

DISCLOSURE SUMMARY PAGE

Webster

FORM DR-2 (Rev. 07/2003)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	17572
Logged In	ob
Scanned	
Computer	ob
Audited	

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

Friends to Elect Tom Salvatore

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

CANDIDATE COMMITTEES ONLY:

Candidate Name Thomas E. Salvatore Political Party Democratic

Office Sought County Supervisor District (if Senate or House) _____

MAY 13 2004

Thomas E. Salvatore 515-576-7235 5-12-04

SIGNATURE OF TREASURER (or person filing this report) 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 _____ REPORT FOR AN/A (1) ELECTION //(2)NON-ELECTION YEAR.
(report date) Indicate one

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

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.)	\$	<u>0</u>
ADD TOTAL MONEY TAKEN IN THIS PERIOD		
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)		<u>1131.32</u>
Schedule F: Loans Received total (Attach Schedule F)		
Schedule H: Total Sales of Campaign Property (Attach Schedule H)		
<u>(Schedule H applies to Candidates' Committees Only)</u>		
SUB-TOTAL	\$	<u>1131.32</u>
SUBTRACT TOTAL MONEY SPENT THIS PERIOD		
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)		<u>754.28</u>
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)	\$	<u>377.04</u>
**UNPAID BILLS (From Schedule D - Attach Schedule D)	\$	<u>115.30</u>
*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?)		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)	\$	<u>605.84</u>

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)
Friends to Elect Tom Salvatore

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
3-4-04	ID# CK#	TOM SALVATORE 1053 NO 23 RD PLACE FT DODGE, IA 50501	SELF	\$ 346. ³⁰	<input type="checkbox"/>
3-12-04	ID# CK#	John & Mary Mulholland 2906 20 TH AVE NO FT DODGE, IA 50501		100. ⁰⁰	<input type="checkbox"/>
3-12-04	ID# CK#	"Unitemized Contributions"		30. ⁰⁰	<input type="checkbox"/>
3-15-04	ID# CK#	TOM SALVATORE 1053 NO 23 RD PLACE FT DODGE, IA 50501		100. ⁰⁰	<input type="checkbox"/>
3-20-04	ID# CK#	"unitemized contributions"		50. ⁰⁰	<input type="checkbox"/>
3-22-04	ID# CK#	"unitemized Contributions"		10. ⁰⁰	<input type="checkbox"/>
3-25-04	ID# CK#	"unitemized Contributions"		50. ⁰⁰	<input type="checkbox"/>
3-28-04	ID# CK#	"unitemized Contributions"		45. ⁰⁰	<input type="checkbox"/>
3-29-04	ID# CK#	"unitemized Contributions"		25. ⁰⁰	<input type="checkbox"/>
4-1-04	ID# CK#	JASON SALVATORE 1420 NO 23 RD ST FT DODGE, IA 50501	SON	100. ⁰⁰	<input type="checkbox"/>
SUB-TOTAL				\$ 856. ³⁰	
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	

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(Including candidate's personal funds)

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

Friends to elect Tom Salvatore

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4-6-04	ID# CK#	STEVEN J. DONALD 2188-160 th ST Ft. DODGE, IA 50501		\$ 100. ⁰⁰	<input type="checkbox"/>
4-7-04	ID# CK#	Dividend Credit Union PACU 1330 3 rd ST Ft DODGE, IA 50501		.02	<input type="checkbox"/>
5-5-04	ID# CK#	"unitemized Contributions"		25. ⁰⁰	<input type="checkbox"/>
5-7-04	ID# CK#	TOM SALVATORE 1058 NO 23 rd AVE E Ft Dodge, Ia 50501	SELF	100. ⁰⁰	<input type="checkbox"/>
5-11-04	ID# CK#	Curtis B Olson 351 Ave F Ft. Dodge, Ia 50501		50. 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"/>
SUB-TOTAL				\$ 275. ⁰²	
TOTAL (if last page of this schedule)				\$ 1131. ³²	

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FOR INSTRUCTIONS, SEE BACK OF FORM



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)
 Friends to Elect Tom Salvatore

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
3-4-04	ID# CK# NA	Postal Emp. Credit Union 13 So 3rd St Fort Dodge, Ia 50501	open checking / Savings 5 accounts "Checks"	\$ 10.98
3-5-04	ID# CK#	Wel-Max 3086 1st Ave So. Ft Dodge, Ia 50501	"Envelopes"	\$ 4.38
3-7-04	ID# CK#	Office Max 2950 5th Ave So Fort Dodge, Ia 50501	"Computer Paper" (8.5x11)	\$ 31.79
3-8-04	ID# CK#	U.S. Postal Service Fort Dodge, Ia 50501	"STamps"	\$ 74.00
3-8-04	ID# CK#	Jiffi Print 2200 Cent Ave Fort Dodge, Ia 50501	"200 Copies"	\$ 11.13
3-14-04	ID# CK#	U.S. Postal Service Fort Dodge, Ia 50501	"STAMPS"	\$ 22.20
3-19-04	ID# CK#	Postmaster Ft Dodge, Ia 50501	"Stamps"	\$ 22.20
4-5-04	ID# CK#	Carver Printing 1739 East Grand Ave D.M., Ia 50316	"yard signs"	\$ 561.80
SUB-TOTAL				\$ 738.48
TOTAL (if last page of this schedule)				\$

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).)

FOR INSTRUCTIONS, SEE BACK OF FORM



EXPENDITURES – MONEY SPENT FROM COMMITTEE ACCOUNT

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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
<i>4/12/04</i>	ID# CK#	<i>Wal Mart 3036 - 1st - 50 Ft Dodge, Ia 50501</i>	<i>STAPLER and PACKAGE TAPE FOR SIGNS.</i>	<i>\$ 15.80</i>
	ID# CK#			
SUB-TOTAL				<i>\$ 15.80</i>
TOTAL (if last page of this schedule)				<i>\$ 754.28</i>

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).)

THIS FORM IS USED BY CANDIDATES' COMMITTEES ONLY

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

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SCHEDULE H (Rev. 07/03)	CAMPAIGN PROPERTY
ATTACH SCHEDULE H TO EACH REPORT, MAKING CHANGES AS REQUIRED.	
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

PART I - ONGOING INVENTORY OF CAMPAIGN PROPERTY

PART II - SALES OR TRANSFERS OF CAMPAIGN PROPERTY **

Date Purchased (Schedule B) or Date Received (Schedule E) (MM/DD/YR)	Description of Property	Purchase Price or Est. Value When Acquired*	Current Value at Fair Market This Report
3-7-04	Computer paper	\$ 31.79	\$ 20.02
3-14-04	Stamps	\$ 22.20	\$ 1.48
4-5-04	Yard Signs	\$ 561.90	\$ 516.86
4-12-04	Stapler & Tape	\$ 15.80	\$ 8.00
5-3-04	Ink	115.50	\$ 59.50

Date (MM/DD/YR)	Name and Address of Purchaser/Donee	Description of Property	Sold? Y/N	Sale Price	Value of Donation

TOTAL VALUE CAMPAIGN PROPERTY THIS REPORT (TRANSFER TO SUMMARY PAGE) \$ 605.84

** PROPERTY SALES & TRANSFERS TOTAL (TRANSFER TO SUMMARY PAGE) \$ _____ TOTALS \$ _____ \$ _____

* If estimated, show est. beside figure.

(Attach Additional Schedules if Needed)