

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

Reset Form

FORM DR-2 (Rev. 07/2004)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	17734
Logged In	AM
Scanned	
Computer	AM
Audited	

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

Asplund for Auditor

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: Cathy Asplund
 Office Sought: County Auditor
 Political Party (if applicable): Democrat
 District (if Senate or House): 2005

JAN 17 2005
 FILED

Late reports are subject to possible civil and criminal penalties.

Signature of Person Filing Report: Deborah M Verung Telephone: 319 352-4034 Date Signed: 1.16.04

I AM FILING A 1/19/05 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
11/02/04
 County & Local Committees, enter County in which Election is held
Bremer

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) \$ 536.18

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below) 935.00

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 \$ 1471.18

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below).... 1471.18

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)..... \$ 0

**UNPAID BILLS (From Schedule D - Attach Schedule D)..... \$ 0

**IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E) \$ 392.00

**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)

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

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
10/30/04	ID# CK#	Bremor City Democrats		\$ 900 ⁰⁰	<input type="checkbox"/>
10/15/04	ID# CK#	Heather Vering 2405 1st Ave NW Waverly IA 50677		35 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"/>
	ID# CK#				<input type="checkbox"/>
SUB-TOTAL				\$	
TOTAL (If last page of this schedule)				\$ 935 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.

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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.

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

DATE EXPENDED (MM/DD/YY)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
11/18	ID# CK# 509	Poster Ning Jordan Anderson c/o 4623 Chancellor Dr Cedar Falls IA 50613	large banner + 2 signs	\$ 134 ⁰⁰
11/12	ID# CK# 508	Jerry Asplund 1305 3 rd Ave SW Waverly IA 50187	re-payment for yard signs 720 ⁰⁰ Stamps tps 545 ⁰²	1000 ⁰¹
10-22-04	ID# CK# 507	County Auditor Bremer	Address labels	32 ⁰⁹
12-31-04	ID# CK# Cash	Jerry Asplund	re-payment of any remaining debt to Jerry Asplund	209.86
10/21/04	ID# CK# 506	Jerry Asplund for Hawns Print Rate 10	Flyers	95.23
	ID# CK#			
	ID# CK#			
	ID# CK#			

SUB-TOTAL \$

TOTAL (if last page of this schedule) \$ 1471.13

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).)

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SCHEDULE E (Rev. 06/97)	IN KIND CONTRIBUTIONS
<input type="checkbox"/> 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
10-18-04	Shirley Wright 104 Triangle Dr Still Rock	Mother	Stamps	\$ 185 ⁰⁰	<input type="checkbox"/>
10-24-04	Verny Asplund 1305 3rd Ave SW Waverly IA 50677	spouse	Stamps	370 ⁰⁰	<input type="checkbox"/>
10-24-04	Heather Vering 2008 1st Ave NW Waverly IA 50677		Stamps	370 ⁰⁰	<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
SUB-TOTAL				\$	
TOTAL (if last page of this schedule)				\$	592 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.