

# DISCLOSURE SUMMARY PAGE

Reset Form

*Boone*

FORM <b>DR-2</b> (Rev. 07/2004)	DISCLOSURE REPORT
<b>For Office Use Only</b>	
Comm. #	<u>17660</u>
Logged In	_____
Scanned	_____
Computer	_____
Audited	_____

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

Rinker for Supervisor

IMPORTANT: Indicate by # type of committee you are reporting for:  5

( 1 )Statewide/Legislative/Judge Standing for Retention Candidate ( 2 )State PAC ( 3 )State Party  
 ( 4 )County Central Committee ( 5 )County Board of Supervisors ( 6 )City Appraisal ( 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: Jay Rinker

Office Sought: Boone County, Iowa Supervisor

Political Party (if applicable): Republican

District (if Senate or House):

Late reports are subject to possible civil and criminal penalties.

*Patricia Ankenbauer*  
SIGNATURE OF PERSON FILING REPORT

515-275-4270  
TELEPHONE

10/15/04  
DATE SIGNED

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

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
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. (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.) ..... \$ 348.28

**ADD TOTAL MONEY TAKEN IN THIS PERIOD**

Schedule A: Cash Contributions total (Attach Schedule A) (\*also see in-kind below) ..... 2,021.00

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 .....** \$ 2,369.28

**SUBTRACT TOTAL MONEY SPENT THIS PERIOD**

Schedule B: Expenditures total (Attach Schedule B) (\*\*also see debts and loans below).... 2,233.59

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) ..... \$ 135.69

**\*\*UNPAID BILLS** (From Schedule D - Attach Schedule D) ..... \$ 112.50

**\*\*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

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**CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

<b>SCHEDULE</b> <b>A</b> (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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

Rinker for Supervisor

**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
7/15/04	ID# CK#	John and Margo Magill 60455 Indian Creek St. Lewis, Ia 51544	Sister	\$50.00	<input type="checkbox"/>
7/20/04	ID# CK#	Craig & Michelle Mahoney 2004 S. 40th Court West Des Moines, Ia. 50265	Sister	100.00	<input type="checkbox"/>
7/24/04	ID# CK#	Gail & Mary Danilson 717 W. 3rd Apt 109 Boone, Ia. 50036		25.00	<input type="checkbox"/>
7/24/04	ID# CK#	Dean and Susan Danilson 404 Hidden Wood Hollow Jefferson, S. D. 57038		500.00	<input type="checkbox"/>
7/24/04	ID# CK#	Glen Thompson 1528 Story St. Boone, Ia. 50036		60.00	<input type="checkbox"/>
8/03/04	ID# CK#	Steve & Marti Nalean 1518 C Ave. Ogden, Ia. 50036		100.00	<input type="checkbox"/>
8/04/04	ID# CK#	Dwain Betten 120 W. 5th St. Boone, Ia. 50036		250.00	<input type="checkbox"/>
8/10/04	ID# CK#	Gary and Mary Weaver 1805 B Ave. Rippey, Ia. 50235		50.00	<input type="checkbox"/>
8/11/04	ID# CK#	Oliver and Beverly Rinker 1555 B Ave. Ogden, Ia. 50212	Parents	250.00	<input type="checkbox"/>
8/21/04	ID# CK#	P & M Farms Inc. 396 190th St. Ogden, Ia. 50212		100.00	<input type="checkbox"/>
SUB-TOTAL				\$ 1485.00	
<b>TOTAL (if last page of this schedule)</b>				\$	

\* 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.

For Instructions, See Back of Form

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SCHEDULE <b>A</b> (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> 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)  
Rinker for Supervisor

**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.

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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
8/27/04	ID# CK#	Justin Doran 1183 B Ave. Beaver, Ia.		\$50.00	<input type="checkbox"/>
9/16/04	ID# CK#	Susan Nalean 1602 B Ave. Ogden, Ia. 50212		25.00	<input type="checkbox"/>
9/21/04	ID# CK#	Loren & Lisa Nalean 227 Monona Boone, Ia. 50036		100.00	<input type="checkbox"/>
9/21/04	ID# CK#	Clause Farms 612 S. Vine Jefferson, Ia 50129		25.00	<input type="checkbox"/>
9/18/04	ID# CK#	John and Margo Magill 60455 Indian Creek St. Lewis, Ia. 51544	Sister	25.00	<input type="checkbox"/>
9/23/04	ID# CK#	Coletta Nalean 1602 B Ave. Ogden, Ia. 50212		50.00	<input type="checkbox"/>
9/23/04	ID# CK#	Stephen and Jane Lawler 627 219th St. Ogden, Ia. 50212		25.00	<input type="checkbox"/>
9/13/04	ID# CK#	Unitemized Cash		66.00	<input type="checkbox"/>
9/13/04	ID# CK#	David & Terri Frieberg 1604 NW 109th St Clive, Ia 50323		50.00	<input type="checkbox"/>
9/13/04	ID# CK#	Jack & Roberta Blanshan 203 Cedar St. Boone, Ia. 50036		50.00	<input type="checkbox"/>
SUB-TOTAL				\$ 466.00	
<b>TOTAL (if last page of this schedule)</b>				\$	

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For Instructions, See Back of Form

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**CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

<b>SCHEDULE</b> <b>A</b> (Rev. 07/03)	<b>MONETARY</b> <b>RECEIPTS</b>
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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

Rinker For Supervisor

**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
10/13/04	ID# CK#	John & Elaine Anderson 1104 Country Club Dr. Boone, Iowa 50036		\$ 50.00	<input type="checkbox"/>
10/13/04	ID# CK#	G. Edwin or Bonnie Hall 1802 180th St. Boone, Ia. 50036		20.00	<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"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

\$ 70.00

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

**\$ 2021.00**

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FOR INSTRUCTIONS, SEE BACK OF FORM

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**EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT**

SCHEDULE <b>B</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.

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

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
7/15/04	ID# CK# 1004	Black Land & Cattle Inc. 2275 Zearing Ave. Somers, Ia. 50586	Refund Corporate Contribution	\$ 100.00
7/29/04	ID# CK# 1005	Ad Ventures P.O. Box 636 Boone, Iowa 50036	Brochures	342.40
8/10/04	ID# CK# 1006	Boone News-Republician 812 Keeler St. Boone, Iowa 50036	Advertisement	109.40
8/19/04	ID# CK# 1007	The Cutting Edge 1330 S. Marshall Boone, Ia. 50036	Magnets and business cards	348.07
9/04/04	ID# CK# 1008	MNG Inc. 803 S. Kennedy Madrid, Ia. 50156	Sign	50.00
9/16/04	ID# CK# 1009	Ad Ventures P.O. Box 636 Boone, Ia. 50036	Brochures	203.30
9/21/04	ID# CK# 1010	Ogden Lumber Co. Ogden, Ia. 50212	Paint and lumber	35.51
9/22/04	ID# CK# 1011	The Cutting Edge 1330 S. Marshall Boone, Ia. 50036	Decals	42.73
SUB-TOTAL				\$ 1,231.41
<b>TOTAL (if last page of this schedule)</b>				\$

**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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**EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT**

SCHEDULE <b>B</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.

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

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
10/05/04	ID# CK# 1012	MNG, Inc. 803 S. Kennedy Madrid, Ia. 50156	Decals	\$ 20.00
10/08/04	ID# CK# 1013	MNG, Inc. 803 S. Kennedy Madrid, Ia. 50156	Cut vinyl for signs	50.00
10/13/04	ID# CK# 1014	The Cutting Edge 1330 S. Marshall Boone, Ia. 50036	Signs with stakes	374.50
10/14/04	ID# CK# 1015	The Ogden Reporter Box R Ogden, Ia. 50036	Advertisements	75.00
10/14/04	ID# CK# 1016	GM Cardmember Service (A Advertising 7630 Cass St Elkhart, IN. 46514)	Ad supplies and advertising	\$482.68
	ID# CK#			
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$ 1,002.18
<b>TOTAL (if last page of this schedule)</b>				<b>\$ 2,233.59</b>

**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).)

SCHEDULE <b>D</b> (Rev. 08/98)	INCURRED INDEBTEDNESS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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

**NOTE:** Debts previously reported that remain unpaid must be included on this Schedule, as well as any new obligations incurred in this period.

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An "incurred debt" is a debt for goods or services ordered or received, but not paid for by the end of the reporting period., regardless of whether an invoice has been received.

**DEBTS/OBLIGATIONS REMAINING THIS REPORTING PERIOD  
(DO NOT INCLUDE LOANS -- SHOW LOANS ON SCHEDULE F)**

DATE INCURRED (MM/DD/YR)	NAME AND ADDRESS OF PERSON TO WHOM DEBT OR OBLIGATION IS OWED	DESCRIPTION OF GOODS OR SERVICES PROVIDED OR PURCHASED	BALANCE OWED AT CLOSE OF REPORTING PERIOD*
9/3 -9/30/04	Wilcox Pringing & Publishing, Inc. 102 S. Main St. Madrid, Ia. 50156	Newspaper Advertisement	\$ 82.50
10/1-10/12/04	The Ogden Reporter Ogden, Ia. 50212	Newspaper Advertisement	30.00
SUB-TOTAL			\$ 112.50
<b>TOTAL DEBTS OWED BY COMMITTEE AT THE END OF THIS REPORTING PERIOD</b>			\$ 112.50

\*If actual figure is unknown, show "estimated" beside the figure.

**CANDIDATE COMMITTEES NOTE:**  
\*Incurred indebtedness also includes each person/entity with whom the candidate's committee has entered into a contract during the reporting period for future or continuing performance. Enter the name of the consultant who provides or procures services for items such as advertising, fund-raising, polling, managing, or organizing services. Report on Schedule G the nature of performance and the estimated performance reasonably expected of the consultant.