

DISCLOSURE SUMMARY PAGE

| | |
|---------------------------------------|----------------------|
| FORM DR-2 (Rev. 07/2003) | DISCLOSURE REPORT |
| For Office Use Only | |
| Comm. # | <u>1530</u> |
| Logged In | <u>9</u> |
| Scanned | _____ |
| Computer | _____ |
| Audited | _____ |

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

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:

| | |
|--|--|
| Candidate Name <u>Gerald Overman</u> | Political Party <u>Democrat</u> |
| Office Sought <u>State Representative</u> | District (if Senate or House) <u>68</u> |
| <u>Kathleen Overman</u> | <u>2664009 HD 6-4-04</u> |

SIGNATURE OF TREASURER (or person filing this report) TELEPHONE FILED DATE SIGNED

**ETHICS & CAMPAIGN
DISCLOSURE BOARD**
JUN - 4 2004

Late filed reports are subject to possible civil and criminal penalties.

SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE:

I AM FILING A 6-4-04 REPORT FOR AN/A (1) ELECTION / (2) NON-ELECTION YEAR.
(report date) Indicate one 1

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
June 8, 2004

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.) | \$ | <u>2051.28</u> |
| ADD TOTAL MONEY TAKEN IN THIS PERIOD | | |
| Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below) | | <u>150.00</u> |
| 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..... | \$ | <u>2201.28</u> |
| SUBTRACT TOTAL MONEY SPENT THIS PERIOD | | |
| Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below) | | <u>2095.84</u> |
| Schedule F: Loan Repayments total (Attach Schedule F) | | <u>-</u> |
| CASH ON HAND at the end of this reporting period (if final report, balance must be zero) (Attach DR-3) | \$ | <u>105.44</u> |
| <hr/> | | |
| **UNPAID BILLS (From Schedule D - Attach Schedule D) | \$ | _____ |
| *IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E) | \$ | <u>2295.91</u> |
| **OUTSTANDING LOANS (From Schedule F - Attach Schedule F) | \$ | _____ |
| CANDIDATE COMMITTEES ONLY: | | |
| CONSULTANT BREAKDOWN (Schedule G Attached?) | \$ | <u>YES</u> <u>NO</u> |
| 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. 06/97) | MONETARY RECEIPTS |
| <input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM | |

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

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 |
|--------------------------|--|--|--|-----------------|-----------------------------|
| 5/16/04 | ID# CK# 2613 | Mary Francine Linnone 1121 Potter Avenue Des Moines IA 50315 | Friend | \$ 50.00 | |
| 5/20/04 | ID# CK# | Robert Mahaffey 2220 E. 32nd Street Des Moines IA 50317 | Friend | 50.00 | |
| 5/28/04 | ID# CK# S368 | C. Fredrick Fuller 3223 E. 29th Street Des Moines IA 50317 | Friend | 50.00 | |
| | ID# CK# | | | | |

SUB-TOTAL

\$
\$ 150.00

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

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.

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

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

| 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 |
|---------------------------------------|--|--|--------------------------------|-----------------|
| 5/20/04 | ID# CK# 1031 | Carter Printing 1739 E. Grand Des Moines IA 50316 | Signs, pens | \$1594.24 |
| 5/27/04 | ID# CK# 1032 | Carter Printing 1739 E. Grand Des Moines IA 50316 | Mailer | 381.60 |
| 5/29/04 | ID# CK# 1033 | Direct Marketing 2130 belowway Des Moines IA 50316 | Mailing Expense | 120.00 |
| | ID# CK# | | | |
| SUB-TOTAL | | | | \$ |
| TOTAL (if last page of this schedule) | | | | \$2095.84 |

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).)

FOR INSTRUCTIONS, SEE BACK OF FORM

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

Ovesman for Citizens

SCHEDULE
E
(Rev. 06/97) IN KIND
CONTRIBUTIONS

CHECK THIS BOX IF
AMENDING FORM

| DATE RECEIVED (MM/DD/YR) | NAME AND ADDRESS OF CONTRIBUTOR | RELATIONSHIP TO CANDIDATE * (if applicable) | DESCRIPTION OF IN KIND CONTRIBUTION | ESTIMATED FAIR MARKET VALUE | ✓ IF FOR FUND-RAISER CONTRIBUTION |
|--------------------------|---|---|-------------------------------------|-----------------------------|-----------------------------------|
| 5/27/04 | Gerald E. Ovesman 2118 Maston Des Moines IA 50317 | | Mailing Expense Direct Marketing | \$ 490.00 | |
| 5/29/04 | Gerald E. Ovesman 2118 Maston Des Moines IA 50317 | | Mailing Expense Direct Marketing | 60.25 | |
| 6/3/04 | Gerald E. Ovesman 2118 Maston Des Moines IA 50317 | | Advertising in Iowa Bystander | 720.00 | |
| 6/4/04 | Gerald E. Ovesman 2118 Maston Des Moines IA 50317 | | Mailing Expense Direct Marketing | 1025.66 | |
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SUB-TOTAL \$

TOTAL (if last page of this schedule) \$ 2295.91

*Disclosure law requires candidates to disclose the relationship of any relative making an in kind 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.