

# DISCLOSURE SUMMARY PAGE

Reset Form

FORM DR-2  
(Rev. 07/2003)

Des Moines  
DISCLOSURE REPORT

For Office Use Only  
Comm. # 17629  
Logged In \_\_\_\_\_  
Scanned \_\_\_\_\_  
Computer \_\_\_\_\_  
Audited \_\_\_\_\_

COMMITTEE NAME (Must be same as on Statement of Organization)  
COMMITTEE TO ELECT MAX LAWSON

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 MAX LAWSON Political Party DEMOCRAT  
Office Sought BOARD OF SUPERVISORS District (if Senate or House) \_\_\_\_\_

Max Lawson  
SIGNATURE OF TREASURER (or person filing this report)

319/753-0049  
TELEPHONE

IA ETHICS & CAMPAIGN DISCLOSURE BOARD  
MAY 19 2004  
FILED 5-16-04  
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 5-19-04 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  
DES MOINES

## 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-

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (\*also see in-kind below) ..... 315.00

Schedule F: Loans Received total (Attach Schedule F) ..... 400.00

Schedule H: Total Sales of Campaign Property (Attach Schedule H) ..... -0-

**(Schedule H applies to Candidates' Committees Only)**

SUB-TOTAL ..... \$ 715.00

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (\*\*also see debts and loans below).... 432.68

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) ..... \$ 282.32

\*\*UNPAID BILLS (From Schedule D - Attach Schedule D)..... \$ 201.70

\*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E) ..... \$ \_\_\_\_\_

\*\*OUTSTANDING LOANS (From Schedule F - Attach Schedule F)..... \$ 400.00

CANDIDATE COMMITTEES ONLY:

CONSULTANT BREAKDOWN (Schedule G Attached?)  YES  NO

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H) \$ \_\_\_\_\_

**CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

CHECK THIS BOX IF AMENDING FORM

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

COMMITTEE TO ELECT MAX LAWSON

**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
3/15/04	ID# CK# 1019	IOWA LETTER CARRIERS COMMITTEE ON POLITICAL EDUCATION P.O. Box 111 MEDIAPOLIS, IOWA 52637-0111		\$ 150. <sup>00</sup>	<input type="checkbox"/>
4/19/04	ID# CK#	UNITEMIZED CONTRIBUTIONS		25. <sup>00</sup>	<input type="checkbox"/>
4/28/04	ID# CK#	UNITEMIZED CONTRIBUTIONS		100. <sup>00</sup>	<input type="checkbox"/>
5/1/04	ID# CK#	UNITEMIZED CONTRIBUTIONS		25. <sup>00</sup>	<input type="checkbox"/>
5/13/04	ID# CK#	UNITEMIZED CONTRIBUTIONS		15. <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"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

\$ 315.<sup>00</sup>

TOTAL (if last page of this schedule)

\$ 315.<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.

**EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT**

SCHEDULE <b>B</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)

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
3/11/04	ID# CK# 100	CRAFTSMAN PRESS P.O. BOX 699 BURLINGTON, IA 52601	PRINTING COWBOY CARDS	\$ 64.20
3/29/04	ID# CK# 501	CRAFTSMAN PRESS P.O. BOX 699 BURLINGTON, IA 52601	PRINTING COWBOY CARDS	64.20
4/9/04	ID# CK# 502	CRAFTSMAN PRESS P.O. BOX 699 BURLINGTON, IA 52601	PRINTING COWBOY CARDS	48.15
4/19/04	ID# CK# 503	DES MOINES COUNTY IN. 513 N. MAIN BURLINGTON, IA 52601	CD - REG. DEM. VOTERS OF D.M. COUNTY	67.00
4/22/04	ID# CK# 504	CRAFTSMAN PRESS P.O. BOX 699 BURLINGTON, IA 52601	PRINTING COWBOY CARDS	48.15
4/29/04	ID# CK# 505	POSTMASTER U.S. POSTAL SVC 300 N. MAIN BURLINGTON, IA 52601	200 Post CARDS	50.00
5/10/04	ID# CK# 506	CRAFTSMAN PRESS P.O. BOX 699 BURLINGTON, IA 52601	PRINTING COWBOY CARDS	90.90
	ID# CK#			
SUB-TOTAL				\$ 432.68
TOTAL (if last page of this schedule)				\$ 432.68

**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).)



Reset Form

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

COMMITTEE NAME (Must be same as on Statement of Organization)  
COMMITTEE TO ELECT MAX LAWSON

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.)

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

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE (If Applicable*)	AMOUNT OF LOAN
3/8/04	MAX LAWSON 1801 GRUBE BURLINGTON, IA 52601	CANDIDATE	\$ 200. <sup>00</sup> / <sub>-</sub>
4/22/04	MAX LAWSON 1801 GRUBE BURLINGTON, IA 52601	CANDIDATE	\$ 200. <sup>00</sup> / <sub>-</sub>

DATE PAID (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE* (If Applicable)	AMOUNT REPAID
			\$

TOTAL (PART I) \$ 400.<sup>00</sup>/<sub>-</sub>

TOTAL CASH REPAYMENTS (PART II) \$ \_\_\_\_\_  
 From Schedule E - TOTAL LOANS FORGIVEN \$ \_\_\_\_\_  
 TOTAL OUTSTANDING LOANS END OF REPORT PERIOD \$ 400.<sup>00</sup>/<sub>-</sub>

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