

FOR INSTRUCTIONS, SEE BACK OF FORM

# DISCLOSURE SUMMARY PAGE

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*Franklin*

<b>FORM DR-2</b> (Rev. 07/2004)	DISCLOSURE REPORT
<b>For Office Use Only</b>	
Comm. #	<u>17756</u>
Logged In	<u>SM</u>
Scanned	
Computer	<u>SM</u>
Audited	

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

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 Juba Stewart Ziesman Political Party (if applicable) Democrat  
 Office Sought Franklin County Supervisor # 3 District (if Senate or House)

Late reports are subject to possible civil and criminal penalties.

Juba Stewart Ziesman 515-859-7680 Jan. 14, 2004  
 SIGNATURE OF PERSON FILING REPORT TELEPHONE DATE SIGNED

I AM FILING A Dec. 31, 2004 (report date) **FILED** (REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR. Indicate by #  )

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 Franklin

## 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.) .....\$ 707.71

**ADD TOTAL MONEY TAKEN IN THIS PERIOD**

Schedule A: Cash Contributions total (Attach Schedule A) (\*also see in-kind below) ..... 1040.00

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 .....\$ 1747.71

**SUBTRACT TOTAL MONEY SPENT THIS PERIOD**

Schedule B: Expenditures total (Attach Schedule B) (\*\*also see debts and loans below).... 1723.94

Schedule F: Loan Repayments total (Attach Schedule F) ..... 23.77

**CASH ON HAND** at the end of this reporting period (if final report balance must be zero) (Attach DR-3) .....\$ - 0 -

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

\*\*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E) .....\$ 11.23

\*\*OUTSTANDING LOANS (From Schedule F - Attach Schedule F) .....\$ 23.77

**CANDIDATE COMMITTEES ONLY:**

CONSULTANT BREAKDOWN (Schedule G Attached?)  YES  NO

VALUE OF CAMPAIGN PROPERTY (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)  
Ziesman for Supervisor

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#	Julia Stewart Ziesman Alden IA 50006	Self	\$ 375 <sup>00</sup>	<input type="checkbox"/>
10-22-04	ID# CK#	Julia Stewart Ziesman Alden IA 50006	Self	200 <sup>00</sup>	<input type="checkbox"/>
10-23-04	ID# CK#	Pauline Jass 468 50th Dows IA 50071		100 <sup>00</sup>	<input type="checkbox"/>
11-1-04	ID# CK#	Julia Stewart Ziesman Alden IA 50006	Self	300 <sup>00</sup>	<input type="checkbox"/>
11-2-04	ID# CK#	unitemized contributions pass the hat		65 <sup>00</sup>	<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				\$ 00	
<b>TOTAL (if last page of this schedule)</b>				\$ 1040 <sup>00</sup>	

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

SCHEDULE <b>B</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)  
*Ziesman for Supervisor*

DATE EXPENDED (MM/DD/YYR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
10-15-04	ID# CK# 161	Printing Services Inc Hwy 89 Belmond	ad	\$17 <sup>93</sup>
10-15-04	ID# CK# 162	Hampton Chronicle 9 2nd St NW Hampton	ad	97 <sup>20</sup>
10-15-04	ID# CK# 163	Hampton Chronicle 9 2nd St NW Hampton	ad	45 <sup>60</sup>
10-15-04	ID# CK# 164	Jones Citizen P.O. Box 640 Towa Fall IA	ad	146 <sup>40</sup>
10-15-04	ID# CK# 165	Adelby World Journal P.O. Box 640 Towa Fall IA	ad	73 <sup>60</sup>
10-16-04	ID# CK# 166	Baldwin Hardware 666 Waverly St Towa Fall IA	sign paint	31 <sup>10</sup>
10-18-04	ID# CK# 167	Post Office mail Towa Fall IA	stamps for mailing	222 <sup>00</sup>
10-21-04	ID# CK# 168	Kum & Go 906 Waverly Towa Fall IA	gas	23 <sup>00</sup>
SUB-TOTAL				\$ 656.73
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).)

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

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

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
10-21-04	ID# CK# 169	Iowa Secretary of State Lucas Bleda 1st Floor De Moines Ia 50319	voter list	\$ 11 <sup>00</sup> / <sub>100</sub>
10-21-04	ID# CK# 170	Post office mail Iowa Falls IA	Stamps for mailing	111 <sup>00</sup> / <sub>100</sub>
10-21-04	ID# CK# 171	Post office mail Iowa Falls IA	stamps for mailing	37 <sup>00</sup> / <sub>100</sub>
10-21-04	ID# CK# 172	Kramer's Acct Hardware 416 Central Ave W Hampton IA	sign - wire	2 <sup>34</sup> / <sub>100</sub>
10-22-04	ID# CK# 173	KLM Hwy 65 N Hampton IA	radio ads	208 <sup>00</sup> / <sub>100</sub>
10-22-04	ID# CK# 174	KIF P O Box 0640 Iowa Falls IA	radio ad	160 <sup>00</sup> / <sub>100</sub>
10-22-04	ID# CK# 175	Thiesens S. 0812 Iowa Falls IA	sign parts	16 <sup>96</sup> / <sub>100</sub>
10-23-04	ID# CK# 176	Kum & Go 906 Wayhente Iowa Falls IA	gas	22 <sup>00</sup> / <sub>100</sub>
SUB-TOTAL				\$ 568.24
TOTAL (if last page of this schedule)				\$

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

SCHEDULE <b>B</b> (Rev. 07/03)	MONETARY EXPENDITURES
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COMMITTEE NAME (Must be same as on Statement of Organization)  
*Ziesman for Supervisor*

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
10-25-04	ID# CK# 177	<i>Qch by water department P. O Box 649 Jawa Falls Ia</i>	<i>ad</i>	<i>\$4 <sup>60</sup></i>
10-25-04	ID# CK# 178	<i>K I F G P. O Box 649 Jawa Falls Ia</i>	<i>radio ad</i>	<i>70 <sup>00</sup></i>
10-25-04	ID# CK# 179	<i>K L M G Hwy 650 N Hampton Ia</i>	<i>radio ad</i>	<i>48 <sup>00</sup></i>
10-25-04	ID# CK# 180	<i>Kum &amp; Go 906 Washington Jawa Falls Ia</i>	<i>gas</i>	<i>20 <sup>00</sup></i>
11-1-04	ID# CK# 182	<i>Remunda 125 2nd Ave NW Hampton Ia</i>	<i>ads</i>	<i>106 <sup>15</sup></i>
11-4-04	ID# CK# 183	<i>Hampton Feedership 912 8th St NW Hampton Ia</i>	<i>ad</i>	<i>49 <sup>70</sup></i>
11-3-04	ID# CK# 184	<i>South County News P. O Box 96 Thornburg Ia 50429</i>	<i>ads</i>	<i>38 <sup>22</sup></i>
11-4-04	ID# CK# 185	<i>Sheffield Trees 305 Gilma Sheffield Ia</i>	<i>ad</i>	<i>103 <sup>15</sup></i>
SUB-TOTAL				<i>\$ 440.12</i>
TOTAL (if last page of this schedule)				<i>\$</i>

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

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

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
11-8-04	ID# CK# 186	Hampton Chronicle 19 2nd St NW Hampton IA	ads	\$18 <sup>20</sup> / <sub>10</sub>
11-8-04	ID# CK# 187	Shuffled Deck 395 6th Ave Sheffield IA	ads	5 <sup>50</sup> / <sub>10</sub>
11-8-04	ID# CK# 188	Reminder 125 2nd St NW Hampton IA	ads	4 <sup>65</sup> / <sub>10</sub>
11-8-04	ID# CK# 189	Town-Citizen P.O. Box 640 Towa Falls IA	ads	30 <sup>50</sup> / <sub>10</sub>
	ID# CK#			
SUB-TOTAL				\$ 58.85
TOTAL (if last page of this schedule)				\$ 1723.94

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

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

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

TOTAL UNPAID LOANS FROM LAST REPORTING PERIOD \$ 35.00

**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
11-30-04	Jula Stewart 59045th St Ziesma Albena	Self	\$ 23.77

TOTAL (PART I) \$ \_\_\_\_\_

TOTAL CASH REPAYMENTS (PART II) \$ 23.77

From Schedule E - TOTAL LOANS FORGIVEN \$ 11.23

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

\*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 when it applies.