Benton

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

Reset Form

FORM DR-2 (Rev. 07/2004)	DISCLOSURE REPORT

For Office Use Only
Comm. # 17745
Logged In DM
Scanned
Computer DM
Audited

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

Committee to Elect Terry Harrington for Supervisor

IMPORTANT: Indicate by # type of committee you are reporting for: (1)Statewide/Legislative/Judge Standing for Retention Candidate (2)State PAC (3)State Party (4)County Central Committee (5)County Candidate (6)City Candidate (7)School Board or Other Political Subdivision Candidate (8)County PAC (9)City PAC (10)School Board or Other Political Subdivision PAC (11) Local Ballot Issue

CANDIDATE COMMITTEES ONLY:

Candidate Name: Terry Harrington
Political Party (if applicable): Democrat
Office Sought: Benton County Supervisor
District (if Senate or House):

Late reports are subject to possible civil and criminal penalties.

Elaine Harrington — **SIGNATURE OF PERSON FILING REPORT**
319-227-2868 — **TELEPHONE**
12/9/04 — **DATE SIGNED**

I AM FILING A Final Report REPORT FOR (1) ELECTION /(2)NON-ELECTION YEAR.
(report date)
Indicate by # 1

DEC 09 2004

☐ 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 DR-3 is filed.)

Local Committees, enter Date of Election: Nov. 2 2004
County & Local Committees, enter County in which Election is held: Benton

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (Total of all funds 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.) ..... $ 166.83

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below) 712.00
Schedule F: Loans Received total (Attach Schedule F) 0
Schedule H: Total Sales of Campaign Property (Attach Schedule H) 0
(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL ..... $ 878.83

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below) 878.83
Schedule F: Loan Repayments total (Attach Schedule F) 0

CASH ON HAND at the end of this reporting period (if final report balance must be zero) (Attach DR-3) ..... $ 0

****UNPAID BILLS** (From Schedule D - Attach Schedule D) ..... $ 0
***IN KIND CONTRIBUTIONS** (From Schedule E - Attach Schedule E) ..... $ 15.00
****OUTSTANDING LOANS** (From Schedule F - Attach Schedule F) ..... $ 0

CANDIDATE COMMITTEES ONLY:

CONSULTANT BREAKDOWN (Schedule G Attached?) ☐ YES ☒ NO
VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H) $ 0

For Instructions, See Back of Form

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SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
☐ CHECK THIS BOX IF AMENDING FORM	

CONTRIBUTIONS – MONEY TAKEN IN

(Including candidate's personal funds)

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

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#	Cash (own fund)		$62.00	☐
	ID# CK#	Cash (own fund)		100.00	☐
	ID# CK#	Cash (own fund)		400.00	☐
	ID# CK#	Jim Oberreuter Watkins, IA	Friend	50.00	☐
	ID# CK#	Dennis Frese Watkins, IA	Friend	50.00	☐
	ID# CK#	Thelma Frese Watkins, IA	Friend	50.00	☐
	ID# CK#				☐
	ID# CK#				☐
	ID# CK#				☐
	ID# CK#				☐

SUB-TOTAL $

TOTAL *(If last page of this schedule)* $712.00

* 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.

Page 1 of 1 (for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

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SCHEDULE B (Rev. 07/03)	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.

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

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
	ID# CK# 1016	Postmaster Vinton, Ia	Mailings	$ 19.38
	ID# CK# 1017	Shellsburg Cable FMTCS Shellsburg, Iowa	Advertisements	16.00
	ID# CK# 1018	Belle Plaine Union P.O. Box 208 Belle Plaine, Ia	Cable Ads	19.00
	ID# CK# 1019	Coon Creek Blairstown, IA	Cable Ads	14.84
	ID# CK# 1020	Cedar Valley Times 108 E. 5th St Vinton Ia	Advertisements	235.50
	ID# CK# 1021	Star Press P.O. Box 208 Belle Plaine, IA	Advertisement	100.00
	ID# CK# 1022	MBNA (charge card)	Yard signs	384.48
	ID# CK# 1023	Live wire 108 E. 5th St. Vinton, IA	Thank You Ad	38.40
			SUB-TOTAL	$ 827.60
			TOTAL ***(if last page of this schedule)***	$

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).)

FOR INSTRUCTIONS, SEE BACK OF FORM

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SCHEDULE B (Rev. 07/03)	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.

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

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
	ID# CK# 1024	Star Press P.O. Box 208 Belle Plaine IA.	Thank You's Ads	$ 35.40
	ID# CK#			
	ID# CK#	Back to own account	left in checking account	.83
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
			SUB-TOTAL	$ 35.40
			TOTAL *(If last page of this schedule)*	$863.83

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).)

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME *(Must be same as on Statement of Organization)*
Committee to Elect Terry Harrington for Supervisor

Reset Form

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
	Auditor Benton County Court House Vinton, IA		List of names	$ 15.00	☐
					☐
					☐
					☐
					☐
					☐
					☐
					☐
					☐
					☐
			SUB-TOTAL	$	
			TOTAL (If last page of this schedule)	$ 15.00	

*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.

Page 1 of 1 (for Schedule E)

Dec 1, 2004 The Watkins Savings Bank Page 1
Wednesday CIF Inquiry - DDA History 2:56 pm

DDA History for Account Number: 14795 Customer Name: HARRINGTON TERR

TERRY HARRINGTON
FOR SUPERVISOR
OR ELAINE HARRINGTON
2725 77TH ST DR
WATKINS IA 52354

Current Balance .00
Available Balance .00

Home Phone (319)227-7868
Work Phone
Work Ext

Tax ID 482-62-9217 Alt Address 0

Date	Tran Description	Reference	Check	Amount	Balance
	Balance Forward				1,135.19
10/05/04*	Check		1013	384.00	751.19
10/05/04*	Check		1012	674.60	76.59
10/07/04*	Deposit			500.00	576.59
10/08/04*	Check		1004	409.50	167.09
10/15/04*	Deposit			100.00	267.09
10/15/04*	Check		1014	100.26	166.83
10/22/04*	Check		1017	16.00	150.83
10/22/04*	Check		1016	19.38	131.45
10/25/04*	Check		1018	19.00	112.45
10/27/04*	Deposit	From 14860		200.00	312.45
10/27/04*	Check		1020	235.50	76.95
10/29/04*	Check		1019	14.84	62.11
11/04/04*	Deposit	From 14860		100.00	162.11
11/04/04*	Check		1021	100.00	62.11
11/09/04*	Deposit	From 14860		400.00	462.11
11/09/04*	Check		1022	384.48	77.63
11/18/04*	Check		1023	38.40	39.23
11/23/04*	Check		1024	35.40	3.83
11/29/04*	Service Charge	* Includes Tax		3.00	.83
12/01/04	Closing Withdrawal			.83	.00

DEC 09 2004

Benton

FOR INSTRUCTIONS, SEE BACK OF FORM
This form is not applicable to statutory political committees.

Notice of Dissolution

FORM (Rev. 02/96)
DR-3
NOTICE OF DISSOLUTION

For Office Use Only
Comm. # 17745
Indexed AM
Audited
Computer AM
Certified Date of Dissolution

Every Notice of Dissolution shall be accompanied by a completed Disclosure Report Form current to the date of dissolution.

DEC 09 2004
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COMMITTEE NAME

Official Name of Committee
Committee to Elect Terry Harrington for Supervisor

Street
2725 - 77th St. Dr.

City, State, Zip Code
Watkins Iowa 52354

Area Code Telephone
(319) 227 - 7868

Effective date of dissolution:
December 1, 2004

Elaine Harrington
Signature of Treasurer

December 9th 2004
Date Signed

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:
I, the candidate, certify that my candidate committee's cash balance is zero, all debts, obligations and loans have been paid or satisfied in accordance with law as shown on my committee's final report and all campaign property and leftover funds have been distributed in accordance with my committee's last filed Statement of Organization.

Terry Harrington
Signature of Candidate - Required for Candidate's Committee

12/9/04
Date Signed

WHEN TO FILE:
The Notice of Dissolution must be filed within thirty (30) days of the committee's dissolution, with a copy of the final bank statement attached.