

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

FORM DR-2 (Rev. 07/2004)	DISCLOSURE REPORT
For Office Use Only	
Comm. # _____	Logged In _____
Scanned _____	Computer _____
Audited _____	

COMMITTEE NAME (Must be same as on Statement of Organization)
Shatto for Sheriff Campaign Fund

IMPORTANT: Indicate by # type of committee you are reporting for: 15
 (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 <u>Brent Shatto</u>	Political Party (if applicable) <u>Republican</u>
Office Sought <u>Sheriff</u>	District (if Senate or House) <u>1</u>

FILED

Late reports are subject to possible civil and criminal penalties.

Jason Shatto 712-362-4116 10/16/04
 SIGNATURE OF PERSON FILING REPORT TELEPHONE DATE SIGNED

I AM FILING A October 19th 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.)

Local Committees, enter Date of Election <u>Nov 2, 2004</u>
County & Local Committees, enter County in which Election is held <u>Emmet</u>

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.) \$ 0

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below) \$ 2271.50

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 \$ 2271.50

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below).... \$ 1366.89

Schedule F: Loan Repayments total (Attach Schedule F) 0

CASH ON HAND at the end of this reporting period (If final report balance must be zero) (Attach DR-3) \$ 904.61

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

*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E) \$ 719.62

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

CANDIDATE COMMITTEES ONLY:

CONSULTANT BREAKDOWN (Schedule G Attached?) YES NO

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)
Shatto for Sheriff Campaign Fund

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
8-6-03	ID# CK#	Eric Milburn 1524 Maplecrest Dr. Estherville, IA 51334	N/A	\$ 50 ⁰⁰	<input type="checkbox"/>
2-23-04	ID# CK#	Kathy Shatto P.O. Box 8 Fostoria, IA 51340	Mother	100 ⁰⁰	<input type="checkbox"/>
5-27-04	ID# CK#	Tenner Lillard 1598 375th Ave. Estherville, IA 51334	N/A	25 ⁰⁰	<input type="checkbox"/>
5-28-04	ID# CK#	Tim Reynolds 1555 Commonwealth Dr Apt 2 Ft. Atkinson, WI 53538	N/A	100 ⁰⁰	<input type="checkbox"/>
6-7-04	ID# CK#	Greg Currell P.O. Box 17 Estherville, IA 51334	N/A	250 ⁰⁰	<input type="checkbox"/>
7-6-04	ID# CK#	Jim Munson 513 S. 10 th St. Estherville, IA 51334	N/A	100 ⁰⁰	<input type="checkbox"/>
7-23-04	ID# CK#	Jeremiah Windschill 1021 3 rd Ave S. Estherville, IA 51334	N/A	100 ⁰⁰	<input type="checkbox"/>
7-24-04	ID# CK#	Maureen Heisman 9 W. S. 1 st St. Estherville, IA 51334	N/A	20 ⁰⁰	<input type="checkbox"/>
7-24-04	ID# CK#	Eric Milburn 1524 Maplecrest Dr. Estherville, IA 51334	N/A	9 ⁰⁰	<input type="checkbox"/>
7-26-04	ID# CK#	Joan Barrie 1314 N. 7 th St. Estherville, IA 51334	N/A	50 ⁰⁰	<input type="checkbox"/>
SUB-TOTAL				\$ 804 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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CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

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

Shatto For Sheriff Campaign Fund

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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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
7-29-04	ID# CK#	Jodie Greig 3981 #4 Estherville, IA 51334	NIA	\$ 30 ⁰⁰	<input type="checkbox"/>
7-29-04	ID# CK#	K+J Services P.O. Box 8 Fostoria, IA 51340	Mother	200 ⁰⁰	<input type="checkbox"/>
9-9-04	ID# CK#	AFSCME 1625 L St. N-W Washington, DC 20036	NIA	200 ⁰⁰	<input type="checkbox"/>
10-11-04	ID# CK#	Daniel Donovan 620 Park Rd. Estherville, IA 51334	NIA	100 ⁰⁰	<input type="checkbox"/>
10-11-04	ID# CK#	Larry Niles 1515 Maplecrest Dr. Estherville, IA 51334	NIA	50 ⁰⁰	<input type="checkbox"/>
10-12-04	ID# CK#	Jane's Place 201 S. 6th St. Estherville, IA 51334	NIA	832 ¹⁰	<input checked="" type="checkbox"/>
225-04 ↓ 10-12-04	ID# CK#	Unitemized Contributions	NIA	55 ⁰⁰	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

\$1467.50

TOTAL (If last page of this schedule)

\$2271.50

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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)
 Shatto for Sheriff Campaign Fund

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
3-6-04	ID# CK# 1001	Moore's Monograms 21 S. 6th St. Estherville, IA 51334	Shatto for Sheriff flags	\$63.60
6-2-04	ID# CK# 1002	Moore's Monograms 21 S. 6th St. Estherville, IA 51334	embroidery on hats	31.80
6-18-04	ID# CK# 1003	Ace Hardware 409 Central Ave. Estherville, IA 51334	Tie-down ratch for signs	18.21
7-14-04	ID# CK# 1004	Sally's Graphic Designs 1315 4th Ave N. Estherville, IA 51334	window decals	70 ⁰⁰
7-14-04	ID# CK# 1005	James Bates 1115 5th Ave N. Estherville, IA 51334	ce Shatto for Sheriff" trailer sign	100 ⁰⁰
7-31-04	ID# CK# 1006	Capital One P.O. Box 26074 Richmond, VA 23260	magnets	352.85
8-3-04	ID# CK# 1007	Sally's Graphic Designs 1315 4th Ave N. Estherville, IA 51334	window decals	40 ⁰⁰
8-15-04	ID# CK# 1008	Fera Shatto 4105 200th St. Estherville, IA 51334	reimbursement for parade candy	21.13
SUB-TOTAL				\$697.59
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



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)
Shatto For Sheriff Campaign Fund

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
8-31-04	ID# CK# 1009	Dollar General 1827 Central Ave. Estherville, IA 51334	Spray paint for signs	\$ 13. ²⁵
9-1-04	ID# CK# 1010	Stall's 1731 Central Ave. Estherville, IA 51334	paint for signs	35. ⁹⁸
9-7-04	ID# CK# 1011	Stall's 1731 Central Ave. Estherville, IA 51334	Sign posts	26. ²¹
9-10-04	ID# CK# 1012	Tera Shatto 4105 200th St. Estherville, IA 51334	reimbursement for yard stakes for signs	43. ⁸⁰
9-20-04	ID# CK# 1013	Sally's Graphic Designs 1315 4th Ave N. Estherville, IA 51334	window decals	22. ⁵⁰
10-10-04	ID# CK# 1014	Daily News 10 N. 7th St. Estherville, IA 51334	Newspaper ad	87. ⁵⁰
10-11-04	ID# CK# 1015	Sylvia Anderson 40 Jane's Restaurant 201 S. 6th St. Estherville, IA 51334	Fee for Fundraiser	440. ⁰⁰
	ID# CK#			
SUB-TOTAL				\$ 1069. ³⁰
TOTAL (if last page of this schedule)				\$ 1366. ⁸⁹

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).)

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SCHEDULE D (Rev. 08/98)	INCURRED INDEBTEDNESS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)
 Shatto For Sheriff Campaign Fund

NOTE: Debts previously reported that remain unpaid must be included on this Schedule, as well as any new obligations incurred in this period.

DEBTS/OBLIGATIONS REMAINING THIS REPORTING PERIOD
(DO NOT INCLUDE LOANS – SHOW LOANS ON SCHEDULE F)

An "incurred debt" is a debt for goods or services ordered or received, but not paid for by the end of the reporting period, regardless of whether an invoice has been received.

DATE INCURRED (MM/DD/YR)	NAME AND ADDRESS OF PERSON TO WHOM DEBT OR OBLIGATION IS OWED	DESCRIPTION OF GOODS OR SERVICES PROVIDED OR PURCHASED	BALANCE OWED AT CLOSE OF REPORTING PERIOD*
			\$
SUB-TOTAL			\$
TOTAL DEBTS OWED BY COMMITTEE AT THE END OF THIS REPORTING PERIOD			\$

*If actual figure is unknown, show "estimated" beside the figure.

CANDIDATE COMMITTEES NOTE:
 *Incurred indebtedness also includes each person/entity with whom the candidate's committee has entered into a contract during the reporting period for future or continuing performance. Enter the name of the consultant who provides or procures services for items such as advertising, fund-raising, polling, managing, or organizing services. Report on Schedule G the nature of performance and the estimated performance reasonably expected of the consultant.

FOR INSTRUCTIONS, SEE BACK OF FORM

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

Shatto for Sheriff Campaign Fund

SCHEDULE E (Rev. 06/97)	IN KIND CONTRIBUTIONS
<input type="checkbox"/> 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
7-14-03	Greg Currell P.O. Box 17 Estherville, IA 51334	N/A	Candy for Parade	\$ 150.00	<input type="checkbox"/>
7-31-03	Greg VanLangen 415 N. 2nd St. Estherville, IA 51334	N/A	Button maker Button materials	82.90	<input type="checkbox"/>
7-31-03	Brent Shatto 4105 200th St. Estherville, IA 51334	Self	Shirts, visors, hats	53.53	<input type="checkbox"/>
8-3-03	Brent Shatto 4105 200th St. Estherville, IA 51334	Self	magnetic car signs	50.00	<input type="checkbox"/>
3-5-04	Tera Shatto 4105 200th St. Estherville, IA 51334	wife	copy fee's for fliers	21.41	<input type="checkbox"/>
5-28-04	Tim Reynolds 1555 Commonwealth Dr. #2 Ft Atkinson, WI 53538	N/A	plywood for signs	95.00	<input type="checkbox"/>
8-26-04	Eric Milburn 1524 Maple Crest Dr. Estherville, IA 51334	N/A	primer for signs	27.54	<input type="checkbox"/>
8-26-04	Tera Shatto 4105 200th St. Estherville, IA 51334	wife	primer for signs	27.54	<input type="checkbox"/>
8-24-04	Eric Milburn 1524 Maple Crest Dr. Estherville, IA 51334	N/A	paint rollers	7.93	<input type="checkbox"/>
8-27-04	Eric Milburn 1524 Maple Crest Dr. Estherville, IA 51334	N/A	primer for signs	13.77	<input type="checkbox"/>
SUB-TOTAL				\$ 529.62	
TOTAL (if last page of this schedule)				\$	

*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.

FOR INSTRUCTIONS, SEE BACK OF FORM

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

Shatto For Sheriff Campaign Fund

SCHEDULE E (Rev. 08/87)	IN KIND CONTRIBUTIONS
<input type="checkbox"/> 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
9-29-04	Tera Shatto 4105 200th St. Estherville, IA 51334	wife	Payment of bill to precision signz	\$ 190 ⁰⁰ -	<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

SUB-TOTAL \$ 190⁰⁰

TOTAL (if last page of this schedule) \$ 719.62

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COMMITTEE NAME (Must be same as on Statement of Organization)
Shatto for Sheriff Campaign Fund

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

NOTE: This schedule reports money loaned to the committee which is deposited in the committee account.
 TOTAL UNPAID LOANS FROM LAST REPORTING PERIOD \$ _____

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
			\$ _____

TOTAL CASH REPAYMENTS (PART II) \$ _____

From Schedule E - TOTAL LOANS FORGIVEN \$ _____

TOTAL OUTSTANDING LOANS END OF REPORT PERIOD \$ _____

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