FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

Jones

FORM DR-2 (Rev. 07/2003)	DISCLOSURE REPORT

For Office Use Only
Comm. # 17663
Logged In DM
Scanned
Computer DM
Audited

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

BENSON 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: DAVID BENSON
Political Party: REPUBLICAN
Office Sought: JONES COUNTY SUPERVISOR
District (if Senate or House):

JAN 13 2005 PM 1.17.05

Dan Swinson — **SIGNATURE OF TREASURER (or person filing this report)**
319-462-2598 — **TELEPHONE**
1-14-05 — **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 1-19-05 (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: JONES County 11-2-04
County & Local Committees, enter County in which Election is held

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.) ..... $ 578.17

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below) 2971.11

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.....$ 3549.28

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)... 3549.28

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-

****UNPAID BILLS** (From Schedule D - Attach Schedule D) ..... $ -0-

***IN KIND CONTRIBUTIONS** (From Schedule E - Attach Schedule E) ..... $ 147.58

****OUTSTANDING LOANS** (From Schedule F - Attach Schedule F) ..... $ -0-

CANDIDATE COMMITTEES ONLY:

CONSULTANT BREAKDOWN (Schedule G Attached?) ___ YES ✓ NO

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H) $ -0-

For Instructions, See Back of Form

Reset Form

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
☐ 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)*
BENSON 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 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
11-30-04	ID# CK#	DAVID T BENSON 406 N GARNAVILLO ANAMOSA IA 52205	SELF	$ 197.11	☐
10-28-04	ID# CK#	DAVID T BENSON 406 N. GARNAVILLO ANAMOSA IA 52205	SELF	1000.00	☐
	ID# CK#				☐
	ID# CK#				☐
	ID# CK#				☐
	ID# CK#				☐
	ID# CK#				☐
	ID# CK#				☐
	ID# CK#				☐
	ID# CK#				☐
			SUB-TOTAL	$	
			TOTAL ***(if last page of this schedule)***	$ 1197.11	

* 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

SCHEDULE **B** (Rev. 07/03)	MONETARY EXPENDITURES
☐ CHECK THIS BOX IF AMENDING FORM	

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.

COMMITTEE NAME *(Must be same as on Statement of Organization)*
BENSON 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
10-30-04	ID# CK#	MAILING SERVICES INC 200 - 50TH AV ~~SW~~ DR, SW CEDAR RAPIDS IA 52404	mailing	$ 214.23
10-30-04	ID# CK#	SONE SYSTEMS INC 204 W CARLETON AV, STE A ORANGE, CA 92867	billboard MAT'L	212.88
10-30-04	ID# CK#	JASON RISSMAN 9861 DUTCH CREEK DR ANAMOSA IA 52205	Billboard RENTAL	200.00
12-1-04	ID# CK#	MIDLAND TIMES 301 W WEBSTER WYOMING IA 52362	ADV.	108.00
12-1-04	ID# CK#	MONTICELLO EXPRESS P.O. BOX 191 MONTICELLO, IA 52310	ADV.	1125.25
12-1-04	ID# CK#	MAILING SERVICES 200 50TH AV DR SW, STE B CEDAR RAPIDS 52404-5041	LETTER-MAILING SERVICE	1688.92
	ID# CK#			
	ID# CK#			

SUB-TOTAL	$
TOTAL ***(if last page of this schedule)***	$ [illegible]

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

COMMITTEE NAME *(Must be same as on Statement of Organization)*
BENSON FOR COUNTY SUPERVISOR

SCHEDULE **E** (Rev. 06/97)	IN KIND CONTRIBUTIONS

☐ CHECK THIS BOX IF AMENDING 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
11/04	RKB IMAGES 1080 E POST Rd MARION IA 52302	SELF	BILLBOARD MATERIAL	$ 147.58	
			SUB-TOTAL	$ 147 58/100	
			TOTAL (if last page of this schedule)	$	

*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.