

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

Reset Form

FORM DR-2 (Rev. 07/2004)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	17774
Logged In	jm
Scanned	
Computer	jm
Audited	

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

Lunch for Sheriff

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) School Board or Other Political
 Subdivision PAC (11) Local Ballot Issue

CANDIDATE COMMITTEES ONLY:

Candidate Name

Rick A. Lynch

Office Sought

Floyd County Sheriff

JAN 20 2005
 PM 1.18.05
 Political Party (if applicable)
Independent
 District of Senate or House

FILED

Late reports are subject to possible civil and criminal penalties.

SIGNATURE OF PERSON FILING REPORT

641 257-1919
TELEPHONE

1/15/05
DATE SIGNED

I AM FILING A 0.15 - Dec 31 '04 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
County & Local Committees, enter County in which Election is held
<i>Floyd</i>

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.)\$ 3664.50

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below) 740.00

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

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

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL\$ 4404.50

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below).... 4404.50

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).....\$ 0.00

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

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

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

CANDIDATE COMMITTEES ONLY:

CONSULTANT BREAKDOWN (Schedule G Attached?) YES NO

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

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Reset 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)
Lynch 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
10/15/04	ID# CK#	BRIAN LYNCH 303 L Street Charles City, IA 50616	BROTHER	\$ 60.00	<input type="checkbox"/>
10/15/04	ID# CK#	CRAIG LYNCH 714 9th Ave. Charles City, IA 50616	FATHER	160.00	<input type="checkbox"/>
10/15/04	ID# CK#	DAVID BRANDT 1608 Indiana Ave. Charles City, IA 50616		50.00	<input type="checkbox"/>
10/25/04	ID# CK#	KURT HERBRECHTSMEYER 2939 Wedgewood Estates Pl. Charles City, IA 50616		50.00	<input type="checkbox"/>
10/25/04	ID# CK#	BRENT SCHLADER 1691 Timber Ave. Charles City, IA 50616	BROTHER IN LAW	50.00	<input type="checkbox"/>
10/25/04	ID# CK#	DAVID BAHE 3021 YORKSHIRE BLVD. Charles City, IA 50616		50.00	<input type="checkbox"/>
11/1/04	ID# CK#	CLINTON RICHARDS 3005 Clark St. Charles City, IA 50616		100.00	<input type="checkbox"/>
	ID# CK#	UNITEMED CONTRIBUTIONS		220.00	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

\$ 740.00

TOTAL (if last page of this schedule)

\$ 740.00

* 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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Reset 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)
Lynch 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
10/22/04	ID# CK# 1015	Charles City Press 801 Riverside Dr Charles City, IA 50616	Advertising	\$ 3146.39
11/1/04	ID# CK# 1002	Secretary of State Iowa State Capitol Bldg. Des Moines IA 50266	List of Registered Voters	15.87
11/4/04	ID# CK# 1014	Nicole Fullard 403 S. Main St Charles City, IA 50616	Paid for painting of yard signs	66.00
11/8/04	ID# CK# 1016	Sherm's Place 813 N Main St Charles City, IA 50616	Appreciation party for supporters	541.20
12/9/04	ID# CK# 1017	Hy-vee 165 Cedar Mall Charles City IA 50616	Balloons for appreciation party	28.89
12/30/04	ID# CK# 1018	19th Amendment Society 1005 Grand Ave. Charles City IA 50616	Donation	300.00
12/30/04	ID# CK# 1019	Hospice of North Iowa 1003 Gilbert St. Charles City IA 50616	Donation	306.15
	ID# CK#			
SUB-TOTAL				\$ 4404.50
TOTAL (if last page of this schedule)				\$ 4404.50

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).)