

FOR INSTRUCTIONS, SEE BACK OF FORM

# DISCLOSURE SUMMARY PAGE

Reset Form

*Floyd*

<b>FORM DR-2</b> (Rev. 07/2004)	DISCLOSURE REPORT
<b>For Office Use Only</b>	
Comm. #	<u>17674</u>
Logged In	<u>JM</u>
Scanned	
Computer	<u>JM</u>
Audited	

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

Ann Ross for County Auditor Committee

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)
Ann Ross	Republican
Office Sought	District (if Senate or House)
Floyd County Auditor	

Late reports are subject to possible civil and criminal penalties.

JAN 18 2005

SIGNATURE OF PERSON FILING REPORT

TELEPHONE DATE SIGNED

I AM FILING A Jan 19, 2005 (report date)

REPORT FOR (1) ELECTION (2)NON-ELECTION YEAR. Indicate by # 2

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
Floyd County

## STATEMENT OF CASH ON HAND

<b>CASH ON HAND</b> at the beginning of the reporting period. (Total of all funds held by the committee. This amount <b>MUST</b> 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.)	\$	<u>348.26</u>
<b>ADD TOTAL MONEY TAKEN IN THIS PERIOD</b>		
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)		<u>482.00</u>
Schedule F: Loans Received total (Attach Schedule F)		
Schedule H: Total Sales of Campaign Property (Attach Schedule H)		
<b>(Schedule H applies to Candidates' Committees Only)</b>		
<b>SUB-TOTAL</b> .....	\$	<u>830.26</u>
<b>SUBTRACT TOTAL MONEY SPENT THIS PERIOD</b>		
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)		<u>830.26</u>
Schedule F: Loan Repayments total (Attach Schedule F)		<u>250.18</u>
<b>CASH ON HAND</b> at the end of this reporting period (if final report balance must be zero) (Attach DR-3)	\$	<u>-0-</u>
<b>**UNPAID BILLS</b> (From Schedule D - Attach Schedule D)	\$	<u>-0-</u>
<b>**IN KIND CONTRIBUTIONS</b> (From Schedule E - Attach Schedule E)	\$	<u>249.82</u>
<b>**OUTSTANDING LOANS</b> (From Schedule F - Attach Schedule F)	\$	<u>-0-</u>
<b>CANDIDATE COMMITTEES ONLY:</b>		
<b>CONSULTANT BREAKDOWN</b> (Schedule G Attached?)		<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>VALUE OF CAMPAIGN PROPERTY</b> (From Schedule H - Attach Schedule H)	\$	

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SCHEDULE <b>A</b> (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)  
Ann Ross for County Auditor Committee

**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
10-21-04	ID# CK# 7011	Joe Johnson 1899 Gilbert St Charles City, IA 50616	NA	\$100.00	<input type="checkbox"/>
10-21-04	ID# CK# 24344	Nancy Johnson 1899 Gilbert St. Charles City, IA 50616	NA	140.00	<input type="checkbox"/>
10-27-04	ID# CK# 1062	Floyd Co. Republican P.O. Box 111 Charles City, IA 50616	NA	110.00	<input type="checkbox"/>
11-4-04	ID# CK# 4301	Clint Richards 3005 Clark St Charles City, IA 50616	NA	100.00	<input type="checkbox"/>
11-5-04	ID# CK# 12064	Charles City Progs 901 Riverside Drive/Refund Charles City, IA 50616	NA	32.00	<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"/>
SUB-TOTAL				\$ 482.00	
TOTAL (if last page of this schedule)				\$ 482.00	

\* 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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SCHEDULE <b>B</b> (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF 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)*  
Ann Ross for County Auditor Committee

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE <i>(Disbursement)</i> WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
10-21-2004	ID# CK# 1012	Clear Channel Broadcasting Inc. Box 5510 Collections Center Drive Chicago, IL 60693	Radio ads on KCHA , KCZE, KIAI in Charles City, IA and Mason City, IA	\$ 147.84
10-26--2004	ID# CK# 1013	Carl Ross 301 Park Ave Charles City, IA 50616	Reimbursment for ads in Charles City, IA Press newspaper.	303.20
11-16-2004	ID# CK# 1014	Carl Ross 301 Park Ave Charles City, IA 50616	Reimbursement for campaign supplies, (lumber, paint, etc)	63.04
11-16-2004	ID# CK# 1015	Carl Ross 301 Park Ave Charles City, IA 50616	Reimbursement for meals for campaign workers after parades during the summer within Floyd Co.	66.00
12-14-2004	ID# CK# 1016	Carl Ross 301 Park Ave Charles City, IA 50616	Loan repayment to Carl and Ann Ross.	250.18
	ID# CK#			
	ID# CK#			
	ID# CK#			

\$30.26

SUB-TOTAL \$ 830.26

TOTAL *(if last page of this schedule)* \$ 830.26

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

**COMMITTEE NAME** (Must be same as on Statement of Organization)  
Ann Ross for County Auditor Committee

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

**TOTAL UNPAID LOANS FROM LAST REPORTING PERIOD** \$ 500.00

**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.)

**PART II - MONETARY LOAN REPAYMENTS MADE THIS REPORTING PERIOD**

(Loans forgiven must be reported on Schedule E -- In-kind Contributions.)

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE (If Applicable*)	AMOUNT OF LOAN
			\$

DATE PAID (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE* (If Applicable)	AMOUNT REPAID
12-14-04	Carl & Ann Ross 301 Park Charles City, IA 50616	Candidate	\$ 250.18

TOTAL (PART I) \$ -0-

TOTAL CASH REPAYMENTS (PART II) \$ 250.18

From Schedule E -- TOTAL LOANS FORGIVEN \$ 250.82

TOTAL OUTSTANDING LOANS END OF REPORT PERIOD \$ -0-

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