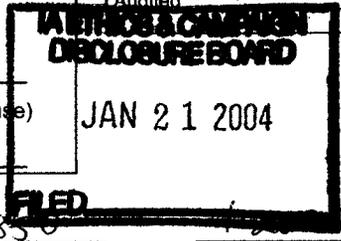
DISCLOSURE SUMMARY PAGE

FORM DR-2 (Rev. 07/2003) DISCLOSURE REPORT For Office Use Only Comm. # 9184

COMMITTEE NAME (Must be same as on Statement of Organization) Warren County Democratic Central Committee

IMPORTANT: Indicate type of committee you are reporting for: 7 (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 Political Party Office Sought District (if Senate or House)



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

TELEPHONE (515) 961-2850

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 12/31/2003 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 County & Local Committees, enter County in which Election is held

STATEMENT OF CASH ON HAND

Table with columns for description and amount. Rows include: CASH ON HAND at the beginning of the reporting period (1,585.29), ADD TOTAL MONEY TAKEN IN THIS PERIOD (Schedule A: 1,765.00), SUBTRACT TOTAL MONEY SPENT THIS PERIOD (Schedule B: 192.09), CASH ON HAND at the end of this reporting period (3,158.20), **UNPAID BILLS (0), **IN KIND CONTRIBUTIONS, **OUTSTANDING LOANS, CANDIDATE COMMITTEES ONLY, CONSULTANT BREAKDOWN, VALUE OF CAMPAIGN PROPERTY.

For Instructions, See Back of Form

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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)
Warren County Democratic Central Committee

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
11/08/03	ID# CK#	Unitemized contributions-fall dinner		\$1705.00	<input checked="" type="checkbox"/>
12/01/03	ID# CK#	unitemized contribution-action		20.00	<input type="checkbox"/>
12/21/03	ID# CK#	unitemized contribution-fall dinner		40.00	<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				\$ 1765.00	
TOTAL (if last page of this schedule)				\$ 1765.00	

* 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

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EXPENDITURES – MONEY SPENT FROM COMMITTEE ACCOUNT

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)
Warren County Democratic Central Committee

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
11/24/03	ID# CK# 1111	Marilyn Kirkpatrick 604 Knotts New Virginia, IA 50210	postage reimbursement	\$ 51.80
11/24/03	ID# CK# 1112	Carter Printer 1739 E Grand Ave Des Moines, Ia 50316	printing for fall dinner tickets	73.14
11/24/03	ID# CK# 1113	Bob's Custom Trophies 216 W Salem Indianola, IA 50125	plaque / democrat of the year	36.75
11/24/03	ID# CK# 1114	Record Herald 1801 W 2nd, Ste 2 Indianola, IA 50125	fall dinner ad	8.12
11/29/03	ID# CK# 1115	Fareway # 657 Hwy 92 Indianola, IA 50125	ice	1.78
11/30/03	ID# CK#	Union Planters Bank 114 N Howard Indianola, IA 50125	bank charges	20.50
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$ 192.09
TOTAL (if last page of this schedule)				\$ 192.09

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)(i).)