

FOR INSTRUCTIONS, SEE BACK OF FORM

Kathleen

DISCLOSURE SUMMARY PAGE

Reset Form

FORM DR-2 (Rev. 07/2003)	DISCLOSURE REPORT
For Office Use Only	
Comm. # <u>607</u>	
Logged In <u>[Signature]</u>	
Scanned _____	
Computer _____	
Audited _____	

COMMITTEE NAME (Must be same as on Statement of Organization)
Hoffmann for State Senate Committee

IMPORTANT: Indicate type of committee you are reporting for: 1

(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 - DISCLOSURE BOARD

Candidate Name _____ Political Party _____

Office Sought _____ District (if Senate or House) _____

FILED JAN 23 2004 PM 1-21

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

(72) 255-3400
TELEPHONE

1/21/2004
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 1/1/2003 to 12/31/2003 REPORT FOR AN/A (1) ELECTION /(2) NON-ELECTION YEAR.
(report date)

Indicate one 1 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

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.) \$ None

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below) _____

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 \$ None

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below).... _____

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) \$ None

****UNPAID BILLS** (From Schedule D - Attach Schedule D)..... \$ 18,632.30

****IN KIND CONTRIBUTIONS** (From Schedule E - Attach Schedule E) \$ _____

****OUTSTANDING LOANS** (From Schedule F - Attach Schedule F)..... \$ 720.98

CANDIDATE COMMITTEES ONLY:

CONSULTANT BREAKDOWN (Schedule G Attached?) YES NO

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H) \$ None

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)
HOFFMAN FOR STATE SENATE COMMITTEE

SCHEDULE F (Rev. 08/96)	LOANS RECEIVED & REPAYED
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

NOTE: This schedule reports money loaned to the committee which is deposited in the committee account.

TOTAL UNPAID LOANS FROM LAST REPORTING PERIOD \$ 950.00

PART I - MONETARY LOANS RECEIVED THIS REPORTING PERIOD
 (Original source of loan, such as a bank, must be shown if a third party is involved. Include loans from candidate's personal funds.)

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, if Applicable)	RELATIONSHIP TO CANDIDATE (If Applicable)	AMOUNT OF LOAN
			\$

TOTAL (PART I) \$ - 0 -

PART II - MONETARY LOAN REPAYMENTS MADE THIS REPORTING PERIOD
 (Loans forgiven must be reported on Schedule E -- In-kind Contributions)

DATE PAID (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, if Applicable)	RELATIONSHIP TO CANDIDATE* (If Applicable)	AMOUNT REPAYED
1/17/2002	Kay Hoffmann 1902 Jackson St. Sioux City, IA 51104	Husband	\$ 229.02

TOTAL CASH REPAYMENTS (PART II) 229.02

From Schedule E -- TOTAL LOANS FORGIVEN \$ _____

TOTAL OUTSTANDING LOANS END OF REPORT PERIOD \$ 720.98

*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). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column when it applies.

THIS FORM IS USED BY CANDIDATES' COMMITTEES ONLY

SCHEDULE
G
(Rev. 02/96) BREAKDOWN OF MONETARY EXPENDITURES BY CONSULTANT

CHECK THIS BOX IF AMENDING FORM

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

HOFFMANN FOR STATE SENATE COMMITTEE

PART II- ITEMIZED BREAKDOWN OF UNREIMBURSED EXPENSES PAID BY CONSULTANT TO OTHERS IN PERFORMING SERVICES OF CONTRACT (These expenses should NOT be reported on Schedule B, as they are direct payment from the consultant.)

PART I - NAME AND ADDRESS OF CONSULTANT

Name of Consultant
EBI Video Inc. / Victory Media

Mailing Address
5000 Tremont, Suite 102

City State Zip Code
Davenport, IA 52807

CONTRACT PERIOD (MM/DD/YR)

From *10/20/98*
To *11/2/98*

TOTAL ANTICIPATED COMPENSATION FOR PERFORMANCE
\$ *3,697.85*

ESTIMATES OF PERFORMANCE

DATE EXPENDED (MM/DD/YR)	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE	AMOUNT EXPENDED
			\$

SUB-TOTAL \$

TOTAL (If last page of this schedule) \$