

DISCLOSURE SUMMARY PAGE

FORM DR-2 (Rev. 07/2003)	DISCLOSURE REPORT
For Office Use Only	
Comm. # <u>9693</u>	
Logged In <u>KH</u>	
Scanned _____	
Computer _____	

COMMITTEE NAME (Must be same as on Statement of Organization) Aprica American Leadership Coalition

IMPORTANT: Indicate type of committee you are reporting for: 2

(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 _____ Political Party _____

Office Sought _____ District (if Senate or House) _____

IA ELECTION DISCLOSURE BOARD
 OCT 17 2003
 FILED HD

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

515-262-7828
 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 October 19, 2003 REPORT FOR AN/A (1) ELECTION / (2) NON-ELECTION YEAR.
 (report date) Indicate one

CHECK IF AMENDMENT TO REPORT DATED _____

Local Committees, enter Date of Election _____
County & Local Committees, enter County in which Election is held _____

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.)

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>409.50</u>
ADD TOTAL MONEY TAKEN IN THIS PERIOD	
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)	<u>1225.00</u>
Schedule F: Loans Received total (Attach Schedule F)	_____
Schedule H: Total Sales of Campaign Property (Attach Schedule H)	_____
(Schedule H applies to Candidates' Committees Only)	
SUB-TOTAL	\$ <u>1634.50</u>
SUBTRACT TOTAL MONEY SPENT THIS PERIOD	
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)	<u>569.78</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>1064.72</u>

**UNPAID BILLS (From Schedule D - Attach Schedule D)	\$ _____
*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?) _____ YES _____ NO

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H) \$ _____

For Instructions, See Back of 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)

Africa American Leadership Coalition (PAC)

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
12 Jul 03	ID# CK# Cash	Jonathan Narcisse 1168 22 nd Des Moines, IA 50311		\$ 200. ⁰⁰	
12 Jul 03	ID# CK# Cash	AKo Abdul-Samad 1429 12 th Des Moines, IA 50314		100. ⁰⁰	
12 Jul 03	ID# CK# 1326	Vicky Long Hill 4200 Park Ave Bldg 8, Apt 22 Des Moines, IA 50321		25. ⁰⁰	
19 Jul 03	ID# CK# Cash	Rev. Keith A. Ratliff, sr. 4706 103 rd Street Urbandale, IA 50322		100. ⁰⁰	
19 Jul 03	ID# CK# Cash	Connie Evans 1837 13 th Street Des Moines, IA 50314		50. ⁰⁰	
26 Jul 03	ID# CK# 7299	Mary L. Chapman 3707 Skyline Cr. Des Moines, IA 50310		100. ⁰⁰	
16 Aug 03	ID# CK# Cash	Rev Keith A. Ratliff 4706 103 rd Street Urbandale, IA 50322		150. ⁰⁰	
16 Aug 03	ID# CK# Cash	AKo - Abdul-Samad 1429 12 th Des Moines, IA 50314		50. ⁰⁰	
16 Aug 03	ID# CK# Cash	JOANN Hughes		200. ⁰⁰	
16 Aug 03	ID# CK# 3446	Vicky Long Hill 4200 Park Ave Bldg 8, Apt. 22 Des Moines, IA 50321		25. ⁰⁰	
SUB-TOTAL				\$ 1,000. 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

CONTRIBUTIONS – MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 06/97)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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

African American Leadership Coalition (PAC)

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
8/30/03	ID# CK# <i>Temp</i>	<i>Elder Aaron Carter</i> <i>P.O. Box 962</i> <i>Des Moines, IA 50304</i>		<i>\$ 100.⁰⁰</i>	
9/6/03	ID# CK# <i>11461</i>	<i>Rev H-I. Thomas</i> <i>1348 Mc Cormick</i> <i>Des Moines, IA 50316</i>		<i>100⁰⁰</i>	
9/13/03	ID# CK# <i>3478</i>	<i>Vicky Long Hill</i> <i>4200 Park Avenue Bldg 8, #22</i> <i>Des Moines, IA 50321</i>		<i>25⁰⁰</i>	
	ID# CK#				

SUB-TOTAL

\$ 225⁰⁰

TOTAL (if last page of this schedule)

\$ 1225⁰⁰

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FOR INSTRUCTIONS, SEE BACK OF FORM

SCHEDULE B (Rev. 09/97)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

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)
African American Leadership Coalition (PAC)

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
9/6/03	ID# CK# 1001	K Jmc Radio Station	Air Time (Announcements)	\$ 500.00
9/20/03	ID# CK# 1002	Jonathan Nafisse	Reimbursement for payment to Kinko's	51.28
9/25/03	ID# CK# 1003	Kinko's	Banner for AALC	18.50
	ID# CK#			
SUB-TOTAL				\$ 569.78
TOTAL (if last page of this schedule)				\$ 569.78

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 56.6(3)(i).)