

DISCLOSURE SUMMARY PAGE

Reset Form

FORM DR-2 (Rev. 07/2004)	<i>Dickinson</i> DISCLOSURE REPORT
For Office Use Only	
Comm. #	<u>17159</u>
Logged In	<u>pm</u>
Scanned	
Computer	<u>pm</u>
Audited	

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

Committee to Re Elect Pamela G. Jordan - Citizens for Jordan

IMPORTANT: Indicate by # type of committee you are reporting for: 5
 (1)Statewide/Legislative/Judge Standing for Retention Candidate (2)State PAC (3)State Party
 (4)County Central Committee (5)County Candidate (6)City Candidate (7)School Board or Other
 Political Subdivision Candidate (8)County PAC (9)City PAC (10)School Board or Other Political
 Subdivision PAC (11) Local Ballot Issue

CANDIDATE COMMITTEES ONLY:

Candidate Name	Political Party (if applicable)
<u>Pamela G. Jordan</u>	<u>Republican</u>
Office Sought	District (if Senate or House)
<u>District 5 County Supervisor</u>	

Late reports are subject to possible civil and criminal penalties.

Monica Beemer
SIGNATURE OF PERSON FILING REPORT

712-336-3998
TELEPHONE

1-17-05
DATE SIGNED

I AM FILING A January 19, 2005 REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR.
 (report date) Indicate by # 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 DR-3 is filed.)

FILED
 IN ELECTIONS
 MEDICINE COUNTY
 JAN 24 2005
 11:26 AM '05

Local Committees, enter Date of Election
November 2, 2004
 County & Local Committees, enter County in which Election is held
Dickinson

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (Total of all funds 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.)\$ 50

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below) 600
 Schedule F: Loans Received total (Attach Schedule F) 0
 Schedule H: Total Sales of Campaign Property (Attach Schedule H) 0

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL\$ 650

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below).... 600
 Schedule F: Loan Repayments total (Attach Schedule F)..... 50

CASH ON HAND at the end of this reporting period (if final report balance must be zero) (Attach DR-3).....\$ 0

****UNPAID BILLS** (From Schedule D - Attach Schedule D).....\$ 0

***IN KIND CONTRIBUTIONS** (From Schedule E - Attach Schedule E).....\$ 0

****OUTSTANDING LOANS** (From Schedule F - Attach Schedule F).....\$ 0

CANDIDATE COMMITTEES ONLY:

CONSULTANT BREAKDOWN (Schedule G Attached?)

YES NO

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H) \$ 0

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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)

Committee to Re Elect Pamela G. Jordan- Citizens for Jordan

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
10/24/2004	ID# CK#	Republican Central Committee c/o Chuck Wetzeler State Bank 1902 Hill Ave. Spirit Lake, Ia 51360		\$ 500	<input type="checkbox"/>
11-03-2004	ID# CK#	The Three Sons Early American Bld Herman Richter Milford, Iowa 51351		100	<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"/>
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	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
SUB-TOTAL				\$ 600	
TOTAL (if last page of this schedule)				\$ 600	

* 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 (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)
 Committee to Re Elect Pamela G. Jordan - Citizens for Jordan

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
11/06/2004	ID# CK# 531	Dicko Cable News P.O. Box 434 Spirit Lake, Iowa 51360	10/18 to 11/2/04 Cable news candidat ad	\$ 50.00
11/06/2004	ID# CK# 532	Lakes News Shopper 1009 22nd St. P.O Box 192 Milford, Ia 51351	2 ads x 2 wks 10/19, 10/26	206.00
12/31/2004	ID# CK# 533	Pamela G. Jordan 2504 Keokuk Ave Spirit Lake, Iowa 51360	Reimbursement for Itemized expenditures (see attached) Repayment of debt (see schedule F)	\$394.00
	ID# CK#			
SUB-TOTAL				\$ 650
TOTAL (if last page of this schedule)				\$ 650

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).)

Date	item	Who	Check No.	Amount
4/13/04	Republican Women's dues	Pam	pers6090	\$15.00
8/26/04	Republican Women Luncheon tickets	Pam	pers6328	\$100.00
10/6/04	"Be Seated" Luncheon	Pam	receipt	\$10.00
10/11/04	Top One Hr Photo, film dev for campaign ad	Pam	pers6439	\$8.83
10/12/04	Walmart photo enrgrment for ad	Pam	pers6443	\$6.72
10/18/04	Beta Sigma Phi luncheon	Pam	pers6449	\$20.00
10/25/04	Postage	Pam	pers6490	\$17.76
10/29/04	KUOO radio ads 11/1 11/2	Pam	pers6493	\$84.00
11/1/04	Walmart Election party goods	Pam	pers6500	\$37.44
	Mileage	May through November 2004 itemized in log by date and activity		
		118miles @ \$.375 =		\$44.25
Subtotal				\$344.00
Totals	Repayment of Debt Schedule F			\$50.00
	Reimbursement to Pam for above expenses	Monica	ck 533	\$394.00

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SCHEDULE F (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 Re Elect Pamela G. Jordan - Citizens for Jordan

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

TOTAL UNPAID LOANS FROM LAST REPORTING PERIOD \$ 50

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
			\$

TOTAL (PART I) \$ _____

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 REPAID
12/31/2004	Pamela G. Jordan 2504 Keokuk Ave Spirit Lake, Iowa 51360	self	\$50.00

TOTAL CASH REPAYMENTS (PART II) \$ 50.00
 From Schedule E -- TOTAL LOANS FORGIVEN \$ _____
 TOTAL OUTSTANDING LOANS END OF REPORT PERIOD \$ 0

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