

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE



Johnson

FORM DR-2 (Rev. 07/2004)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	17554
Logged In	ob
Scanned	
Computer	ob
Audited	

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

Schneider for Supervisor

IMPORTANT: Indicate by # type of committee you are reporting for: 5
 (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 F. Schneider Political Party (if applicable) Democrat
 Office Sought County Supervisor District (if Senate or House) _____

Late reports are subject to possible civil and criminal penalties.

Bus K Good 319-629-4222 7-15-04
 SIGNATURE OF PERSON FILING REPORT TELEPHONE DATE SIGNED

I AM FILING A July 19th REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR.
 (report date) JUL 16 2004 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
 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.) \$ 551.97

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (**also see in-kind below) 805.00

Schedule F: Loans Received total (Attach Schedule F) 0.00

Schedule H: Total Sales of Campaign Property (Attach Schedule H) 0.00

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL \$ _____

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below) 1446.97

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) \$ 0 ACCT CLOS

**UNPAID BILLS (From Schedule D - Attach Schedule D) \$ 758.28

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

**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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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)
Schneider 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
5/17/04	ID# CK#	Larry/Jeanette Waters 1538 Rochester Avenue Iowa City, IA 52245		\$ 25 ⁰⁰	<input type="checkbox"/>
5/17/04	ID# CK#	John F. Hester 410 E. Elm Street Lone Tree, IA 52755		100 ⁰⁰	<input type="checkbox"/>
5/17/04	ID# CK#	Don/Mayme Kerf 911 E. Bloomington St. Iowa City, IA 52245		30 ⁰⁰	<input type="checkbox"/>
5/17/04	ID# CK#	Donovan & Sons, LTD 4436-480th St. Iowa City, IA 52240		25 ⁰⁰	<input type="checkbox"/>
5/17/04	ID# CK#	Charles/Carol De Prosse 5281 Wapsi Avenue SE Lone Tree, Iowa 52755		50 ⁰⁰	<input type="checkbox"/>
5/20/04	ID# CK#	Kenneth J. Hahn/Cynthia 3163 Wapsi Ext. NE Iowa City, IA 52240		50 ⁰⁰	<input type="checkbox"/>
6/8/04	ID# CK#	Wilma Buine PO Box 456, 306 E. Linn Lone Tree, IA 52755		50 ⁰⁰	<input type="checkbox"/>
6/8/04	ID# CK#	Thomas R. Scott 419 E Fairchild St. Iowa City, IA 52245		100 ⁰⁰	<input type="checkbox"/>
6/8/04	ID# CK#	Kent Angerer PO Box 2120 Iowa City, IA 52244		50 ⁰⁰	<input type="checkbox"/>
6/8/04	ID# CK#	Richard T. Davin 914 S. Dubuque St. Iowa City, IA 52240		25 ⁰⁰	<input type="checkbox"/>

SUB-TOTAL

\$ 505⁰⁰

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.

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EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

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.

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

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

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
6/12/04	ID# CK# 1003	John F. Schneider 5725-520th St. SE Lone Tree, IA 52755	Reimburse for bills paid by John	\$ 452 ⁵⁶
6/8/04	ID# CK# 1002	John F. Schneider 5725-520th St. SE Lone Tree, IA 52755	Reimburse for bills paid by John	994.41
	ID# CK#			

SUB-TOTAL \$ 1446.97
TOTAL (if last page of this schedule) \$ 1446.97

THIS BOX APPLIES TO CANDIDATE'S 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).)

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

NOTE: Debts previously reported that remain unpaid must be included on this Schedule, as well as any new obligations incurred in this period.



SCHEDULE D INCURRED INDEBTEDNESS (Rev. 08/98) CHECK THIS BOX IF AMENDING FORM

An "incurred debt" is a debt for goods or services ordered or received, but not paid for by the end of the reporting period, regardless of whether an invoice has been received.

DEBTS/OBLIGATIONS REMAINING THIS REPORTING PERIOD (DO NOT INCLUDE LOANS -- SHOW LOANS ON SCHEDULE F)

Table with 4 columns: DATE INCURRED (MM/DD/YR), NAME AND ADDRESS OF PERSON TO WHOM DEBT OR OBLIGATION IS OWED, DESCRIPTION OF GOODS OR SERVICES PROVIDED OR PURCHASED, BALANCE OWED AT CLOSE OF REPORTING PERIOD*. Row 1: 7/12/04, John F. Schneider, 5725 520th Street Lone Tree, IA 52755, 5,000 brochures from Union Printing, \$ 758.28

SUB-TOTAL \$ 758.28 TOTAL DEBTS OWED BY COMMITTEE AT THE END OF THIS REPORTING PERIOD \$ 758.28

*If actual figure is unknown, show "estimated" beside the figure.

CANDIDATE COMMITTEES NOTE: Incurred indebtedness also includes each person/entity with whom the candidate's committee has entered into a contract during the reporting period for future or continuing performance. Enter the name of the consultant who provides or procures services for items such as advertising, fund-raising, polling, managing, or organizing services. Report on Schedule G the nature of performance and the estimated performance reasonably expected of the consultant.