

File with:
Iowa Ethics and Campaign
Disclosure Board
510 E. 12th, Ste. 1A
Des Moines, Iowa 50319
Fax: 515-281-4073



FOR INSTRUCTIONS, SEE BACK OF FORM
DISCLOSURE SUMMARY PAGE

IA ETHICS AND
CAMPAIGN DISCLOSURE BY

COMMITTEE NAME (Must be same as on Statement of Organization) 2007 OCT 11 AM 11:36
Mike HOBART FOR Mayor

IMPORTANT: Indicate by # type of committee you are reporting for: 6
(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: MIKE HOBART Political Party (if applicable): N/A
Office Sought: MAYOR OF SIOUX CITY District (if Senate or House): _____

FORM
DR-2
(Rev. 07/2007) DISCLOSURE REPORT

For Office Use Only

Comm. # _____
Logged In _____
Scanned _____
Computer _____
Audited _____

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a

Mike Hobart 712-899-8297 10/4/07
SIGNATURE OF PERSON FILING REPORT TELEPHONE DATE SIGNED

I AM FILING A OCT. 4 REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR.
(report date) Indicate by # 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 DR-3 is filed.)

Local Committees, enter Date of Election
Primary 10/19/07 GENERAL 11/6/07
County & Local Committees, enter County in
which Election is held
WOODBURY

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.)	\$	<u>- 0 -</u>
ADD TOTAL MONEY TAKEN IN THIS PERIOD		
Schedule A: Cash Contributions total (Attach Schedule A) (**also see in-kind below)	\$	<u>1,645.00</u>
Schedule F: Loans Received total (Attach Schedule F)	\$	<u>- 0 -</u>
Schedule H: Total Sales of Campaign Property (Attach Schedule H)	\$	<u>- 0 -</u>
<u>(Schedule H applies to Candidates' Committees Only)</u>		
SUB-TOTAL	\$	<u>1,645.00</u>
SUBTRACT TOTAL MONEY SPENT THIS PERIOD		
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)	\$	<u>539.02</u>
Schedule F: Loan Repayments total (Attach Schedule F)	\$	<u>- 0 -</u>
CASH ON HAND at the end of this reporting period (if final report balance must be zero)	\$	<u>1,105.98</u>
**UNPAID BILLS (From Schedule D - Attach Schedule D)	\$	<u>- 0 -</u>
*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)	\$	<u>- 0 -</u>
**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)	\$	<u>- 0 -</u>
CONSULTANT BREAKDOWN (Schedule G Attached?)		YES _____ NO _____
CANDIDATE COMMITTEES ONLY:		
VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)	\$	<u>- 0 -</u>

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

For Instructions, See Back of Form

Read 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)
MIKE HOBART FOR MAYOR

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.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), 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
8-2-07	ID# CK#	George Madson 3916 Sylvian way Sioux City IA 51104		\$ 200.00	<input type="checkbox"/>
8-29-07	ID# CK#	Gary + Shirley Steveron 2427 Mohawk Dr Sioux City IA 51104		200.00	<input type="checkbox"/>
8-30-07	ID# CK#	Dorit Wanda Velt Kamp 3353B Frelson Dr Sioux City IA 51108		200.00	<input type="checkbox"/>
9-21-07	ID# CK#	Thomas Kimmel 111 Doral Lane Dakota Dunes SD 57049		245.00	<input type="checkbox"/>
9-22-07	ID# CK#	Chad Gessaman 102 Hwy 105N North Sioux City SD 57049		50.00	<input type="checkbox"/>
9-23-07	ID# CK#	Thomas Kenny M 958 Pablos Beach Dr Dakota Dunes SD 57049	son-in-law	300.00	<input type="checkbox"/>
9-24-07	ID# CK#	Katherine Saunders 1094 Pacheco ct Sioux City IA 51108		100.00	<input type="checkbox"/>
9-24-07	ID# CK#	James Walsh 3208 Cheyenne Blvd Sioux City IA 51104		50.00	<input type="checkbox"/>
9-27-07	ID# CK#	Robert Schmidt 6005 Pine View Dr Sioux City IA 51106		50.00	<input type="checkbox"/>
9-27-07	ID# CK#	Karen Heidman 3659 Lindenwood St Sioux City IA 51104		100.00	<input type="checkbox"/>
SUB-TOTAL				\$1,495.00	
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

Reset 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)
Mike HOBART FOR Mayor

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.

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CAUTION: Section 68B.32A(6), 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* (# applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
9-27-07	ID# CK#	A Franks Baron 750 Pierce St Sioux City IA 51101		\$ 25.00	<input type="checkbox"/>
9-27-07	ID# CK#	Larry Beck 6350 3rd Pl Sioux City IA 51106		100.00	<input type="checkbox"/>
9-27-07	ID# CK#	Jay Morrison 15 Gilman ter. Sioux City IA 51104		25.00	<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
TOTAL (if last page of this schedule)
\$ 150.00
\$ 1,645.00

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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)
MIKE HOBART FOR MAYOR

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
9-11-07	ID# CK#	Signs By Tomorrow 4717 Southern Hills Dr Sioux City IA 51106	Magnetic signs	\$ 416.02
9-21-07	ID# CK#	USPO 214 Jackson St Sioux City IA 51101	Stamps for mailings	123.00
	ID# CK#			
SUB-TOTAL				\$ 539.02
TOTAL (if last page of this schedule)				\$ 539.02

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).)