

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

Reset Form

Clinton

FORM DR-2 (Rev. 07/2003)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	<u>1756.2</u>
Logged In	<u>DM</u>
Spanned	<u>DM</u>
Computer	<u>DM</u>
Audited	<u>DM</u>

COMMITTEE NAME (Must be same as on Statement of Organization)
GUY MCCAUSLAND FOR SHERIFF

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 GUY MCCAUSLAND Political Party REPUBLICAN
 Office Sought CLINTON COUNTY SHERIFF District (if Senate or House)

MAILED
 DISCLOSURE REPORT
 JAN 21 2005
 FILED 1-13-05

Deane Luebe
 SIGNATURE OF TREASURER (or person filing this report)

563-242-3442
 TELEPHONE

1/13/05
 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 FINAL 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
County & Local Committees, enter County in which Election is held
<u>CLINTON</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.)	\$	<u>2,157.92</u>
ADD TOTAL MONEY TAKEN IN THIS PERIOD		
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)		<u>1,700.50</u>
Schedule F: Loans Received total (Attach Schedule F)		<u>2,500.00</u>
Schedule H: Total Sales of Campaign Property (Attach Schedule H)		<u>0</u>
<u>(Schedule H applies to Candidates' Committees Only)</u>		
SUB-TOTAL\$	<u>6,358.42</u>
SUBTRACT TOTAL MONEY SPENT THIS PERIOD		
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)		<u>5,088.81</u>
Schedule F: Loan Repayments total (Attach Schedule F)		<u>1,269.61</u>
CASH ON HAND at the end of this reporting period (if final report, balance must be zero) (Attach DR-3)	\$	<u>- 0 -</u>
**UNPAID BILLS (From Schedule D - Attach Schedule D)	\$	<u>- 0 -</u>
*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)	\$	<u>1,558.39</u>
**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)	\$	<u>- 0 -</u>
CANDIDATE COMMITTEES ONLY:		
CONSULTANT BREAKDOWN (Schedule G Attached?)		<input type="checkbox"/> YES <input type="checkbox"/> NO
VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)	\$	<u>- 0 -</u>

For Instructions, See Back of Form

Reset 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)
GUY MCCAUSLAND FOR SHERIFF

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
10/06/04	ID# CK# 5832	STACY KINRAID 811 SARAH LANE CLINTON, IA 52732		\$ 200.00	<input type="checkbox"/>
10/17/04	ID# CK#	UNITEMIZED CONTRIBUTION SALE OF T-SHIRTS		10.00	<input checked="" type="checkbox"/>
10/17/04	ID# CK#	UNITEMIZED CONTRIBUTION		20.00	<input type="checkbox"/>
10/20/04	ID# CK# 6381	CLINTON COUNTY SHOW CLUB 731 E. 8 ST. DEWITT, IA 52742		400.00	<input type="checkbox"/>
10/26/04	ID# CK#	DARRELL SMITH 407 RIDGECREST DR. CLINTON, IA 52732		50.00	<input type="checkbox"/>
10/26/04	ID# CK#	DORTHEY FLICK 3503 PERSHING BLVD. CLINTON, IA 52732		25.00	<input type="checkbox"/>
11/05/04	ID# CK#	UNITEMIZED CONTRIBUTION		20.00	<input type="checkbox"/>
11/05/04	ID# CK#	UNITEMIZED CONTRIBUTIONS HALLOWEEN FUNDRAISER		175.50	<input checked="" type="checkbox"/>
11/19/04	ID# CK# 667	DEWITT REPUBLICAN WOMEN'S CLUB DEWITT, IA 52742		75.00	<input type="checkbox"/>
11/19/04	ID# CK# 6606	STEVENC CLARKE 809 N. 4 ST. CLINTON, IA 52732		100.00	<input type="checkbox"/>
SUB-TOTAL				\$ 1075.50	
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)

GUY McCASLAND FOR SHERIFF

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
11/19/04	ID# CK# 1871	JANICE M. FILITTI 251 WOODLAWN CT CLINTON, IA 52732		\$ 25.00	<input type="checkbox"/>
12/13/04	ID# CK# 2759	CLINTON COUNTY REPUBLICAN CENTRAL COMMITTEE CLINTON, IA 52732		600.00	<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

\$ 625.00

TOTAL (if last page of this schedule)

\$ 1,700.50

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Reset Form

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)
GUY M CAUSLAND FOR SHERIFF

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
10/19/04	ID# CK# 1043	RYAN VEENSTRA 302-3 AVE. SO. CLINTON, IA 52732	REIMBURSEMENT CAMPAIGN SIGNS	\$2,530.00
10/21/04	ID# CK# 1044	ROBERT NYTHECKER 203 WASHINGTON ST E. WHEATLAND, IA 52777	RENTAL FEE WHEATLAND COMM. HALL	100.00
10/26/04	ID# CK# 1045	CLINTON HERALD 221-6 AVE. SO. CLINTON, IA 52732	ADVERTISING	490.15
10/26/04	ID# CK# 1046	RYAN VEENSTRA 302-3 AVE. SO. CLINTON, IA 52732	REIMBURSEMENT FOR ADVERTISING DEWITT OBSERVER	367.50
11/03/04	ID# CK# 1047	F & B COMMUNICATIONS P.O. Box 309 WHEATLAND, IA 52777	CABLE ADVERTISING	9.00
11/15/04	ID# CK# 1048	DOUG AEWER 1606-7 ST. 1 CAMANCHE, IA 52730	CAMPAIGN SIGNS	565.39
11/15/04	ID# CK# 1049	CLINTON HERALD 221-6 AVE. SO. CLINTON, IA 52732	ADVERTISING. THANK YOU MESSAGE	105.03
11/15/04	ID# CK# 1050	DEWITT OBSERVER 512 7TH P.O. Box 49 DEWITT, IA 52742	THANK YOU MESSAGE	80.00
SUB-TOTAL				\$4,247.07
TOTAL (if last page of this schedule)				\$

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).)

FOR INSTRUCTIONS, SEE BACK OF FORM

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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)
Cady McCausland For Sheriff

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
11/15/04	ID# CK# 1051	CLINTON PRINTING P.O. Box 64 CLINTON, IA 52732	ADVERTISING	\$ 678.10
12/13/04	ID# CK# 1053	MARY WILSON 4566-170 ST., CLINTON, IA 52732	ADVERTISING SUPPLIES	163.64
	ID# CK#			
SUB-TOTAL				\$ 841.74
TOTAL (if last page of this schedule)				\$ 5088.81

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)(j).)

SCHEDULE
E
(Rev. 06/97) IN KIND
CONTRIBUTIONS

COMMITTEE NAME (Must be same as on Statement of Organization)
GUY M CAUSLAND FOR SHERIFF

Reset Form

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
10/17/04	JEAN HORAN 3003-120 ST., CHARLOTTE, IA 52731		CUP HOLDERS	\$ 120.00	<input checked="" type="checkbox"/>
10/17/04	KELLY SPARKS CHARLOTTE, IA 52731 1621-302 AVE		CUP HOLDERS	120.00	<input checked="" type="checkbox"/>
10/17/04	JOLENE EBERHART 107 O'BRIEN ST. CHARLOTTE, IA 52731		BARS	5.00	<input checked="" type="checkbox"/>
10/17/04	KELLY SPARKS 1621-302 AVE CHARLOTTE, IA 52731		DESSERTS	8.00	<input checked="" type="checkbox"/>
10/17/04	JEANNINE STOLL 3003-120 ST. CHARLOTTE, IA 52731		BARS	5.00	<input checked="" type="checkbox"/>
10/17/04	JEAN HORAN 3003-120 ST. CHARLOTTE, IA 52731		CIDER + DESSERTS	30.00	<input checked="" type="checkbox"/>
10/17/04	MARY WILSON 4566-170 ST., CLINTON, IA 52732	SISTER	SHEET CAKES (2)	40.00	<input checked="" type="checkbox"/>
10/24/04	GUY M CAUSLAND 1521-3 AVE. CAMANCHE, IA 52730	CANDIDATE	LOAN. FORGIVEN	1,230.39	<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

SUB-TOTAL \$ 1558.39

TOTAL (if last page of this schedule) \$ 1558.39

*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.

Reset Form

SCHEDULE F (Rev. 07/03)	LOANS RECEIVED & REPAYED
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)
GUY MCCAUSLAND FOR SHERIFF

NOTE: This schedule reports money loaned to the committee which is deposited in the committee account.

TOTAL UNPAID LOANS FROM LAST REPORTING PERIOD \$ -0-

PART I - MONETARY LOANS RECEIVED THIS REPORTING PERIOD
 (Original source of loan, such as a bank, must be shown if a third party is involved. Include loans from candidate's personal funds.)

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE (If Applicable*)	AMOUNT OF LOAN
10/19/04	GUY MCCAUSLAND SHELLEY MCCAUSLAND 1521-3 AVE. CAMANCHE, IA 52730	CANDIDATE WIFE	\$ 2,500.00

TOTAL (PART I) \$ 2,500.00

PART II - MONETARY LOAN REPAYMENTS MADE THIS REPORTING PERIOD
 (Loans forgiven must be reported on Schedule E -- In-kind Contributions.)

DATE PAID (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE* (If Applicable)	AMOUNT REPAYED
12/6/04	GUY MCCAUSLAND 1521-3 AVE. CAMANCHE, IA 52730	CANDIDATE	\$ 800.00
12/20/04	GUY MCCAUSLAND 1521-3 AVE. CAMANCHE, IA 52730	CANDIDATE	469.61

TOTAL CASH REPAYMENTS (PART II) \$ 1269.61

From Schedule E - TOTAL LOANS FORGIVEN \$ 1230.39

TOTAL OUTSTANDING LOANS END OF REPORT PERIOD \$ -0-

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