

DISCLOSURE SUMMARY PAGE

Reset Form

Johnson

FORM DR-2 (Rev. 07/2004)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	<u>17234</u>
Logged In	<u>db</u>
Scanned	<u>db</u>
Computer	<u>db</u>
Audited	

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

NEUZIL FOR THE JOHNSON COUNTY BOARD OF SUPERVISORS COMMITTEE

IMPORTANT: Indicate by # type of committee you are reporting for: (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 TERRENCE NEUZIL Political Party (if applicable) DEMOCRAT

Office Sought SUPERVISOR District (if Senate or House)

Late reports are subject to possible civil and criminal penalties.

Terrence A. Neuzil 319 338-3482 7-14-04

SIGNATURE OF PERSON FILING REPORT TELEPHONE DATE SIGNED

I AM FILING A July 19 REPORT FOR (1) ELECTION //(2) NON-ELECTION YEAR.
(report date) Indicate by # 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 DR-3 is filed.)

Local Committees, enter Date of Election
6-8-04 & 11-2-04

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. (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.)	\$ <u>2780.40</u>
ADD TOTAL MONEY TAKEN IN THIS PERIOD	
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)	<u>4602.99</u>
Schedule F: Loans Received total (Attach Schedule F)	<u>—</u>
Schedule H: Total Sales of Campaign Property (Attach Schedule H)	<u>—</u>
(Schedule H applies to Candidates' Committees Only)	
SUB-TOTAL	\$ <u>7383.39</u>
SUBTRACT TOTAL MONEY SPENT THIS PERIOD	
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)	<u>7021.40</u>
Schedule F: Loan Repayments total (Attach Schedule F)	<u>—</u>
CASH ON HAND at the end of this reporting period (if final report balance must be zero) (Attach DR-3)	\$ <u>361.99</u>
**UNPAID BILLS (From Schedule D - Attach Schedule D)	<u>—</u>
*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)	<u>—</u>
**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)	<u>500.00</u>
CANDIDATE COMMITTEES ONLY:	
CONSULTANT BREAKDOWN (Schedule G Attached?)	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)	<u>—</u>

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.

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
5/22/04	ID# CK#	RANDY ROGERS 1619 13 TH ST. CORALVILLE, IA 52241		\$ 100	<input checked="" type="checkbox"/>
5/22/04	ID# CK#	KAREN ROHM 711 COLE RD. CORALVILLE, IA 52241		50	<input checked="" type="checkbox"/>
5/22/04	ID# CK#	BRENDA SCHINTLER 4677 FOX LN. NE IOWA CITY, IA 52240		50	<input checked="" type="checkbox"/>
5/22/04	ID# CK#	KAROLYN SEDLACEK 4340 520 TH ST. IOWA CITY, IA 52240		50	<input checked="" type="checkbox"/>
5/22/04	ID# CK#	MICHELE SCHINTLER 1865 PIN OAK DR. KALONA, IA 52247		40	<input checked="" type="checkbox"/>
5/22/04	ID# CK#	ELIZABETH ENGEL 725 BRADLEY ST. IOWA CITY, IA 52240		40	<input checked="" type="checkbox"/>
5/22/04	ID# CK#	DALE SANDERSON 5166 AMERICAN LEGION RD. SE IOWA CITY, IA 52240		35	<input checked="" type="checkbox"/>
5/22/04	ID# CK#	ROGER HURT 3165 INV RD. SW IOWA CITY, IA 52240		30	<input checked="" type="checkbox"/>
5/22/04	ID# CK#	UNITEMIZED CONTRIBUTIONS \$25 AND UNDER FROM FUNDRAISER		1368	<input checked="" type="checkbox"/>
5/22/04	ID# CK#	KEITH FORBES 4825 WHITE OAK AVE SE IOWA CITY, IA 52240		100	<input type="checkbox"/>
SUB-TOTAL				\$ 1863.00	
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
5/22/04	ID# CK#	KEN LEO 3510 CUMBERLAND RIDGE RD. NORTH LIBERTY, IA 52317		\$ 50	<input type="checkbox"/>
5/23/04	ID# CK#	CORY SHOOK 2073 Apt. B KOUNTRY LN. SE IOWA CITY, IA 52240		50	<input type="checkbox"/>
5/25/04	ID# CK#	FRANCIS SUEPPEL 30 NORWOOD CIR. IOWA CITY, IA 52245		100	<input type="checkbox"/>
5/26/04	ID# CK#	WILLIS BYWATER 621 S. SUMMIT IOWA CITY, IA 52240		50	<input type="checkbox"/>
5/26/04	ID# CK#	DAVED PARSONS 103 S. 7 TH AVE. IOWA CITY, IA 52245		50	<input type="checkbox"/>
5/26/04	ID# CK#	JUDY BOYD 1850 COUNTRY CLUB DR. CORALVILLE, IA 52241		50	<input type="checkbox"/>
5/27/04	ID# CK#	UNITEMIZED CONTRIBUTIONS \$25 AND UNDER FROM 5-27-04 DEPOSIT		330	<input type="checkbox"/>
5/27/04	ID# CK#	KEVIN MONSON 3069 ROHRET RD. SW IOWA CITY, IA 52240		50	<input type="checkbox"/>
5/28/04	ID# CK#	UNITEMIZED CONTRIBUTIONS \$25 AND UNDER FROM 5-28-04 DEPOSIT		119.99	<input type="checkbox"/>
5/29/04	ID# CK#	JAMES PRATT 2525 POTOMAC DR. IOWA CITY, IA 52240		50	<input type="checkbox"/>
SUB-TOTAL				\$ 899.99	
TOTAL (if last page of this schedule)				\$	

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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

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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
6-1-04	ID# CK#	UNITEMIZED CONTRIBUTIONS #25 AND UNDER FROM 6-1-04 DEPOSIT		\$ 60	<input type="checkbox"/>
6-2-04	ID# CK#	UNITEMIZED CONTRIBUTIONS #25 AND UNDER FROM 6-2-04 DEPOSIT		70	<input type="checkbox"/>
6-3-04	ID# CK#	ARLENE NEUZIL 2520 MAYFIELD RD. IOWA CITY, IA 52245	MOTHER	150	<input type="checkbox"/>
6-3-04	ID# CK#	JOHN NEUZIL 2520 MAYFIELD RD. IOWA CITY, IA 52245	BROTHER	100	<input type="checkbox"/>
6-3-04	ID# CK#	MARVEN HARTWIG P.O. BOX 1906 IOWA CITY, IA 52244		50	<input type="checkbox"/>
6-4-04	ID# CK#	UNITEMIZED CONTRIBUTIONS #25 AND UNDER FROM 6-4-04 DEPOSIT		120	<input type="checkbox"/>
6-5-04	ID# CK#	JOHN MORELAND 1486 FIRST AVE IOWA CITY, IA 52240		50	<input type="checkbox"/>
6-5-04	ID# 6125 CK#	IOWA REALTORS PAC 1370 NW 114 TH ST. SUITE 100 CLIVE, IA 50325		300	<input type="checkbox"/>
6-5-04	ID# CK#	UNITEMIZED CONTRIBUTIONS #25 AND UNDER FROM 6-5-04 DEPOSIT		25	<input type="checkbox"/>
6-8-04	ID# CK#	THOMAS SCOTT 419 E. FAIRCHILD ST. IOWA CITY, IA 52245		50	<input type="checkbox"/>
SUB-TOTAL				\$ 975.00	
TOTAL (if last page of this schedule)				\$	

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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
6-8-04	ID# CK#	ALLAN BERGER 3005 HWY 1 NE IOWA CITY, IA 52240		\$ 100	<input checked="" type="checkbox"/>
6-8-04	ID# CK#	UNITEMIZED CONTRIBUTIONS \$25 AND UNDER FROM FUNDRAISER		395	<input checked="" type="checkbox"/>
6-8-04	ID# CK#	RUTH WISSINK 22 OAK PARK DR. IOWA CITY, IA 52240		50	<input type="checkbox"/>
6-9-04	ID# CK#	JAMES BULECHEK 1774 NEWBERRY AVE NE SOLON, IA 52333		50	<input type="checkbox"/>
6-9-04	ID# CK#	TIMOTHY McALEER 1380 12TH AVE CORALVILLE, IA 52241		35	<input type="checkbox"/>
6-14-04	ID# CK#	UNITEMIZED CONTRIBUTIONS \$25 AND UNDER FROM 6-14-04 DEPOSIT		135	<input type="checkbox"/>
6-17-04	ID# CK#	ANNA PAYNE 13373 PLAZA DEL RIO APT. 1162 PEORIA, AR 85381		100	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
SUB-TOTAL				\$ 865.00	
TOTAL (if last page of this schedule)				\$ 4602.99	

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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
5-16-04	ID# CK# 1114	KCJJ RADIO P.O. Box 2118 IOWA CITY, IA 52244	ADS	\$ 200.00
5-17-04	ID# CK# 1115	KXIC RADIO 3365 NE DUBUQUE ST. IOWA CITY, IA 52240	ADS	120.00
5-20-04	ID# CK# 1116	TECHNIGRAPHICS P.O. Box 1846 IOWA CITY, IA 52244	DELIVERY & POSTAGE CHARGE ON MAILING	1119.68
5-21-04	ID# CK# 1117	SAMS CLUB 2605 BLAIRS FERRY RD. CEDAR RAPIDS, IA 52402	FOOD & DRINKS FOR FUNDRAISER & INK FOR PRINTER	126.12
5-25-04	ID# CK# 1118	RALPH NEUZIL 2520 MAYFIELD RD. IOWA CITY, IA 52245	REIMBURSEMENT FOR FOOD FOR FUNDRAISER	195.80
5-25-04	ID# CK# 1119	TERRENCE NEUZIL 3201 FRIENDSHIP ST. IOWA CITY, IA 52245	REIMBURSEMENT FOR POSTAGE, POSTS FOR SIGNS, CABLE TIES, & FOOD FOR FUNDRAISER	114.44
5-25-04	ID# CK# 1120	JOHNSON COUNTY AG. ASSOC. 4265 OAKCREST HILL RD. SE IOWA CITY, IA 52246	FOOD STAND RENTAL FOR FUNDRAISER	150.00
5-25-04	ID# CK# 1121	KCJJ RADIO P.O. Box 2118 IOWA CITY, IA 52244	ADS	270.00
SUB-TOTAL				\$ 2296.04
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/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
5-26-04	ID# CK# 1122	SOLON ECONOMIST / NORTH LIBERTY LEADER P.O. Box 249 SOLON, IA 52333	ADS	\$ 157.00
5-26-04	ID# CK# 1123	GAZETTE COMMUNICATIONS 1801 2ND ST. CORALVILLE, IA 52241	ADS	237.60
5-26-04	ID# CK# 1124	LONE TREE REPORTER P.O. BOX 430 KALONA, IA 52247	ADS	160.00
5-27-04	ID# CK# 1125	TERRENCE NEUZIL 3201 FRIENDSHIP ST. IOWA CITY, IA 52245	REIMBURSEMENT FOR UNPAID BILL FROM TECHNIGRAPHICS FOR MAILING BROCHURE PRINTING COSTS	1629.63
5-27-04	ID# CK# 1126	JOHNSON COUNTY AUDITOR 913 S. DUBUQUE ST. IOWA CITY, IA 52240	VOTER LISTS	5.00
5-27-04	ID# CK# 1127	POSTMASTER SOUTH CLINTON ST. IOWA CITY, IA 52240	POSTAGE STAMPS	460.00
5-28-04	ID# CK# 1128	KXIC RADIO 3365 NE DUBUQUE ST. IOWA CITY, IA 52240	ADS	288.00
6-1-04	ID# CK# 1129	TERRENCE NEUZIL 3201 FRIENDSHIP ST. IOWA CITY, IA 52245	REIMBURSEMENT FOR COPY PAPER, INK FOR PRINTER, POSTAGE & FOOD FOR VOLUNTEERS	260.51
SUB-TOTAL				\$ 3197.74
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/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
6-2-04	ID# CK# 1130	KCJJ RADIO P.O. Box 2118 IOWA CITY, IA 52244	ADS	\$ 160.00
6-7-04	ID# CK# 1131	KCJJ RADIO P.O. BOX 2118 IOWA CITY, IA 52244	ADS	100.00
6-7-04	ID# CK# 1132	JOHNSON COUNTY AUDITOR 913 S. DUBUQUE ST. IOWA CITY, IA 52240	CAMPAIGN VOTER LISTS	5.00
6-7-04	ID# CK# 1133	TERRENCE NEUZIL 3201 FRIENDSHIP ST. IOWA CITY, IA 52245	REIMBURSEMENT FOR NEWS- PAPER ADS FROM GAZETTE	261.63
6-12-04	ID# CK# 1134	TERRENCE NEUZIL 3201 FRIENDSHIP ST. IOWA CITY, IA 52245	REIMBURSEMENT FOR NEWSPAPER ADS FROM PRESS CITIZEN	540.04
6-12-04	ID# CK# 1135	TERRENCE NEUZIL 3201 FRIENDSHIP ST. IOWA CITY, IA 52245	REIMBURSEMENT FOR TACKS & LATH FOR SIGNS, STREAMERS, INK FOR PRINTER, COPYING, FOOD FOR VOLUNTEERS	160.98
6-21-04	ID# CK# 1136	TERRENCE NEUZIL 3201 FRIENDSHIP ST. IOWA CITY, IA 52245	REIMBURSEMENT FOR NAILS, CLIPPERS, STAPLER & STAPLES FOR SIGNS, FOOD FOR VOLUNTEERS	98.54
6-21-04	ID# CK# 1137	JOHNSON COUNTY AUDITOR 913 S. DUBUQUE ST. IOWA CITY, IA 52240	CAMPAIGN VOTER LISTS	13.13
SUB-TOTAL				\$ 1339.32
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
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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
6-21-04	ID# CK# 1138	TERRENCE NEUZIL 3201 FRIENDSHIP ST. IOWA CITY, IA 52245	REIMBURSEMENT FOR PRINTING COSTS AT TECHNIGRAPHICS FOR MAILING	\$ 100.88
7-5-04	ID# CK# 1139	TERRENCE NEUZIL 3201 FRIENDSHIP ST. IOWA CITY, IA 52245	REIMBURSEMENT FOR CANDY FOR PARADES & FOOD FOR VOLUNTEERS	87.42
	ID# CK#			
SUB-TOTAL				\$ 188.30
TOTAL (if last page of this schedule)				\$ 7021.40

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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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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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