

Reset Form

Dubuque

DISCLOSURE SUMMARY PAGE

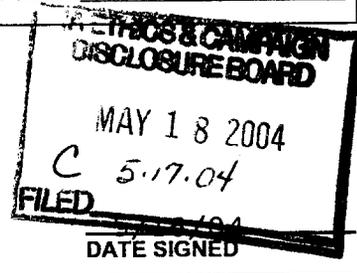
FORM DR-2 (Rev. 07/2003)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	17164
Logged In	
Scanned	
Computer	
Audited	

COMMITTEE NAME (Must be same as on Statement of Organization)
Denise Dolan for Auditor

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

CANDIDATE COMMITTEES ONLY:

Candidate Name	Political Party
<u>Denise Dolan</u>	<u>Democratic</u>
Office Sought	District (if Senate or House)
<u>Dubuque County Auditor</u>	



Mary Lee Hunter
 SIGNATURE OF TREASURER (or person filing this report)

563-852-3589
 TELEPHONE

5-18-04
 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 May 19, 2004 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>Dubuque</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.)\$ 2,520.96

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)	<u>1,602.00</u>
Schedule F: Loans Received total (Attach Schedule F)	<u>0</u>
Schedule H: Total Sales of Campaign Property (Attach Schedule H)	<u>0</u>

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL\$ 4,122.96

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)....	<u>265.77</u>
Schedule F: Loan Repayments total (Attach Schedule F)	<u>0</u>

CASH ON HAND at the end of this reporting period (if final report, balance must be zero) (Attach DR-3)\$ 3,857.19

**UNPAID BILLS (From Schedule D - Attach Schedule D)	\$ <u>0</u>
*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)	\$ <u>0</u>
**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)	\$ <u>0</u>

CANDIDATE COMMITTEES ONLY:

CONSULTANT BREAKDOWN (Schedule G Attached?) YES NO

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

For Instructions, See Back of Form

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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)

Denise Dolan for Auditor

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
3/30/04	ID# CK#	Robert Carr 2030 Deborah Dubuque, IA 52001		\$ 25.00	<input checked="" type="checkbox"/>
3/30/04	ID# CK#	Thomas Flynn 21367 Girl Scout Rd Epworth, IA 52045		200.00	<input checked="" type="checkbox"/>
3/30/04	ID# CK#	Timothy Gallagher 375 Mississippi View Dr. Dubuque, IA 52003		50.00	<input checked="" type="checkbox"/>
3/30/04	ID# CK#	Joseph F. Hearn 149 State St. Dubuque, IA 52003		50.00	<input checked="" type="checkbox"/>
3/30/04	ID# CK#	Mona Manternach 1541 Hwy. 136N Cascade, IA 52033		50.00	<input checked="" type="checkbox"/>
3/30/04	ID# CK#	Eric Manternach 109 Arthur St. Cascade, IA 52033		50.00	<input checked="" type="checkbox"/>
3/30/04	ID# CK#	Thomas I. Berger 1045 Seminary Dr. Epworth, IA 52045		25.00	<input checked="" type="checkbox"/>
3/30/04	ID# CK#	Christine O. Corken 1062 Melrose Terr. Dubuque, IA 52001		25.00	<input checked="" type="checkbox"/>
3/30/04	ID# CK#	Jan Hess 2970 Timberline Dr. Dubuque, IA 52001		25.00	<input checked="" type="checkbox"/>
3/30/04	ID# CK#	Mary Lee Hostert 409 3rd.Ave SW #12 Cascade, IA 52033		25.00	<input checked="" type="checkbox"/>

SUB-TOTAL

\$ 525.00

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
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CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

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

Denise Dolan for Auditor

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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
3/30/04	ID# CK#	Sandi Hutchcroft 4837 Embassy Ct. Dubuque, IA 52002		\$ 25.00	<input checked="" type="checkbox"/>
3/30/04	ID# CK#	Tom O'Neill 2290 Graham Circle Dubuque, IA 52002		25.00	<input checked="" type="checkbox"/>
3/30/04	ID# CK#	Linda Roepsch 4140 Mt. Alpine Dubuque, IA 52001		25.00	<input checked="" type="checkbox"/>
3/30/04	ID# CK#	Jean Sawvel 8958 Bellevue Heights Dubuque, IA 52003		25.00	<input checked="" type="checkbox"/>
3/30/04	ID# CK#	Kathy Flynn Thurlow 2425 Asbury Rd Dubuque, IA 52001		25.00	<input checked="" type="checkbox"/>
3/30/04	ID# CK#	Jim Waller 2617 New Haven Dubuque, IA 52001		25.00	<input checked="" type="checkbox"/>
3/30/04	ID# CK#	Susan Wilson 3881 Cora Dr. Dubuque, IA 52002		25.00	<input checked="" type="checkbox"/>
3/30/04	ID# CK#	Donna Smith 1827 Key Way Dr. Dubuque, IA 52002		25.00	<input checked="" type="checkbox"/>
3/30/04	ID# CK#	Unitemized Contributions		797.00	<input checked="" type="checkbox"/>
4/17/04	ID# CK#	Karen Bahl 21585 Riegler Rd. Sherrill, IA 52073		25.00	<input type="checkbox"/>

SUB-TOTAL

\$ 1,022.00

TOTAL (if last page of this schedule)

\$

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For Instructions, See Back of 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)

Denise Dolan for Auditor

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
4/17/04	ID# CK#	Unitemized Contributions		\$ 30.00	<input type="checkbox"/>
5/13/04	ID# CK#	Vicki Krug 3617 Crescent Ridge Dubuque, IA 52003		25.00	<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"/>
SUB-TOTAL				\$ 55.00	
TOTAL (if last page of this schedule)				\$ 1,602.00	

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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)
Denise Dolan for Auditor

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
3/30/04	ID# CK# 194	Denise Dolan 2830 Oak Meadow Ct. Dubuque, IA 52003	Reimburse Postage \$18.40 Copies \$20.33	\$ 38.73
3/30/04	ID# CK# 195	Marios Italian Rest. 13th and Main Dubuque, IA 52001	Food and Tips for Fundraiser	186.04
3/30/04	ID# CK# 196	Deb Gau 1820 Amelia St. Dubuque, IA 52001	Tip for service at Fundraiser	25.00
4/16/04	ID# CK#	Denise Dolan 2830 Oak Meadow Ct. Dubuque, IA 52003	Reimburse for Postage	16.00
	ID# CK#			
SUB-TOTAL				\$ 265.77
TOTAL (if last page of this schedule)				\$ 265.77

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).)