

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE



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

COMMITTEE NAME (Must be same as on Statement of Organization)
Lee Snell for Council

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
(8) Support State of Candidates

CANDIDATE COMMITTEES ONLY:

Candidate Name: Lee Snell Political Party: _____

Office Sought: City Council District (if Senate or House): _____

NOV 24 2003

Don Canall
SIGNATURE OF TREASURER (or person filing this report)

641-423-2533
TELEPHONE

11-24-03
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 11/27/03 REPORT FOR AN/A (1) ELECTION //(2) NON-ELECTION YEAR.
(report date)

Indicate one
 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 <u>12/02/03</u>
County & Local Committees, enter County in which Election is held <u>Clayton</u>

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (This is the total of all monies 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)	\$ 0.00
ADD TOTAL MONEY TAKEN IN THIS PERIOD	
Schedule A: Cash Contributions total (Attach Schedule A) (**also see in-kind below)	1125.00
Schedule F: Loans Received total (Attach Schedule F)	0.00
Schedule H: Total Sales of Campaign Property (Attach Schedule H)	0.00
(Schedule H applies to Candidates' Committees Only)	
SUB-TOTAL	\$ 1125.00
SUBTRACT TOTAL MONEY SPENT THIS PERIOD	
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)	150.00
Schedule F: Loan Repayments total (Attach Schedule F)	0.00
CASH ON HAND at the end of this reporting period (if final report, balance must be zero) (Attach DR-3)	\$ 975.00
**UNPAID BILLS (From Schedule D - Attach Schedule D)	\$ 410.61
**IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)	\$ 10.00
**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)	\$ 0.00
CANDIDATE COMMITTEES ONLY:	
CONSULTANT BREAKDOWN (Schedules G Attached?)	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)	\$ 0.00

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CONTRIBUTIONS -- MONEY TAKEN IN
(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)
Lee Snell for Council

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

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 688.32A(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 (M/D/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
10/27/03	ID# CK#	Unitemized contributions	N/A	\$150.00	<input type="checkbox"/>
11/14/03	ID# CK#	Charlotte Snell 38 11th St NE Mason City, IA 50401	Mother	100.00	<input type="checkbox"/>
11/14/03	ID# CK#	Barbara MacGregor 680 E State Street Mason City, IA 50401	N/A	30.00	<input type="checkbox"/>
11/14/03	ID# CK#	Harold R. Winston 119 2nd St NW Mason City, IA 50401	N/A	100.00	<input type="checkbox"/>
11/14/03	ID# CK#	Unitemized contributions	N/A	40.00	<input type="checkbox"/>
11/19/03	ID# CK#	Geraldine A. Stahl 811 N Hampshire Mason City, IA 50401	N/A	30.00	<input type="checkbox"/>
11/19/03	ID# CK#	Sharon K. Lindgren 22 Asbury Place Mason City, IA 50401	N/A	30.00	<input type="checkbox"/>
11/19/03	ID# CK#	Jay Lala 221 Red Fox Court Mason City, IA 50401	N/A	50.00	<input type="checkbox"/>
11/19/03	ID# CK#	Joanne K. Snyder 1094 Birch Drive Mason City, IA 50401	N/A	50.00	<input type="checkbox"/>
11/19/03	ID# CK#	William D. Killpack 1830 Springview Drive Mason City, IA 50401	N/A	50.00	<input type="checkbox"/>
SUB-TOTAL				\$ 630.00	
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)
Lee Snell for Council

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
11/19/03	ID# CK#	James K. Coddington 3 Carinbrae Hills Mason City, IA 50401	N/A	\$50.00	<input type="checkbox"/>
11/19/03	ID# CK#	Scott T. Bennett PO Box 817 Mason City, IA 50401	N/A	50.00	<input type="checkbox"/>
11/19/03	ID# CK#	Thomas R. Schaefer 7 Briarstone Court Mason City, IA 50401	N/A	100.00	<input type="checkbox"/>
11/19/03	ID# CK#	James L. Locher 725 N Hampshire Ave Mason City, IA 50401	N/A	100.00	<input type="checkbox"/>
11/19/03	ID# CK#	Unitemized contributions	N/A	70.00	<input type="checkbox"/>
11/20/03	ID# CK#	Robert H. Lembke 8 Old Farm Road Mason City, IA 50401	N/A	50.00	<input type="checkbox"/>
11/21/03	ID# CK#	Murray C. Lawson Revocable Trust Murray C. or Jean C. Lawson 671 E State Street Mason City, IA 50401	N/A	50.00	<input type="checkbox"/>
11/21/03	ID# CK#	Unitemized contributions	N/A	25.00	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
SUB-TOTAL				\$ 495.00	
TOTAL (If last page of this schedule)				\$ 1125.00	

* 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)

Lee Snell for Council

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
11/10/03	ID# CK#	Lee Snell 816 Birch Drive Mason City, IA 50401	Postage, Signs	\$ 150.00
	ID# CK#			
SUB-TOTAL				\$ 150.00
TOTAL (If last page of this schedule)				\$ 150.00

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 detailed 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.6(3)(i).)

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COMMITTEE NAME (Must be same as on Statement of Organization)
Lee Snell for Council



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
11/14/03	Joan Snell 38 11th Street NE Mason City, IA 50401	Sister	List of Voters	\$ 10.00	<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
SUB-TOTAL				\$ 10.00	
TOTAL (if last page of this schedule)				\$ 10.00	

*Dixons 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.