FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

FORM DR-2 (Rev. 01/98)	DISCLOSURE REPORT

For Office Use Only
Comm. # 6248
Indexed SW
Audited
Computer SW

#6248

COMMITTEE NAME American Federation of State, County, Municipal Employees Local 1868 Polk County

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 Slate of Candidates

David J. Hawkins — **SIGNATURE OF TREASURER (or person filing this report)**

515-286-3661 — **TELEPHONE**

1·12·04 — **DATE SIGNED**

Routine Penalties Due For Late Filed Reports Range from $20 to $800

JAN 13 2004

SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE:

I AM FILING A December 31, 2003 REPORT FOR AN/A **(1) ELECTION /(2)NON-ELECTION** YEAR.
(report date) 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

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.) ..... $ 1081.17

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) 322.95

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 ..... $ 1404.12

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) 2.00

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) ..... $ 1402.12

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)

#6248

SCHEDULE A (Rev. 06/97)	MONETARY RECEIPTS
☐ CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME American Federation of State, County, Municipal Employees Local 1868 Polk County

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
10/24/03, 11/7/03, 11/21/03, 12/5/03, 12/22/03	ID# CK#	GARY J AHN 409 W BROADWAY COLFAX, IA 50054		$15.00	
	ID# CK#	BARBARA POST-ALTHAUS 1510 THOMPSON DES MOINES, IA 50312		2.50	
	ID# CK#	JAMES APPLEBY 1321 E 27TH CT DES MOINES, IA 50315		20.00	
	ID# CK#	GARY ASH 2335 E 34TH STREET DES MOINES, IA 50317		12.50	
	ID# CK#	ANGELA BARNES 2719 42ND ST DES MOINES, IA 50310		5.00	
	ID# CK#	FRED BEATTIE 507 BROWN ST RUNNELLS, IA 50237		5.00	
	ID# CK#	WILLIAM BERNARD 1531 SEARLE DES MOINES, IA 50317		5.00	
	ID# CK#	ROBERT E CONLEY JR 300 WALNUT #79 - 1203 DES MOINES, IA 50309		15.00	
	ID# CK#	PAM CONNER 2715 E 40TH DES MOINES, IA 50317		15.00	
	ID# CK#	ANGELA CONNOLLY 4707 BEAVER DES MOINES, IA 50310		5.00	

SUB-TOTAL $100.00

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) (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.

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

#6248

SCHEDULE A (Rev. 06/97)	MONETARY RECEIPTS
☐ CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME American Federation of State, County, Municipal Employees Local 1868 Polk County

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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
10/24/03, 11/7/03, 11/21/03, 12/5/03, 12/22/03	ID# CK#	CONNIE EWING RR3 BOX 45B LEON, IA 50144		$ 5.00	
	ID# CK#	DAVID HAWKINS 615 SE TITUS DES MOINES, IA 50315		25.00	
	ID# CK#	DAVID HIBBARD 1042 BADGER CREEK RD VAN METER, IA 50261		30.00	
	ID# CK#	MARCI L HINES 2112 E 24TH ST DES MOINES, IA 50317		20.00	
	ID# CK#	PAUL HOUSTON 5644 NORTHVIEW PLACE WEST DES MOINES, IA 50266		2.50	
	ID# CK#	LAWRENCE JAMES 928 CALIFORNIA DRIVE DES MOINES, IA 50312		15.00	
	ID# CK#	JOEL JOHNSON 10398 NW 44TH POLK CITY, IA 50226		25.00	
	ID# CK#	MARK JONES 207 HART AVE DES MOINES, IA 50315		12.50	
	ID# CK#	VAUGHN E LEWIS 6569 VISTA DRIVE #69207 WEST DES MOINES, IA 50266		10.45	
	ID# CK#	MARLIN LUING BOX 316 BONDURANT, IA 50035		25.00	

SUB-TOTAL $ 170.45

TOTAL ***(if last page of this schedule)*** $

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For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

#6248

SCHEDULE A (Rev. 06/97)	MONETARY RECEIPTS
☐ CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME American Federation of State, County, Municipal Employees Local 1868 Polk County

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
10/24/03, 11/7/03, 11/21/03, 12/5/03, 12/22/03	ID# CK#	LARRY NOBLE 3311 E AURORA DES MOINES, IA 50317		$12.50	
	ID# CK#	CHARLES RIPLEY PO BOX 27122 WEST DES MOINES, IA 50265		5.00	
	ID# CK#	MYNDI SCHARF 4121 10TH ST DES MOINES, IA 50313		5.00	
	ID# CK#	LARRY THOMSEN 404 GRANT ST, N BONDURANT, IA 50035		5.00	
	ID# CK#	CHARLES F VERHEUL 107 4TH STREET, NW MITCHELLVILLE, IA 50169		20.00	
	ID# CK#	JAMES WARD 4045 46TH DES MOINES, IA 50310		5.00	
	ID# CK#				
	ID# CK#				
	ID# CK#				
	ID# CK#				

SUB-TOTAL $52.50

TOTAL ***(if last page of this schedule)*** $322.95

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FOR INSTRUCTIONS, SEE BACK OF FORM

SCHEDULE **B** (Rev. 09/97)	MONETARY EXPENDITURES
☐ 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.

#6248

COMMITTEE NAME American Federation of State, County, Municipal Employees Local 1868 Polk County

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
11·17·03	ID# CK#	US BANK 520 WALNUT ST DES MOINES, IA 50309	NOV. Monthly Fee	$ 2.00
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
			SUB-TOTAL	$ 2.00
			TOTAL (*if last page of this schedule*)	$ 2.00

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).)