

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

Reset Form

FORM DR-2 (Rev. 07/2003)	DISCLOSURE REPORT
For Office Use Only	
Comm. # <u>6248</u>	
Logged In <u>SW tracked</u>	
Scanned _____	
Computer _____	
Audited _____	

COMMITTEE NAME (Must be same as on Statement of Organization) #6248

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

CANDIDATE COMMITTEES ONLY:

Candidate Name _____ Political Party _____

Office Sought HD District (if Senate or House) _____

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

515-286-3661
TELEPHONE

5-17-04
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 May 14, 2004 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.)	\$ 1402.12
ADD TOTAL MONEY TAKEN IN THIS PERIOD	
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)	554.31
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	\$ 1956.43
SUBTRACT TOTAL MONEY SPENT THIS PERIOD	
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)	709.36
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)	\$ 1247.07

**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) \$ _____

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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)

#6248

COMMITTEE NAME (Must be same as on Statement of Organization)
American Federation of State, County, Municipal Employees Local 1868 Polk Co

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
	ID# CK#	Gary Ahn 409 W Broadway Colfax, IA 50054		\$27.00	<input type="checkbox"/>
	ID# CK#	Barb Post-Althaus 1510 Thompson Des Moines, IA 50312		4.50	<input type="checkbox"/>
	ID# CK#	James Appleby 1321 E 27th Ct Des Moines, IA 50317		36.00	<input type="checkbox"/>
	ID# CK#	Gary Ash 2335 E 34th St Des Moines, IA 50317		22.50	<input type="checkbox"/>
	ID# CK#	Angela Barnes 2719 42nd St Des Moines, IA 50310		9.00	<input type="checkbox"/>
	ID# CK#	Fred Beattie 507 Brown St Runells, IA 50237		9.00	<input type="checkbox"/>
	ID# CK#	William Bernard 1531 Searle Des Moines, IA 50317		9.00	<input type="checkbox"/>
	ID# CK#	Robert Conley 300 Walnut #79-1203 Des Moines, IA 50309		27.00	<input type="checkbox"/>
	ID# CK#	Pamela Conner 2715 E 40th Des Moines, IA 50317		27.00	<input type="checkbox"/>
	ID# CK#	Angela Connolly 4707 Beaver Des Moines, IA 50310		9.00	<input type="checkbox"/>
SUB-TOTAL				\$ 180.00	
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.

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SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
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CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

#6248

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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
	ID# CK#	Connie Ewing 25452 - 275th St Leon, IA 50144		\$9.00	<input type="checkbox"/>
	ID# CK#	David Hawkins 615 SE Titus Des Moines, IA 50315		45.00	<input type="checkbox"/>
	ID# CK#	David Hibbard 1042 Badger Creek Rd Van Meter, IA 50261		54.00	<input type="checkbox"/>
	ID# CK#	Marci Hines 2112 E 24th St Des Moines, IA 50317		36.00	<input type="checkbox"/>
	ID# CK#	Paul Houston 5644 Northview Pl West Des Moines, IA 50266		4.50	<input type="checkbox"/>
	ID# CK#	Joel Johnson 10398 NW 44th Polk City, IA 50226		45.00	<input type="checkbox"/>
	ID# CK#	Mark Jones 207 Hart Ave Des Moines, IA 50315		22.50	<input type="checkbox"/>
	ID# CK#	Vaughn Lewis 4501 Marcourt Ln West Des Moines, IA 50266		18.81	<input type="checkbox"/>
	ID# CK#	Marlin Luing Box 316 Bondurant, IA 50035		45.00	<input type="checkbox"/>
	ID# CK#	Larry Noble 3311 E Aurora Des Moines, IA 50317		22.50	<input type="checkbox"/>

SUB-TOTAL

\$ 302.31

TOTAL (if last page of this schedule)

\$

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SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
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CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

#6248

COMMITTEE NAME (Must be same as on Statement of Organization)
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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
	ID# CK#	Charles Ripley PO Box 27122 West Des Moines, IA 50265		\$9.00	<input type="checkbox"/>
	ID# CK#	Myndi Scharf 2122 E 24th St Des Moines, IA 50317		9.00	<input type="checkbox"/>
	ID# CK#	Larry Thomsen 404 Grant St, N Bondurant, IA 50035		9.00	<input type="checkbox"/>
	ID# CK#	Charles VerHeul 107 4th St, NW Mitchellville, IA 50169		36.00	<input type="checkbox"/>
	ID# CK#	James Ward 4045 46th Des Moines, IA 50310		9.00	<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				\$ 72.00	
TOTAL (if last page of this schedule)				\$ 554.31	

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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.

#6248

COMMITTEE NAME (Must be same as on Statement of Organization)
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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
1/20/04	ID# CK# 1103	AFSCME PEOPLE 1625 L Street, NW Washington, DC 20036	Specific Intent Donations	\$ 120.96
2/12/04	ID# CK# 1104	Committee to Elect Michael A. Mauro 4325 SW 31st Des Moines, IA 50321	Contribution	250.00
3/12/04	ID# CK#	US Bank 520 Walnut St Des Moines, IA 50309	March Fee	2.00
4/22/04	ID# CK# 1105	Dan Flaherty for House 3924 Richmond Avenue Des Moines, IA 50317	Contribution	250.00
5/4/04	ID# CK# 1106	AFSCME PEOPLE 1625 L Street, NW Washington, DC 20036	Specific Intent Donations	86.40
	ID# CK#			
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$ 709.36
TOTAL (if last page of this schedule)				\$ 709.36

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).)