

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

DISCLOSURE SUMMARY PAGE

Johnson

FORM DR-2
(Rev. 07/2003)

DISCLOSURE REPORT

For Office Use Only

Comm. # 17234

Logged In _____

Scanned _____

Computer _____

Audited _____

COMMITTEE NAME (Must be same as on Statement of Organization)
NEUZIL FOR THE JOHNSON COUNTY BOARD OF SUPERVISORS COMMITTEE

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
(8)Support Slate of Candidates

CANDIDATE COMMITTEES ONLY:

Candidate Name TERRENCE NEUZIL Political Party DEMOCRAT

Office Sought SUPERVISOR District (if Senate or House) _____

ETHICS & CAMPAIGN DISCLOSURE BOARD

MAY 19 2004
P.M. 5:18:04

FILED 5-14-04

DATE SIGNED

Terrence D. Neuzil
SIGNATURE OF TREASURER (or person filing this report)

319 338-3482
TELEPHONE

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

SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE:

I AM FILING A MAY 19 (report date) REPORT FOR AN/A (1) ELECTION /(2)NON-ELECTION YEAR.

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
JOHNSON

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (This is the total of all monies 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.)	\$ <u>623.69</u>
ADD TOTAL MONEY TAKEN IN THIS PERIOD	
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)	<u>5279.00</u>
Schedule F: Loans Received total (Attach Schedule F)	_____
Schedule H: Total Sales of Campaign Property (Attach Schedule H)	_____
<u>(Schedule H applies to Candidates' Committees Only)</u>	
SUB-TOTAL \$	<u>5902.69</u>
SUBTRACT TOTAL MONEY SPENT THIS PERIOD	
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)	<u>3122.29</u>
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)	\$ <u>2780.40</u>

**UNPAID BILLS (From Schedule D - Attach Schedule D)	\$ <u>1629.63</u>
**IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)	\$ <u>175.00</u>
**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)	\$ <u>500.00</u>

CANDIDATE COMMITTEES ONLY:

CONSULTANT BREAKDOWN (Schedule G Attached?) YES NO

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

For Instructions, See Back of Form

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CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)
NEUZIL FOR THE JOHNSON COUNTY BOARD OF SUPERVISORS 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
3/22/04	ID# CK#	JAMES SMITH 4608 SHARON CENTER RD SW IOWA CITY, IA 52240-8579		\$ 50	<input type="checkbox"/>
3/22/04	ID# CK#	VIRGINIA CLEMONS 518 WOODRIDGE AVE IOWA CITY, IA 52245-6058		50	<input type="checkbox"/>
3/22/04	ID# CK#	GARY WATTS 2881 SADDLECLUB IOWA CITY, IA 52240		50	<input type="checkbox"/>
3/22/04	ID# CK#	JANICE WILSON 1800 COUNTRY CLUB DR. CORALVILLE, IA 52241		100	<input type="checkbox"/>
3/23/04	ID# CK#	ALLAN BERGER 3005 HWY 1 NE IOWA CITY, IA 52240		100	<input type="checkbox"/>
3/24/04	ID# CK#	MARY JANE GRINGER 3536 HWY 1 SW IOWA CITY, IA 52240		100	<input type="checkbox"/>
3/24/04	ID# CK#	CHARLES MILLER 312 S. FIRST AVE IOWA CITY, IA 52245		100	<input type="checkbox"/>
3/26/04	ID# CK#	JOHN HAYEK 531 KIMBALL RD. IOWA CITY, IA 52240-		100	<input type="checkbox"/>
3/29/04	ID# CK#	DEPOSITED UNITEMIZED CONTRIBUTIONS OF \$25 OR LESS		675	<input type="checkbox"/>
3/31/04	ID# CK#	ERMA WOLF 110 HUMMINGBIRD LN. IOWA CITY, IA 52245		50	<input type="checkbox"/>

SUB-TOTAL

\$ 1375
\$

TOTAL (if last page of this schedule)

* 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

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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)
NEUZIL FOR THE JOHNSON COUNTY BOARD OF SUPERVISORS 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.

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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
4/1/04	ID# CK#	JOANNE DOWNES 3936 EAGLE AVE SW OXFORD, IA 52322		\$ 50	<input type="checkbox"/>
4/1/04	ID# CK#	GERIANNE SCHAEFER 124 N. FIRST AVE IOWA CITY, IA 52245		50	<input type="checkbox"/>
4/2/04	ID# CK#	CHARLES SKAUGSTAD 524 W. PARK RD. IOWA CITY, IA 52246		50	<input type="checkbox"/>
4/3/04	ID# CK#	GEORGE SEHL 732 HUNTINGTON DR. IOWA CITY, IA 52240		50	<input type="checkbox"/>
4/3/04	ID# CK#	JUDY BOYD 2525 ROCHESTER AVE. IOWA CITY, IA 52245		50	<input type="checkbox"/>
4/5/04	ID# CK#	DON KERF 911 E. BLOOMINGTON ST. IOWA CITY, IA 52245		30	<input type="checkbox"/>
4/6/04	ID# CK#	DEPOSITED UNITEMIZED CONTRIBUTIONS OF \$25 OR LESS		295	<input type="checkbox"/>
4/7/04	ID# CK#	DELL RICHARD 1250 MELROSE AVE IOWA CITY, IA 52246		50	<input type="checkbox"/>
4/9/04	ID# CK#	JESSICA GARDNER 2132 GLEN OAKS DR. CORALVILLE, IA 52241		50	<input type="checkbox"/>
4/9/04	ID# CK#	MIKE HODGE 15 LINDER VALLEY CIR. IOWA CITY, IA 52240		100	<input type="checkbox"/>

SUB-TOTAL
\$ 775

TOTAL (if last page of this schedule)

\$

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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)
NEUZIL FOR THE JOHNSON COUNTY BOARD OF SUPERVISORS 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.

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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
4/9/04	ID# CK#	KYRAN COOK 1 OAK PARK CT. IOWA CITY, IA 52246		\$ 100	<input type="checkbox"/>
4/11/04	ID# CK#	DEPOSITED UNITEMIZED CONTRIBUTIONS OF \$25 OR LESS		105	<input type="checkbox"/>
4/15/04	ID# CK#	ALSCIA BROWN-MATTHES 9 DRY CREEK CT. NE IOWA CITY, IA 52240		40	<input type="checkbox"/>
4/20/04	ID# CK#	DEPOSITED UNITEMIZED CONTRIBUTIONS OF \$25 OR LESS		265	<input type="checkbox"/>
4/18/04	ID# CK#	CAROLYN SMITH 4608 SHARON CENTER RD. SW IOWA CITY, IA 52240		30	<input checked="" type="checkbox"/>
4/18/04	ID# CK#	JOHN SCHINTLER 409 S. 7TH AVE. IOWA CITY, IA 52245		40	<input checked="" type="checkbox"/>
4/18/04	ID# CK#	ROGER HURT 3165 INW RD. SW IOWA CITY, IA 52240		40	<input checked="" type="checkbox"/>
4/18/04	ID# CK#	GLORIA KOTTICK 502 LARCH LN. IOWA CITY, IA 52245		40	<input checked="" type="checkbox"/>
4/18/04	ID# CK#	PHILIP HOTKA 1831 G. ST. IOWA CITY, IA 52240		40	<input checked="" type="checkbox"/>
4/18/04	ID# CK#	MAXENE BULECHEK 509D 340TH ST. NE IOWA CITY, IA 52240		40	<input checked="" type="checkbox"/>
SUB-TOTAL				\$ 740	
TOTAL (if last page of this schedule)				\$	

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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)
NEUZIL FOR THE JOHNSON COUNTY BOARD OF SUPERVISORS 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.

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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
4/18/04	ID# CK#	MARY WICK 4392 480 TH ST. SE IOWA CITY, IA 52240		\$ 40	<input checked="" type="checkbox"/>
4/18/04	ID# CK#	E. R. WILLIAMS 2968 BLACK DIAMOND RD. SW IOWA CITY, IA 52240		40	<input checked="" type="checkbox"/>
4/18/04	ID# CK#	JOANNE DOWNES 3936 EAGLE AVE SW OXFORD, IA 52322		50	<input checked="" type="checkbox"/>
4/18/04	ID# CK#	PAMELA KRAL 3206 RAVEN CT. IOWA CITY, IA 52245		50	<input checked="" type="checkbox"/>
4/18/04	ID# CK#	TRISH ROHRET 1996 LUCAS CT. SW OXFORD, IA 52322		75	<input checked="" type="checkbox"/>
4/18/04	ID# CK#	STEPHEN SOBOROFF 1332 SANDUSKY DR. IOWA CITY, IA 52240		75	<input checked="" type="checkbox"/>
4/18/04	ID# CK#	STEPHEN LACINA 4818 AMERICAN LEGION RD. IOWA CITY, IA 52240		100	<input checked="" type="checkbox"/>
4/18/04	ID# CK#	JUDY CRYER 506 LARCH LN. IOWA CITY, IA 52245	MOTHER- IN-LAW	100	<input checked="" type="checkbox"/>
4/18/04	ID# CK#	UNITEMIZED CONTRIBUTIONS FROM 4-18 FUNDRAISER DEPOSITED ON 4-21-04		829	<input checked="" type="checkbox"/>
4/27/04	ID# CK#	JOHN NEUZIL 2520 MAYFIELD RD. IOWA CITY, IA 52245	BROTHER	100	<input type="checkbox"/>

SUB-TOTAL
\$ 1459
TOTAL (if last page of this schedule)
\$

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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)
NEUZIL FOR THE JOHNSON COUNTY BOARD OF SUPERVISORS 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.

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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
4/28/04	ID# CK#	TODD SCOTT 2247 CAE DR. IOWA CITY, IA 52246		\$ 100	<input type="checkbox"/>
4/28/04	ID# CK#	ELAINE KOUT Box 609 LONE TREE, IA 52755		50	<input type="checkbox"/>
5/2/04	ID# CK#	UNITEMIZED CONTRIBUTIONS OF \$25 OR LESS DEPOSITED ON 5/2		100	<input type="checkbox"/>
5/2/04	ID# CK#	MIKE GOULD 109 CENTRAL AVE. SWISHER, IA 52338		50	<input type="checkbox"/>
5/2/04	ID# CK#	MARILYN HISCOCK 2540 ANCHORAGE RD. NE SOLON, IA 52333		30	<input type="checkbox"/>
5/4/04	ID# CK#	DEPOSITED UNITEMIZED CONTRIBUTIONS OF \$25 OR LESS		120	<input type="checkbox"/>
5/4/04	ID# CK#	BRUCE KOUT 4736 INVERNESS CT. IOWA CITY, IA 52245		50	<input type="checkbox"/>
5/10/04	ID# CK#	DEPOSITED UNITEMIZED CONTRIBUTIONS OF \$25 OR LESS		130	<input type="checkbox"/>
5/13/04	ID# CK#	JIM STOCKMAN 4836 OAKCREST HILL RD SE IOWA CITY, IA 52240		100	<input type="checkbox"/>
5/14/04	ID# CK#	UNITEMIZED CONTRIBUTIONS OF \$25 OR LESS		200	<input type="checkbox"/>

SUB-TOTAL \$ 930
TOTAL (if last page of this schedule) \$ 5279

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FOR INSTRUCTIONS, SEE BACK OF FORM

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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)
NEUZIL FOR THE JOHNSON COUNTY BOARD OF SUPERVISORS COMMITTEE

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
1-6-04	ID# CK# 1100	TERRENCE NEUZIL 3201 FRIENDSHIP ST. IOWA CITY, IA 52245	REIMBURSEMENT FOR INK CARTRIDGES AND PENS	\$ 82.74
2-11-04	ID# CK# 1101	TERRENCE NEUZIL 3201 FRIENDSHIP ST. IOWA CITY, IA 52245	REIMBURSEMENT FOR CANDIDATE PHOTOS	58.74
3-15-04	ID# CK# 1102	TERRENCE NEUZIL 3201 FRIENDSHIP ST. IOWA CITY, IA 52245	REIMBURSEMENT FOR CAMPAIGN BUTTONS, PAPER, ENVELOPES, POSTAGE, AND SNACKS FOR DEMOCRAT CONVENTION	1130.51
3-26-04	ID# CK# 1103	TERRENCE NEUZIL 3201 FRIENDSHIP ST. IOWA CITY, IA 52245	REIMBURSEMENT FOR LABELS	9.44
4-6-04	ID# CK# 1104	TERRENCE NEUZIL 3201 FRIENDSHIP ST. IOWA CITY, IA 52245	REIMBURSEMENT FOR FENCE POSTS FOR YARD SIGNS	72.98
4-11-04	ID# CK# 1105	TERRENCE NEUZIL 3201 FRIENDSHIP ST. IOWA CITY, IA 52245	REIMBURSEMENT FOR CUPS AND TABLE-CLOTHS	8.07
4-16-04	ID# CK# 1106	SAMS CLUB 2605 BLAIRS FERRY RD. CEDAR RAPIDS, IA 52402	PLATES, CUPS, TABLE COVERS, NAPKINS, DESSERTS, LEMONADE MIX, BUTTER, STIR FRY, COOKING SPRAY, GREEN BEANS	136.01
4-18-04	ID# CK# 1107	HY VEE 812 FIRST AVE IOWA CITY, IA 52245	BUNS, ICE, ALMONDS, ONIONS	66.19
SUB-TOTAL				\$ 1564.68
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).)

FOR INSTRUCTIONS, SEE BACK OF FORM

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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)
NEUZIL FOR THE JOHNSON COUNTY BOARD OF SUPERVISORS COMMITTEE

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
4-18-04	ID# CK# 1108	TERRENCE NEUZIL 3201 FRIENDSHIP ST. IOWA CITY, IA 52245	REIMBURSEMENT FOR CHICKEN, BEANS, COLESLAW FOR CAMPAIGN VOLUNTEERS	\$ 22.55
4-22-04	ID# CK# 1109	EAGLES LODGE HWY ONE SW IOWA CITY, IA 52240	HALL RENTAL	100.00
4-22-04	ID# CK# 1110	TERRENCE NEUZIL 3201 FRIENDSHIP ST. IOWA CITY, IA 52245	REIMBURSEMENT FOR PENS, COMPUTER DISKS, ENVELOPES, MARKERS AND MARKER BOARD, PAPER, INK CARTRIDGES	128.67
5-13-04	ID# CK# 1111	TRU ART COLOR GRAPHICS 2800 HWY SIX E IOWA CITY, IA 52240	CAMPAIGN BROCHURE PRINTING	1245.76
5-14-04	ID# CK# 1112	TERRENCE NEUZIL 3201 FRIENDSHIP ST. IOWA CITY, IA 52240	REIMBURSEMENT FOR POSTAGE AND CABLE-TIES FOR YARD SIGNS	55.63
5-14-04	ID# CK# 1113	JOHNSON COUNTY AUDITOR 913 S. DUBUQUE ST. IOWA CITY, IA 52240	VOTER LIST	5.00
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$ 1557.61
TOTAL (if last page of this schedule)				\$ 3122.29

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

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)
NEUZIL FOR THE JOHNSON COUNTY BOARD OF SUPERVISORS 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
4-18-04	RALPH NEUZIL 2520 MAYFIELD RD. IOWA CITY, IA 52245	FATHER	BEEF AND SEASONINGS AND SAUCE	\$ 175	<input checked="" type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
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					<input type="checkbox"/>
					<input type="checkbox"/>

SUB-TOTAL	\$ 175
TOTAL (if last page of this schedule)	\$ 175

*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.

Reset Form

SCHEDULE F (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)
NEUZIL FOR THE JOHNSON COUNTY BOARD OF SUPERVISORS 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
			\$

TOTAL (PART I) \$ _____

TOTAL CASH REPAYMENTS (PART II) \$ _____
From Schedule E -- TOTAL LOANS FORGIVEN \$ _____
TOTAL OUTSTANDING LOANS END OF REPORT PERIOD \$ 500.00

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