FOR INSTRUCTIONS, SEE BACK OF FORM

MAY 1 4 2004

DISCLOSURE SUMMARY PAGE

FORM DR-2 (Rev. 02/96)	Clarke DISCLOSURE REPORT

For Office Use Only
Comm. # 25051
Indexed ob
Audited
Computer ob

COMMITTEE NAME *(Must be same as on Statement of Organization)*
Clarke County Republican Women

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

(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 Slate of Candidates

Judy Moore 641-342-2481 5-14-04
SIGNATURE OF TREASURER (or person filing this report) TELEPHONE DATE SIGNED

Penalties Due For Late Filed Reports Range from $10 to $400

SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE:

I AM FILING A May 14, 2004 (report date) REPORT FOR AN/A (1) ELECTION /(2)NON-ELECTION YEAR. 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

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. (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.)	$ 163.37
ADD TOTAL MONEY TAKEN IN THIS PERIOD	
Schedule A: Cash Contributions total (Attach Schedule A)	776.00
Schedule C: Fund-raising Events total (Attach Schedule C)	
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	$ 939.37
SUBTRACT TOTAL MONEY SPENT THIS PERIOD	
Schedule B: Expenditures total (Attach Schedule B)	445.43
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)	$ 493.94

UNPAID BILLS (From Schedule D - Attach Schedule D)	$
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. 02/96)	MONETARY RECEIPTS
☐ 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)*
Clarke County Republican Women

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
1/7/04	ID# CK#	membership dues		$195.00
1/21/04	ID# CK#	membership dues		130.00
2/2/04	ID# CK#	membership dues		70.00
3/11/04	ID# CK#	membership dues		105.00
5/13/04	ID# CK#	Bake Sale proceeds		171.00
5/3/04	ID# CK#	membership dues		15.00
1/10/04	ID# CK#	Bakeless Bake Sale Proceeds		90.00
	ID# CK#			
	ID# CK#			
	ID# CK#			
			SUB-TOTAL	$776.00
			TOTAL *(if last page of this schedule)*	$776.00

* 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) (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.

FOR INSTRUCTIONS, SEE MANUAL

SCHEDULE B	MONETARY EXPENDITURES
For office use only	

EXPENDITURES — MONEY SPENT

COMMITTEE NAME *(Must be same as on Statement of Organization)*
Clarke County Republican Women

DATE EXPENDED	NAME AND ADDRESS TO WHOM EXPENDITURE *(Disbursement)* WAS MADE	PURPOSE	AMOUNT EXPENDED
1/16/04	U.S. Post Office Osceola	Stamps for membership mailing	$ 22.20
1/1/04	Bank - Clarke County	new Check order	9.25
2/2/04	District 5 annual dues - Rep. Women R Daggett - Creston, Ia.	dues	30.00
2/10/04	I F R W	Iowa State dues	280.00
2/10/04	District 5 Treasurer Ruth Daggett Creston, Ia.	District 5 dues	9.80
5/3/04	Mal-Beary Tree - Osceola	funeral flowers	21.73
5/14	I F R W	membership dues	70 00
5/14	District 5 Ruth Daggett - Creston	membership dues	2.45

SUB-TOTAL 445.43

TOTAL *(If last page of this schedule)* 445.43