

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

Reset Form

Johnson

FORM DR-2 (Rev. 07/2003)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	<u>17599</u>
Logged In	<u>js</u>
Scanned	<u>js</u>
Computer	<u>js</u>
Audited	

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

O'DONNELL FOR 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: MIKE O'DONNELL Political Party: DEMOCRAT

Office Sought: COUNTY SUPERVISOR District (if Senate or House):

ETHICS & CAMPAIGN DISCLOSURE BOARD

MAY 18 2004

P.M. FILED 5.17.04-1174

Cravitt

SIGNATURE OF TREASURER (or person filing this report)

39-351-8

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 MAY 19, 2004 REPORT FOR AN/A (1) ELECTION / (2) NON-ELECTION YEAR.
(report date) Indicate one 2

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 _____

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.) \$ 0

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below) \$4655.00

Schedule F: Loans Received total (Attach Schedule F)

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL \$ 4655.00

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below).... \$1956.29

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) \$ 2698.71

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

***IN KIND CONTRIBUTIONS** (From Schedule E - Attach Schedule E) \$ 31.5

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

CANDIDATE COMMITTEES ONLY:

CONSULTANT BREAKDOWN (Schedule G Attached?) YES NO

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

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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)
 O'DONNELL 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.

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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
4/08/04	ID# CK#	MARK PHILLIPS 1165 OAKES DR IOWA CITY, IA 52249		\$100	<input checked="" type="checkbox"/>
04/08/04	ID# CK#	DAVE JACOBY 2308 N RIDGE DR CORALVILLE, IA 52241		30	<input checked="" type="checkbox"/>
04/08/04	ID# CK#	KEN DONNELLY 1300 23RD AVE CORALVILLE, IA		100	<input checked="" type="checkbox"/>
04/08/04	ID# CK#	ALLAN BURGER/JENNIFER BURGER 3005 HWY 1 NE IOWA CITY, IA 52240		100	<input checked="" type="checkbox"/>
04/08/04	ID# CK#	LAURIE CANADY 64 ARBURY DR IOWA CITY, IA 52246		100	<input checked="" type="checkbox"/>
4/08/04	ID# CK#	CARL & CHARLENE WILLIAMS 15 S. 7TH AVE IOWA CITY, IOWA 52245		50	<input checked="" type="checkbox"/>
4/08/04	ID# CK#	MARY JO STREB 1700 COUNTRY CLUB PL CORALVILLE, IA. 52241		100	<input checked="" type="checkbox"/>
04/08/04	ID# CK#	RUSS SCHMEISER 4 WENDRAM BLUFF NE IOWA CITY, IA 52240		25	<input checked="" type="checkbox"/>
4/08/04	ID# CK#	MIKE & CATHERINE PUGH 705 GRANT ST IOWA CITY, IA 52240		50	<input checked="" type="checkbox"/>
4/08/04	ID# CK#	MARSHAL & JOYE ASHTON McKUSICK 820 PARK RD IOWA CITY, IA 52246		25	<input checked="" type="checkbox"/>
SUB-TOTAL				\$ 680	
TOTAL (if last page of this schedule)				\$	

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CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)
O'DONNELL FOR SUPERVISOR

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4/08/04	ID# CK#	FREIDA RUMMELHART 323 BLACKHAWK ST IOWA CITY, IOWA 52246		\$50	<input checked="" type="checkbox"/>
4/08/04	ID# CK#	TOM NEREIM 2060 MELROSE AVE IOWA CITY, IA 52246		100	<input checked="" type="checkbox"/>
4/08/04	ID# CK#	WILLA DICKENS 109 GREEN MOUNTAIN DR IOWA CITY, IA 52245		25	<input checked="" type="checkbox"/>
4/08/04	ID# CK#	BRIAN & YVONNE MC CABE 237 FERSON AV IOWA CITY, IA 52246		50	<input checked="" type="checkbox"/>
4/08/04	ID# CK#	BOB ELLIOTT 1108 DOVER ST IOWA CITY, IA 52240		25	<input checked="" type="checkbox"/>
4/08/04	ID# CK#	WILLIAM DOHERTY 27 N LOWELL IOWA CITY, IA 52245		10	<input checked="" type="checkbox"/>
04/08/04	ID# CK#	T.T. HOOPERWERF 4 MT. VERNON CT IOWA CITY, IA 52245		25	<input checked="" type="checkbox"/>
4/08/04	ID# CK#	KENT ANGERER PO BOX 2120 IOWA CITY, IA 52244		50	<input checked="" type="checkbox"/>
4/04/08	ID# CK#	PAT FOSTER 1920 S GILBERT IOWA CITY, IA 52240		25	<input checked="" type="checkbox"/>
4/08/04	ID# CK#	DR. C.E. SCHROCK 220 LEXINGTON AV IOWA CITY, IA 52246		25	<input checked="" type="checkbox"/>

SUB-TOTAL	\$ 385
TOTAL (if last page of this schedule)	\$

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CONTRIBUTIONS – MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)
O'DONNELL FOR SUPERVISOR

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4/08/04	ID# CK#	JEFF DEFRANCE 2222 HAZEL CT IOWA CITY, IA 52240		\$25	<input checked="" type="checkbox"/>
4/08/04	ID# CK#	CONNIE CHAMPION 430 S SUMMIT ST IOWA CITY, IA 52240		25	<input checked="" type="checkbox"/>
4/08/04	ID# CK#	DAVE & KAREN LONG 4848 SAND RD SE IOWA CITY, IA 52240		25	<input checked="" type="checkbox"/>
4/08/04	ID# CK#	MICHAEL & MECHELE KENNEDY 608 ST. THOMAS CT IOWA CITY, IA 53345		50	<input checked="" type="checkbox"/>
4/8/4	ID# CK#	DON GRINGER 3536 HWY 1 W IOWA CITY, IA 52240		50	<input checked="" type="checkbox"/>
4/19/04	ID# CK#	FRANK BOYD 2511 ROCHESTER AV IOWA CITY, IA 52245		100	<input checked="" type="checkbox"/>
4/19/04	ID# CK#	ROBERT BOYD 2625 ROCHESTER AV IOWA CITY, IA 52245		100	<input checked="" type="checkbox"/>
4/19/04	ID# CK#	TOM SLOCKET 629 BROWN ST IOWA CITY, IA 52240		25	<input checked="" type="checkbox"/>
4/19/04	ID# CK#	PETE HAYEK 7 KIMBALL RD IOWA CITY, IA 52245		25	<input checked="" type="checkbox"/>
4/19/04	ID# CK#	EILEEN DONNELLY 2315 ROCHESTER AV IOWA CITY, IA 52245		25	<input checked="" type="checkbox"/>
SUB-TOTAL				\$ 450	
TOTAL (if last page of this schedule)				\$	

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<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

CONTRIBUTIONS – MONEY TAKEN IN

(Including candidate's personal funds)

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4/19/2004	ID# CK#	DELL RICHARD 1250 MELROSE IOWA CITY, IA 52246		\$50	<input checked="" type="checkbox"/>
	ID# CK#	AMBROSE & ASSOCIATES 250 12TH AVE SUITE 150 CORALVILLE, IA 52241		100	<input checked="" type="checkbox"/>
	ID# CK#	ROBERT OLDIS 306 VIRGINIA DR IOWA CITY, IA 52245		25	<input checked="" type="checkbox"/>
	ID# CK#	SPORTS COLUMN 12 S. DUBUQUE IOWA CITY, IA 52240		50	<input checked="" type="checkbox"/>
	ID# CK#	GERALD MEIS 3 HICKORY RIDGE LN NE IOWA CITY, IA 52240		25	<input checked="" type="checkbox"/>
	ID# CK#	GARY WATTS 2346 MORMON TREK BLVD IOWA CITY, IA 52246		100	<input checked="" type="checkbox"/>
	ID# CK#	STEVE WEST 17 THE WOODS IOWA CITY, IA 52240		50	<input checked="" type="checkbox"/>
	ID# CK#	DEAN OAKES 2969 PRAIRIE DU CHEIN RD IOWA CITY, IA 52240		25	<input checked="" type="checkbox"/>
	ID# CK#	EDWARD JONES PO BOX 0813 IOWA CITY, IA. 52245		100	<input checked="" type="checkbox"/>
	ID# CK#	DALE PREDIGER 444 MULLEN AVE IOWA CITY, IA 52246		50	<input checked="" type="checkbox"/>
SUB-TOTAL				\$ 575	
TOTAL (if last page of this schedule)				\$	

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4/19/2004	ID# CK#	DAVE TIIGGES 3625 JOHNSTON WAY NE N. LIBERTY ,IA 52317		\$25	<input checked="" type="checkbox"/>
	ID# CK#	PETE WALLACE 3017 WESTBERRY DR NE IOWA CITY, IA 52240		30	<input checked="" type="checkbox"/>
	ID# CK#	JOHN MORLAND 1476 1ST AV IOWA CITY, IA 52245		100	<input checked="" type="checkbox"/>
	ID# CK#	DAVE STREB PO BOX 3327 IOWA CITY, IA 52244		100	<input checked="" type="checkbox"/>
	ID# CK#	ARLEIGH CLEMONS 1450 HIGH COUNTRY RD CORALVILLE, IA 52241		25	<input checked="" type="checkbox"/>
	ID# CK#	DAVID BYWATER 211 POST RD IOWA CITY, IA 52245		15	<input checked="" type="checkbox"/>
	ID# CK#	ROBERT BARKER 437 BUTTERNUT LANE IOWA CITY , IA 52246		25	<input checked="" type="checkbox"/>
	ID# CK#	BRYAN CLEMENS 518 WOODRIDGE AVE IOWA CITY, IA 52245		25	<input checked="" type="checkbox"/>
	ID# CK#	MIKE HODGE 711 S GILBERT IOWA CITY, IA 52240		100	<input checked="" type="checkbox"/>
	ID# CK#	ROBERT PHIPPS 4226 WESTRIDGE CT NE IOWA CITY, IA 52240		50	<input checked="" type="checkbox"/>
SUB-TOTAL				\$ 495	
TOTAL (if last page of this schedule)				\$	

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4/19/2004	ID# CK#	DEE NORTON 920 GINTER AVE IOWA CITY, IA. 52240		\$25	<input checked="" type="checkbox"/>
	ID# CK#	CARRIE NORTON 920 GINTER AVE IOWA CITY, IA 52240		25	<input checked="" type="checkbox"/>
	ID# CK#	RON FARBER 950 APPLEWOOD CT CORALVILLE, IA 52241		25	<input checked="" type="checkbox"/>
	ID# CK#	VERGENE GREGORY 1620 PINE RIDGE CT CORALVILLE, IA 52241		100	<input checked="" type="checkbox"/>
	ID# CK#	DAROLD ALBRIGHT 78 OBERLIN ST IOWA CITY, IA 52245		50	<input checked="" type="checkbox"/>
	ID# CK#	WILLIAM AMBRISCO 90 ARBORHILL CIRCLE IOWA CITY, IA 52245		25	<input checked="" type="checkbox"/>
	ID# CK#	BACULIS APTS & FARMS 2130 RIVERSIDED DR IOWA CITY, IA 52246		50	<input checked="" type="checkbox"/>
	ID# CK#	PAT WADE 200 FAIRCHILD ST IOWA CITY, IA 52245		25	<input checked="" type="checkbox"/>
	ID# CK#	TIM O'NEIL 26 GREENVIEW DR WEST BRANCH, IA 52358		15	<input checked="" type="checkbox"/>
	ID# CK#	JOHN HAYEK 120 1/2 E WASHINGTON ST IOWA CITY, IA 52240		50	<input checked="" type="checkbox"/>
SUB-TOTAL				\$ 390	
TOTAL (if last page of this schedule)				\$	

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4/19/2004	ID# CK#	DEAN JONES 701 OAKNOLL DR APT N353 IOWA CITY, IA 52246		\$50	<input checked="" type="checkbox"/>
	ID# CK#	JOHN BALMER 10 PRINCTON CT IOWA CITY, IA 52245		50	<input checked="" type="checkbox"/>
	ID# CK#	ROBERT DOWNER 2069 ROCHESTER CT IOWA CITY, IA 52245		25	<input checked="" type="checkbox"/>
	ID# CK#	JOHN MC DONALD 23 RITA LYNN CT IOWA CITY, IA 52245		50	<input checked="" type="checkbox"/>
	ID# CK#	DENNIS LANGENBERG 1224 PINE ST IOWA CITY, IA 52240		25	<input checked="" type="checkbox"/>
	ID# CK#	RICHARD BRAVERMAN 1005 RIVER ST IOWA CITY, IA 52246		25	<input checked="" type="checkbox"/>
	ID# CK#	PATRICIA VANROLLINS 241 LEXINGTON AVE IOWA CITY, IA 52246		25	<input checked="" type="checkbox"/>
	ID# CK#	CRAIG WELT 1902 GRASLON DR IOWA CITY, IA 52246		100	<input checked="" type="checkbox"/>
	ID# CK#	FRED SCHIEBER 3341 CHATHAM PL IOWA CITY, IA 52240		20	<input checked="" type="checkbox"/>
	ID# CK#	ED WILSON 1536 CHURCHILL PL IOWA CITY, IA 52240		25	<input checked="" type="checkbox"/>
SUB-TOTAL				\$ 395	
TOTAL (if last page of this schedule)				\$	

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4/19/2004	ID# CK#	MYLES BRAVERMAN PO BOX 1907 IOWA CITY, IA 52244		\$100	<input checked="" type="checkbox"/>
4/19/2004	ID# CK#	GREG DOWNES 870 S. CAPITOL IOWA CITY, IA 52240		25	<input checked="" type="checkbox"/>
4/19/2004	ID# CK#	TOM KRIZ 1243 PRAIRIE GRASS LANE IOWA CITY, IA 52246		50	<input checked="" type="checkbox"/>
5/5/2004	ID# CK#	DEAN PRICE 5 WENDRAM BLUFF IOWA CITY, IA 52240		25	<input checked="" type="checkbox"/>
5/5/2004	ID# CK#	MICHAEL STREB 3315 ROHRET RD IOWA CITY, IA 52246		25	<input checked="" type="checkbox"/>
5/5/2004	ID# CK#	R. WOMBACHER 3644 ELGIN DR IOWA CITY, IA 52245		25	<input checked="" type="checkbox"/>
5/5/2004	ID# CK#	ROBERT CRANE 1154 E COURT ST IOWA CITY, IA 52240		25	<input checked="" type="checkbox"/>
5/5/2994	ID# CK#	DEAN THORNBERRY 1202 OAKES DR IOWA CITY, IA 52245		50	<input checked="" type="checkbox"/>
5/5/2004	ID# CK#	ERNEST LEHMAN 902 WYLDE GREEN RD IOWA CITY, IA 52246		50	<input checked="" type="checkbox"/>
5/5/2004	ID# CK#	KEVIN MONSON 3069 ROHRET RD IOWA CITY, IA 52240		50	<input checked="" type="checkbox"/>
SUB-TOTAL				\$ 425	
TOTAL (if last page of this schedule)				\$	

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5/5/2004	ID# CK#	WILLIS BYWATER 621 S. SUMMIT ST IOWA CITY, IA 52240		\$100	<input checked="" type="checkbox"/>
	ID# CK#	PAUL & JANE BROWN 2719 DUBUQUE ST NE N. LIBERTY, IA 52317		50	<input checked="" type="checkbox"/>
	ID# CK#	ROBERT LEHNERTZ 3 LINDER LANE NE IOWA CITY, IA 52240		20	<input checked="" type="checkbox"/>
	ID# CK#	DR. RAYMOND GILL 520 9TH AVE CORALVILLE IA 52241		50	<input checked="" type="checkbox"/>
	ID# CK#	DUANE LACINA 135 RAVENCREST IOWA CITY, IA 52245		50	<input checked="" type="checkbox"/>
	ID# CK#	MICHAEL O'BRIEN 2532 CATSKILL CT IOWA CITY, IA 52245		25	<input checked="" type="checkbox"/>
	ID# CK#	LARRY MCCONAHAY 24 EALING DR IOWA CITY, IA 52246		25	<input checked="" type="checkbox"/>
	ID# CK#	ROBERT WOLF 110 HUMMINGBIRD LANE IOWA CITY, IA 52245		50	<input checked="" type="checkbox"/>
	ID# CK#	JAY HONOHAN 1510 SOMERSET LANE IOWA CITY, IA 52240		100	<input checked="" type="checkbox"/>
	ID# CK#	DON SEHR 5024 SHARON CENTER RD SW IOWA CITY, IA 52240		15	<input checked="" type="checkbox"/>
SUB-TOTAL				\$ 485	
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

Reset Form

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)
O'DONNELL 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
5/5/2004	ID# CK#	ALLAN BURGER 3005 HWY 1 NE IOWA CITY, IA 52240		\$100	<input checked="" type="checkbox"/>
	ID# CK#	JOHN OAKS 4584 RAPID CREEK RD IOWA CITY, IA 52240		100	<input checked="" type="checkbox"/>
	ID# CK#	STEPHEN LACINA 4818 AMERICAN LEGION RD IOWA CITY, IA 52240		100	<input checked="" type="checkbox"/>
5/15/2004	ID# CK#	RICHARD DAVIN 914 S DUBUQUE ST IOWA CITY, IA 52240		25	<input checked="" type="checkbox"/>
	ID# CK#	RACHEL & STEVE GORDON 1718 TIMBER HILLS DR CORALVILLE, IA 52241		50	<input checked="" 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				\$ 375	
TOTAL (if last page of this schedule)				\$ 4655	

* 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

Reset Form

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)
C. Donnell 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
4/25/14	ID# CK# 1001	Graphic Printing & Design 939 Maiden Lane Iowa City IA 52240	Bumper stickers Labels Envelopes, Donation slips Copies, yard signs	\$ 1902. ⁶⁶
4/26/14	ID# CK# 1002	US Postmaster	20 Booklet of stamps to mail puts	7. ⁴⁰
4/13/14	ID# CK# debit	Hills Bank PO Box 160 Hills IA 52235	Rubber stamp 'Deposit only'	28. ⁷⁶
5/5/14	ID# CK# debit	Hills Bank PO Box 160 Hills IA 52235	Change for deluxe checks	14. ⁹⁵
5/7/14	ID# CK# debit	Hills Bank PO Box 160 Hills IA 52235	Service charge	2. ⁵²
	ID# CK#			
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$ 1956. ²⁵
TOTAL (if last page of this schedule)				\$ 1956. ²⁵

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)
 O'Donnell for Supervisor

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
2/18/4	Delores Slade 733 13th Ave Coca, IL 62421	Committee member	Copies of Campaign finance Reports	\$ 31.50	<input checked="" 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"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

SUB-TOTAL \$ 31.50
 TOTAL (if last page of this schedule) \$ 31.50

*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.