

*Bickinson*

**DISCLOSURE SUMMARY PAGE**

|                                     |                      |
|-------------------------------------|----------------------|
| FORM<br><b>DR-2</b><br>(Rev. 01/98) | DISCLOSURE<br>REPORT |
| <b>For Office Use Only</b>          |                      |
| Comm. #                             | <u>17849</u>         |
| Indexed                             | _____                |
| Audited                             | _____                |
| Computer                            | _____                |

NOV 29 2004  
PM 11:24:04

**COMMITTEE NAME** (Must be same as on Statement of Organization)  
TOM LOEBACH 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  
 ( 8 ) Support Slate of Candidates

*Sally C. McFerson* 712-336-2000 11-16-04  
 SIGNATURE OF TREASURER (or person filing this report) TELEPHONE DATE SIGNED

**Routine Penalties Due For Late Filed Reports Range from \$20 to \$800**

**SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE:**

I AM FILING A November 15, 2004 REPORT FOR AN/A (1) ELECTION /(2) NON-ELECTION YEAR.  
 (report date) Indicate one  1

CHECK IF AMENDMENT TO REPORT DATED \_\_\_\_\_

|   |
|---|
| Local Committees, enter Date of Election<br><u>November 2, 2004</u>           |
| County & Local Committees, enter County in<br>which Election is held<br>_____ |

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.)

**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) ..... \$ 1,445.00

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** ..... \$ \_\_\_\_\_

**SUBTRACT TOTAL MONEY SPENT THIS PERIOD**

Schedule B: Expenditures total (Attach Schedule B) ..... \$ -3,445.67

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) ..... \$ 0.00

**UNPAID BILLS** (From Schedule D - Attach Schedule D) ..... \$ n/a

**IN KIND CONTRIBUTIONS** (From Schedule E - Attach Schedule E) ..... \$ n/a

**OUTSTANDING LOANS** (From Schedule F - Attach Schedule F) ..... \$ n/a

**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

**CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

|   |                      |
|---|----------------------|
| SCHEDULE<br><b>A</b><br>(Rev. 06/97)                        | MONETARY<br>RECEIPTS |
| <input type="checkbox"/> CHECK THIS BOX IF<br>AMENDING FORM |                      |

**COMMITTEE NAME** (Must be same as on Statement of Organization)  
TOM LOEBACH 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/YY) | 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 |
|--------------------------|--|--|--|---------------------|-----------------------------|
| 9-24-04                  | ID#<br>CK#   | RICK K. ITS<br>1412 8th Street, Milford, IA 51351                    |  | \$ 50 <sup>00</sup> |                             |
| 10-18-04                 | ID#<br>041606<br>CK#                               | AFSCME/Iowa Council 61   |  | 250 <sup>00</sup>   |                             |
| 10-17-04                 | ID#<br>CK#   | Bobs Repair & Towing<br>25161 Highways 9 & 71, Spirit Lake, IA 51360 |  | 175 <sup>00</sup>   |                             |
| 10-8-04                  | ID#<br>CK#   | ANGELA B. CHAN<br>1106 6th Street, Milford, IA 51351                 |  | 10 <sup>00</sup>    |                             |
| 10-8-04                  | ID#<br>CK#   | Deborah Mettler<br>1012 N Avenue, Milford, IA 51351                  |  | 100 <sup>00</sup>   |                             |
| 10-8-04                  | ID#<br>CK#   | Deb Faulkner   |  | 20 <sup>00</sup>    |                             |
| 10-20-04                 | ID#<br>CK#   | MARY Jo's  |  | 25 <sup>00</sup>    |                             |
| 9-10-04                  | ID#<br>041606<br>CK#                               | AFSCME/Iowa Council 61   |  | 200 <sup>00</sup>   |                             |
| 8-24                     | ID#<br>CK#   | Kate Bergeman<br>Box 74, Terril, IA 51364                            |  | 75 <sup>00</sup>    |                             |
| 8-24                     | ID#<br>CK#   | 4 Individuals Cash<br>\$10 each                                      |  | 40 <sup>00</sup>    |                             |

SUB-TOTAL \$ 945

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) (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 Back of Form

**CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

|   |                      |
|---|----------------------|
| SCHEDULE<br><b>A</b><br>(Rev. 06/97)                        | MONETARY<br>RECEIPTS |
| <input type="checkbox"/> CHECK THIS BOX IF<br>AMENDING FORM |                      |

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

TOM LOEBACH 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 |
|--------------------------|--|---|--|----------------------|-----------------------------|
| 9-10                     | ID#<br>CK#   | CAROL Loebach<br>2011 260th Avenue, Spirit Lake, IA 51360         | Wife                                       | \$ 300 <sup>00</sup> |                             |
| 10-29                    | ID#<br>CK#   | OAK Transportation<br>Highways 71 & 8 East, Spirit Lake, IA 51360 |  | 200 <sup>00</sup>    |                             |
|                          | ID#<br>CK#   |   |  |                      |                             |

SUB-TOTAL

\$ 500

TOTAL (if last page of this schedule)

\$ 1445<sup>00</sup>

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|   |                          |
|---|--------------------------|
| SCHEDULE<br><b>B</b><br>(Rev. 09/97)                        | MONETARY<br>EXPENDITURES |
| <input type="checkbox"/> CHECK THIS BOX IF<br>AMENDING FORM |                          |

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

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)  
TOM LOEBACH 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                  |
|---------------------------------------|--|--|-----------------------------------|----------------------------------|
| 8-12-2004                             | ID#<br>CK#<br>Credit Card                                | CC Screen Printing   | Signs + T-shirts                  | \$206 <sup>43</sup> <sub>=</sub> |
| 8-12-2004                             | ID#<br>CK#<br>Credit Card                                | Pioneer Printing   | Brochures                         | 396 <sup>97</sup> <sub>=</sub>   |
| 8-12-2004                             | ID#<br>CK# 5214  | County<br>Dickinson News #                                   | Ads                               | 57 <sup>48</sup> <sub>=</sub>    |
| 7-30-04                               | ID#<br>Credit Card<br>CK#                                | Staples  | Ink Cartridges +<br>Paper         | 133 <sup>50</sup> <sub>=</sub>   |
| 8-9-04                                | ID#<br>Credit Card<br>CK#                                | Staples  | Ink + Rubberbands                 | 149 <sup>95</sup> <sub>=</sub>   |
| 8-13-04                               | ID#<br>Credit Card<br>CK#                                | Staples  | Paper, rubberband<br>avery labels | 100 <sup>90</sup> <sub>=</sub>   |
| 8-13-04                               | ID#<br>Credit Card<br>CK#                                | Staples  | Paper white                       | 26 <sup>15</sup> <sub>=</sub>    |
| 7-31-04                               | ID#<br>Credit Card<br>CK#                                | Staples  | Ink Cartridge                     | 40 <sup>52</sup> <sub>=</sub>    |
| SUB-TOTAL                             |  |  |                                   | \$ 1111.90                       |
| 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 56.6(3)(i).)

|   |                          |
|---|--------------------------|
| SCHEDULE<br><b>B</b><br>(Rev. 09/97)                        | MONETARY<br>EXPENDITURES |
| <input type="checkbox"/> CHECK THIS BOX IF<br>AMENDING FORM |                          |

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

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**COMMITTEE NAME** (Must be same as on Statement of Organization)  
TOM LOEBACH 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     |
|---------------------------------------|--|--|--------------------------------|---------------------|
| 10-9-04                               | ID#<br>Credit<br>CK# card                                | Staples  | Ink cartage                    | \$ 32 <sup>88</sup> |
| 10-6-04                               | ID#<br>CK# 3335  | DICKINSON County<br>News                                     | Ads                            | 70 <sup>86</sup>    |
| 10-18-04                              | ID#<br>CK# 1000  | DICKINSON County<br>News                                     | Ads                            | 303 <sup>00</sup>   |
| 10-21-04                              | ID#<br>CK#   | ce screen printing   | Sign                           | 597 <sup>27</sup>   |
| 10-8-04                               | ID#<br>Credit<br>CK# card                                | Post office  | stamps                         | 185 <sup>00</sup>   |
| 10-19-04                              | ID#<br>CK# 5361  | Laker News Shopper   | Ads                            | 412 <sup>00</sup>   |
| 10-5-04                               | ID#<br>Credit<br>CK# card                                | Victory store  | Sign stakes                    | 64 <sup>49</sup>    |
| 10-17-04                              | ID#<br>Credit<br>CK# card                                | Victory store  | Sign stakes                    | 46 <sup>63</sup>    |
| SUB-TOTAL                             |  |  |                                | \$ 1712.07          |
| TOTAL (if last page of this schedule) |  |  |                                | \$ 2823.97          |

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|   |                          |
|---|--------------------------|
| SCHEDULE<br><b>B</b><br>(Rev. 09/97)                        | MONETARY<br>EXPENDITURES |
| <input type="checkbox"/> CHECK THIS BOX IF<br>AMENDING FORM |                          |

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

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| 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                       |
|---------------------------------------|--|--|--------------------------------|---------------------------------------|
| 10-6-04                               | ID#<br>credit<br>CK#<br>Card                             | Post Master  | Stamps                         | \$ 555 <sup>00</sup> / <sub>100</sub> |
| 9-7-04                                | ID#<br>credit<br>CK#<br>Card                             | Staples  | INK Cartage                    | 66 <sup>75</sup> / <sub>100</sub>     |
|                                       | ID#<br>CK#   |  |                                |                                       |
| SUB-TOTAL                             |  |  |                                | \$ 621.70                             |
| TOTAL (if last page of this schedule) |  |  |                                | \$                                    |

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