

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

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

Milligan For County Supervisor

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

(1) Statewide/Legislative Candidate (2) Statewide PAC (3) State Party (4) County/Local Candidate (5) County PAC (6) Ballot Issue/Franchise Committee (7) County/City Central Committee

CANDIDATE COMMITTEES ONLY:

Candidate Name: Loren (Pat) Milligan; Political Party: Democrat; Office Sought: County Supervisor; District: NA

FORM DR-2 DISCLOSURE REPORT (Rev. 07/2003) For Office Use Only Comm. # 17609



SIGNATURE OF TREASURER (or person filing this report) TELEPHONE DATE SIGNED

Late filed reports are subject to possible civil and criminal penalties.

SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE:

I AM FILING A Jan. 1 - May 14 REPORT FOR AN/A (1) ELECTION (2) NON-ELECTION YEAR. (report date) Indicate one 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 Notice of Dissolution is filed.)

Local Committees, enter Date of Election June 8, 2004 County & Local Committees, enter County in which Election is held Jasper

STATEMENT OF CASH ON HAND

Table with columns for description and amount. Rows include: CASH ON HAND at the beginning of the reporting period (\$4,000.00), ADD TOTAL MONEY TAKEN IN THIS PERIOD (Schedule A: \$120.00, Schedule F: \$4,000.00, Schedule H: \$000.00), SUB-TOTAL (\$8,120.00), SUBTRACT TOTAL MONEY SPENT THIS PERIOD (Schedule B: \$4,899.03, Schedule F: \$000.00), CASH ON HAND at the end of this reporting period (\$3,220.97), \*\*UNPAID BILLS (\$000.00), \*IN KIND CONTRIBUTIONS (\$000.00), \*\*OUTSTANDING LOANS (\$8,000.00), CANDIDATE COMMITTEES ONLY: CONSULTANT BREAKDOWN (Schedule G Attached?) (YES/NO), VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H) (\$000.00)

For Instructions, See Back of Form



<b>SCHEDULE</b> <b>A</b> (Rev. 07/03)	<b>MONETARY RECEIPTS</b>
<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)  
 Milligan For County 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 88B.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
5/12/04	ID# CK#	Lash		\$ 100.00	<input type="checkbox"/>
5/12/04	ID# CK#	Lash		20.00	<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"/>
	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  
 \$  
 TOTAL (if last page of this schedule) \$ 120.00

\* 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.

FOR INSTRUCTIONS, SEE BACK OF FORM

**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)  
Milligan For County 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
4/26/04	ID# CK# 571	Carter Printing 1739 E. Grand Avenue Des Moines, IA 50316	Printing Letterhead + Envelopes	\$ 735.00
4/30/04	ID# CK# 572	Monroe Legacy 209 N. Commerce Monroe, IA 50170	Newspaper ad	94.05
4/3/04	ID# CK# 573	News Printing Company P.O. Box 967 Newton, IA 50208	Newspaper ad	322.50
4/2/04	ID# CK# 574	Jasper County Auditor Jasper County Courthouse Newton, IA 50208	Mailing Labels	39.04
5/3/04	ID# CK# 575	Carter Printing 1739 E. Grand Avenue Des Moines, IA 50316	Printing Letterhead + Envelopes	90.10
5/3/04	ID# CK# 576	Jasper County Tribune P.O. Box 7 Calkins, IA 50054	Newspaper ad	210.00
5/3/04	ID# CK# 577	Prairie City News 108 E. Jefferson Street Prairie City, IA 50228	Newspaper ad	105.30
5/3/04	ID# CK# 578	News Printing Company P.O. Box 967 Newton, IA 50208	Newspaper ad	293.10
SUB-TOTAL				\$ 000.00
TOTAL (if last page of this schedule)				\$ 000.00

**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**

<b>SCHEDULE 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)  
 Milligan For County 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
5/10/04	ID# CK# 579	KCOB 1801 N. 13th Avenue E. Norton, IA 50208	Radio Ad	\$1480.00
5/11/04	ID# CK# 580	Kimberly Marketing 308 K Street Baxter, IA 50028	Signs	789.94
5/13/04	ID# CK# 581	US Post Office 105 E. State Street Baxter, IA 50028	Postage	746.00
	ID# CK#			
SUB-TOTAL				\$
TOTAL (if last page of this schedule)				4899.03

**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).)

**COMMITTEE NAME** (Must be same as on Statement of Organization)  
 Milligan For County Supervisor

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

**NOTE:** This schedule reports money loaned to the committee which is deposited in the committee account.  
**TOTAL UNPAID LOANS FROM LAST REPORTING PERIOD \$** 4,000<sup>00</sup>

**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
5/11/04	Loren P(at) Milligan P. O. Box 157 Baxter, Iowa 50028	Candidate	\$ 4,000.00

**TOTAL (PART I)** \$ 4,000.00

**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)** \$ 000.00  
 From Schedule E - TOTAL LOANS FORGIVEN \$ 000.00  
**TOTAL OUTSTANDING LOANS END OF REPORT PERIOD** \$ 8,000<sup>00</sup>

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