

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE



FORM DR-2 (Rev. 07/2004)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	21280
Logged In	
Scanned	
Computer	
Audited	

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

~~Local Election~~ Sales Tax Renewal Committee

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 SEP 30 2004 Political Party (if applicable)
Office Sought District (if Senate or House)

Late reports are subject to possible civil and criminal penalties.

Jim Carney
SIGNATURE OF PERSON FILING REPORT

712-732-5628
TELEPHONE

9/30/04
DATE SIGNED

I AM FILING A 5 day prior to election 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 <u>10/5/04</u>
County & Local Committees, enter County in which Election is held <u>Buena Vista</u>

STATEMENT OF CASH ON HAND

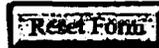
CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)	\$	<u>0</u>
ADD TOTAL MONEY TAKEN IN THIS PERIOD		
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)		<u>\$ 3150.00</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>63150.00</u>
SUBTRACT TOTAL MONEY SPENT THIS PERIOD		
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)		<u>795.83</u>
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)	\$	<u>\$ 2254.18</u>

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



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)
 Local Option Sales Tax Renewal Committee

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(5), 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
9/12/04	ID# CK# 8531	(Printing) at ISPA, The Professional Group 805 Lake Ave Storm Lake, IA 50588		\$ 25.00	<input type="checkbox"/>
9/12/04	ID# CK# 64624	Fitzpatrick Auto (Enter Inc.) 1201 N. Lake Ave Storm Lake, IA 50588		\$ 250.00	<input type="checkbox"/>
9/17/04	ID# CK# 20034916	First Federal Savings Bank 5th at Erie Storm Lake IA 50588		\$ 150.00	<input type="checkbox"/>
8/25/04	ID# CK# 179518	Central Bank P.O. Box 578 Storm Lake IA 50588		\$ 250.00	<input type="checkbox"/>
8/27/04	ID# CK# 999105	Wal-Mart Foundation 702 SW 8th St Bentonville Arkansas 72716		\$ 500.00	<input type="checkbox"/>
9/15/04	ID# CK# 205129	Security Trust & Savings Bank 601 Lake Ave Storm Lake IA 50588		\$ 250.00	<input type="checkbox"/>
9/15/04	ID# CK# 16698	Fratcke & Jensen Funeral Home 200 Conyuga St. Storm Lake, IA 50588		\$ 250.00	<input type="checkbox"/>
9/12/04	ID# CK# 6343	Taylor Contracting PO Box 1227 Storm Lake, IA 50588		\$ 250.00	<input type="checkbox"/>
9/12/04	ID# CK# 2538	Haker Publications PO Box 603 Storm Lake, IA 50588		\$ 50.00	<input type="checkbox"/>
9/10/04	ID# CK# 15364	Phil Redenbough Attorney At Law PO Box 1254 Storm Lake, IA 50588		\$ 25.00	<input type="checkbox"/>
SUB-TOTAL				\$ 2000.00	
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
<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)

Local Option Sales Tax Renewal Committee

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 88B.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
8/31/04	ID# CK# 1191	Robert E Oncluna Family Trust 707 Pleasantview Drive Storm Lake IA 50588		\$ 250.00	<input type="checkbox"/>
9/1/04	ID# CK# 11781	Sokolowski Insurance Agency 610 Genesee Street Storm Lake IA 50588		\$ 250.00	<input type="checkbox"/>
9/7/04	ID# CK# 11599	Iowa Office Supply, Inc. 731 Lake Avenue Storm Lake IA 50588		\$ 250.00	<input type="checkbox"/>
9/3/04	ID# CK# 22888	Smith Pierce & Pertchorn Insurance Services 110 East 5th Street Storm Lake IA 50588		\$ 150.00	<input type="checkbox"/>
9/28/04	ID# CK# 11458	Rasmussen Ford-Mercury Highway 71 North Storm Lake IA 50588		\$ 250.00	<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				\$ 1150.00	
TOTAL (if last page of this schedule)				\$ 3150.00	

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Reset 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. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)
Local Option Sales Tax Renewal Committee

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
9/24/04	ID# CK# 0001	Colorize 806 Lake Ave PO Box 531 Storm Lake, IA 50588	Tent Tents + Small Posters for Renewal Campaign	\$ 506.37
9/24/04	ID# CK# 0002	Iowa Office Supply 731 Lake Ave Storm Lake IA 50588	2 Sideload Copiers	\$ 195.81
9/24/04	ID# CK# 0003	Sign Screen Ink LTD 518 Genesee Storm Lake, IA 50588	Coroplast Signs	\$ 93.64
	ID# CK#			
SUB-TOTAL				\$
TOTAL (if last page of this schedule)				\$ 795.82

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 69A.402(3)(I).)