

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

DISCLOSURE SUMMARY PAGE

Guthrie

FORM DR-2 (Rev. 07/2004)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	<u>17589</u>
Logged In	_____
Scanned	_____
Computer	_____
Audited	_____

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

Rutledge for Auditor Committee

IMPORTANT: Indicate by # type of committee you are reporting for: 4

(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

John D. Rutledge

Political Party (if applicable)

Republican

Office Sought

Guthrie Co. Auditor

District (if Senate or House)

Late reports are subject to possible civil and criminal penalties.

John D. Rutledge

641-757-1227

7/17/04

SIGNATURE OF PERSON FILING REPORT

TELEPHONE

DATE SIGNED

I AM FILING A

7/19/04
(report date)

REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR.

Indicate by # 1

CHECK IF AMENDMENT TO REPORT DATED

JUL 17 2004

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.)

EMAIL

Local Committees, enter Date of Election

November 04

County & Local Committees, enter County in which Election is held

Guthrie County

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.) \$

193.26

ADD TOTAL MONEY TAKEN IN THIS PERIOD

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

300.17

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 \$

493.43

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

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

492.43

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) \$

1.00

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

0

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

130.00

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

0

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)
Rutledge for Auditor Common App

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
6/2/04	ID# CK#	Chad Olsen 300 S. 5th St Guthrie Co. IA 50115	N/A	\$ 100 ⁰⁰	<input type="checkbox"/>
6/2/04	ID# CK#	Paul Lydon 2780 West Trail Guthrie Co. IA 50115	N/A	50 ⁰⁰	<input type="checkbox"/>
6/2/04	ID# CK#	Darwin Hughes 318 State St. Guthrie Co IA 50115	N/A	25 ⁰⁰	<input type="checkbox"/>
6/10/04	ID# CK#	Bob Kreimeyer 3950 Indigo Ave Adair, IA 50002	N/A	40 ⁰⁰	<input type="checkbox"/>
6/10/04	ID# CK#	Unitemized Contributions	N/A	40 ⁰⁰	<input type="checkbox"/>
7/12/04	ID# CK#	John Rutledge 303 S. 5th Guthrie, IA 50115	CANDIDATE (SELF)	45 ¹⁷	<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 \$ 300.17
TOTAL (if last page of this schedule) \$ 300.17

* 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 E (Rev. 06/97)	IN KIND CONTRIBUTIONS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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

Rutledge for Auditor Committee

Reset 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
6/17/04	John Rutledge 303 S. 5th St Guthrie Co IA 50045	CANDIDATE (SELF)	Parade Candy	\$ 30.00	<input type="checkbox"/>
6/11/04	John Rutledge 303 S. 5th St Guthrie Co IA 50045	Candidate (SELF)	Appreciation Supper for Helpers	100.00	<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"/>
SUB-TOTAL				\$ 130.00	
TOTAL (if last page of this schedule)				\$ 130.00	

*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.