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FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

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

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

Carroll County Citizen for Mike McLeod

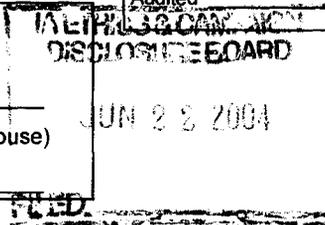
**IMPORTANT:** Indicate type of committee you are reporting for:  4

( 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

**CANDIDATE COMMITTEES ONLY:**

Candidate Name Mike McLeod Political Party Democratic

Office Sought 3rd District, Carroll Co. Supervisor District (if Senate or House) \_\_\_\_\_



Will P. Smith (717) 658-2805 20 June 04

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

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

SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE:

I AM FILING A initial 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, 04

County & Local Committees, enter County in which Election is held  
Carroll

STATEMENT OF CASH ON HAND

<b>CASH ON HAND</b> at the beginning of the reporting period. (This is the total of all monies held by the committee. This amount <b>MUST</b> 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>
<b>ADD TOTAL MONEY TAKEN IN THIS PERIOD</b>		
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)		<u>290.00</u>
Schedule F: Loans Received total (Attach Schedule F)		<u>0</u>
Schedule H: Total Sales of Campaign Property (Attach Schedule H)		<u>0</u>
<b>(Schedule H applies to Candidates' Committees Only)</b>		
	<b>SUB-TOTAL</b>	<b>\$ <u>290.00</u></b>
<b>SUBTRACT TOTAL MONEY SPENT THIS PERIOD</b>		
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)		<u>871.29</u>
Schedule F: Loan Repayments total (Attach Schedule F)		<u>0</u>
<b>CASH ON HAND</b> at the end of this reporting period (if final report, balance must be zero) (Attach DR-3)	\$	<u>140.00</u>
<b>**UNPAID BILLS</b> (From Schedule D - Attach Schedule D)	\$	<u>160.00</u>
<b>*IN KIND CONTRIBUTIONS</b> (From Schedule E - Attach Schedule E)	\$	<u>0</u>
<b>**OUTSTANDING LOANS</b> (From Schedule F - Attach Schedule F)	\$	<u>0</u>
<b>CANDIDATE COMMITTEES ONLY:</b>		
<b>CONSULTANT BREAKDOWN</b> (Schedule G Attached?)		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
<b>VALUE OF CAMPAIGN PROPERTY</b> (From Schedule H - Attach Schedule H)	\$	<u>0</u>

For Instructions, See Back of Form



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)  
*Carroll County Citizens for Mike McLeod*

**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
4/26/04	ID# CK#	Mark Burdmore		\$ 25 <sup>00</sup>	<input type="checkbox"/>
5/5/04	ID# CK#	Virginia Hagemann 18842 Noble Ave. Carroll, IA 51401		\$ 20 <sup>00</sup>	<input type="checkbox"/>
5/5/04	ID# CK#	Hubert Hagemann 18842 Noble Ave Carroll, IA 51401		\$ 20 <sup>00</sup>	<input type="checkbox"/>
5/10/04	ID# CK#	Don Hinnars 25565 Concord Ave Manning, IA 51455		\$ 100 <sup>00</sup>	<input type="checkbox"/>
5/11/04	ID# CK#	Rendall Thullen P.O. Box 252 Halbur, IA 51444		\$ 100 <sup>00</sup>	<input type="checkbox"/>
6/04/04	ID# CK#	Butty Riesselman 112 West 2nd St. Halbur, IA 51444		\$ 25 <sup>00</sup>	<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				\$ 290 <sup>00</sup>	
<b>TOTAL (if last page of this schedule)</b>				\$ 290 <sup>00</sup>	

\* 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



**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>B</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)  
*Carroll County Citizens for Mike McLeod*

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
4/8/04	ID# CK#	Stone Printing 108 West 7th St. Carroll, Iowa 51401	Campaign Flyer	\$ 519.40
5/26/04	ID# CK#	Meaning Monitor Manning, IA 51455	Campaign Ads in newspaper	196. <sup>00</sup>
5/26/04	ID# CK#	MMCTSU 717 3rd St. Manning, IA 51455	Cable / Public TV ad	7.50
6/3/04	ID# CK#	10-TV 119 East Plaza Dr Carroll, IA 51401	Cable / Public TV ad	15. <sup>00</sup>
6/18/04	ID# CK#	Coon Rapids Enterprise 504 Main Street Coon Rapids, IA 50058	Campaign Ads in newspaper.	64. <sup>00</sup>
6/16/04	ID# CK#	Gliddon Graphics P.O. Box 607 Gliddon, IA 51443	Campaign Ads in Newspaper	64. <sup>00</sup>
6/16/04	ID# CK#	The Spokesman 606 8th St. Grandy Center, IA 50638	Campaign Ads in News paper	53.39
6/16/04	ID# CK#	Herald Publishing 506 N. Court St. Carroll, IA 51401	Campaign Ads in Newspapers	852. <sup>00</sup>
SUB-TOTAL				\$ 971.29
<b>TOTAL (if last page of this schedule)</b>				\$ 871.29

**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).)

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

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

*Carroll County Citizen for Mike McLeod*

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



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

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.

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*
06/15/04	<i>Herald Publishing 506 N. Court St. Carroll, IA 51401</i>	<i>Campaign Ads in News paper</i>	\$ 160. <sup>00</sup>
<b>SUB-TOTAL</b>			\$ 160. <sup>00</sup>
<b>TOTAL DEBTS OWED BY COMMITTEE AT THE END OF THIS REPORTING PERIOD</b>			\$ 160. <sup>00</sup>

\*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.