

FOR INSTRUCTIONS, SEE BACK OF FORM

# DISCLOSURE SUMMARY PAGE

Reset Form

<b>FORM DR-2</b> (Rev. 07/2003)	<i>Jones</i> DISCLOSURE REPORT
<b>For Office Use Only</b>	
Comm. #	17610
Logged In	sb
Scanned	
Computer	sb
Audited	

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

CITIZENS FOR MIKE JACOBS

**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 JACOBS Political Party REPUBLICAN

Office Sought COUNTY SUPERVISOR District (if Senate or House) \_\_\_\_\_

Mac Dubs (319)465-3754 July 8, 2004

**SIGNATURE OF TREASURER** (or person filing this report) **TELEPHONE** **DATE SIGNED**

*Jones*

JUL 9 2004

P.M. 7-8-04

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

**SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE:**

I AM FILING A July 19, 2004 REPORT FOR ANA (1) ELECTION / (2) NON-ELECTION YEAR.  
(report date) Indicate one

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  
NOVEMBER 2, 2004  
County & Local Committees, enter County in which Election is held  
JONES

## STATEMENT OF CASH ON HAND

<b>CASH ON HAND</b> at the beginning of the reporting period. (This is the total of all monies held by the committee. This amount <b>MUST</b> 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>731.41</u>
<b>ADD TOTAL MONEY TAKEN IN THIS PERIOD</b>		
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below) .....		<u>3986.06</u>
Schedule F: Loans Received total (Attach Schedule F) .....		<u>-</u>
Schedule H: Total Sales of Campaign Property (Attach Schedule H) .....		<u>-</u>
<b>(Schedule H applies to Candidates' Committees Only)</b>		
<b>SUB-TOTAL</b> .....	\$	<u>4717.47</u>
<b>SUBTRACT TOTAL MONEY SPENT THIS PERIOD</b>		
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)....		<u>1702.36</u>
Schedule F: Loan Repayments total (Attach Schedule F) .....		<u>600.00</u>
<b>CASH ON HAND</b> at the end of this reporting period (if final report, balance must be zero) (Attach DR-3) .....	\$	<u>2414.61</u>
<b>**UNPAID BILLS</b> (From Schedule D - Attach Schedule D) .....	\$	<u>-</u>
<b>*IN KIND CONTRIBUTIONS</b> (From Schedule E - Attach Schedule E) .....	\$	<u>1275.00</u>
<b>**OUTSTANDING LOANS</b> (From Schedule F - Attach Schedule F) .....	\$	<u>1400.00</u>
<b>CANDIDATE COMMITTEES ONLY:</b>		
<b>CONSULTANT BREAKDOWN</b> (Schedule G Attached?)		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
<b>VALUE OF CAMPAIGN PROPERTY</b> (From Schedule H - Attach Schedule H)	\$	<u>-</u>

For Instructions, See Back of Form

Reset Form

SCHEDULE <b>A</b> (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)  
 CITIZENS FOR MIKE JACOBS

**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
5/28/04	ID# CK#	LOYD WELTER 116 SHOMONT DR. MONTICELLO, IA 52310		\$ 100	<input type="checkbox"/>
6/2/04	ID# CK#	BRUCE SMITH 2850 SILVER OAK TRAIL MARION, IA 52302		100	<input type="checkbox"/>
6/3/04	ID# CK#	IVAN OPPERMAN 23804 BECKMAN LN ANAMOSA, IA 52205		20	<input type="checkbox"/>
6/3/04	ID# CK#	ROMAN WELTER 19416 MILITARY RD. MONTICELLO, IA 52310		25	<input type="checkbox"/>
6/18/04	ID# CK#	RON + BRENDA STECKER 2465 SILVER OAK TRAIL MARION, IA	SISTER	100	<input checked="" type="checkbox"/>
6/18/04	ID# CK#	DAVE TABOR 121 N. WALNUT MONTICELLO, IA 52310		130	<input checked="" type="checkbox"/>
6/18/04	ID# CK#	RON WELTER 16561 W. RD. E16 MONTICELLO, IA 52310		25	<input checked="" type="checkbox"/>
6/18/04	ID# CK#	JOHN WELTER 102 JAYNE DR. MONTICELLO, IA 52310		82.50	<input checked="" type="checkbox"/>
6/18/04	ID# CK#	GLENN TOBJASON 14702 130th AVE MONTICELLO, IA 52310		285	<input checked="" type="checkbox"/>
6/18/04	ID# CK#	DR. STEPHEN BRADLEY 714 1st AVE E CASCADE, IA 52033		50	<input type="checkbox"/>

SUB-TOTAL

\$ 917.50

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 <b>A</b> (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)  
 CITIZENS FOR MIKE JACOBS

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6/7/04	ID# CK#	DAN DAILEY 637 W. 6 <sup>th</sup> ST. MONTICELLO, IA 52310		\$ 50	<input type="checkbox"/>
6/18/04	ID# CK#	MARVIN JACOBS 410 N. MAPLE 307 MONTICELLO, IA 52310	FATHER	400	<input checked="" type="checkbox"/>
6/18/04	ID# CK#	BILL & BETH McDONOUGH 17334 HWY 38 MONTICELLO, IA 52310	MOTHER & FATHER IN-LAW	97.50	<input checked="" type="checkbox"/>
6/18/04	ID# CK#	MIKE & ANGIE McDONOUGH 103 CRESCENT DR. MONTICELLO, IA 52310	BROTHER & SISTER IN-LAW	100	<input checked="" type="checkbox"/>
6/18/04	ID# CK#	TIM & TINA McDONOUGH 216 ARMINDA AVE. MONTICELLO, IA 52310	BROTHER & SISTER IN-LAW	70	<input checked="" type="checkbox"/>
6/18/04	ID# CK#	BOB CHRONOWSKI 22337 TOM TRAIL CT. MONTICELLO, IA 52310		40	<input checked="" type="checkbox"/>
6/18/04	ID# CK#	DARRELL REYNER 16686 CO. RD. E16 MONTICELLO, IA 52310		50	<input type="checkbox"/>
6/18/04	ID# CK#	KIETH HAGEN 1006 RIVERVIEW CT. MONTICELLO, IA 52310		40	<input checked="" type="checkbox"/>
6/18/04	ID# CK#	MARK HEIN 16247 150 <sup>th</sup> AVE. MONTICELLO, IA 52310		40	<input checked="" type="checkbox"/>
6/18/04	ID# CK#	DR. RICHARD WOLKEN 17324 150 <sup>th</sup> ST. MONTICELLO, IA 52310		40	<input checked="" type="checkbox"/>
SUB-TOTAL				\$ 927.50	
TOTAL (if last page of this schedule)				\$	

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For Instructions, See Back of Form

Recast Form

SCHEDULE <b>A</b> (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)  
 CITIZENS FOR MIKE JACOBS

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DATE RECEIVED (MM/DD/YYR)	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
6/16/04	ID# CK#	STACY THARP 2415 EASTLAWN DR. MARION, IA 52302		\$ 20	<input checked="" type="checkbox"/>
6/18/04	ID# CK#	DAN & CAROL VORHIES 1002 RIVERVIEW CT. MONTICELLO, IA 52310		40	<input checked="" type="checkbox"/>
6/16/04	ID# CK#	JERRY & JANE LINDNER 18201 CO. RD. D62 MONTICELLO, IA 52310		40	<input checked="" type="checkbox"/>
6/18/04	ID# CK#	JOHN & DEB LACOCK 11806 HWY 64 WYOMING, IA 52362		20	<input checked="" type="checkbox"/>
6/18/04	ID# CK#	STEVE ZIRKLEBACH 13509 HWY 38 CENTER JUNCTION, IA 52212		20	<input type="checkbox"/>
6/18/04	ID# CK#	BILL HINTZ 20529 185 <sup>th</sup> AVE MONTICELLO, IA 52310		40	<input type="checkbox"/>
6/18/04	ID# CK#	KEVIN & JANINE SULZNER 4105 180 <sup>th</sup> AVE ANAMOSA, IA 52205		40	<input checked="" type="checkbox"/>
6/18/04	ID# CK#	REV. CARL MANTERNACH 420 N. MAPLE MONTICELLO, IA 52310		17.50	<input checked="" type="checkbox"/>
6/18/04	ID# CK#	ALICE SHIMANEK 22010 MEADE FARM LN. MONTICELLO, IA 52310	WIFE'S AUNT	107.50	<input checked="" type="checkbox"/>
6/18/04	ID# CK#	TODD & MICHELLE PRULL 15003 221 <sup>st</sup> ST. MONTICELLO, IA 52310	DAUGHTER \$ SON- IN-LAW	40	<input checked="" type="checkbox"/>
SUB-TOTAL				\$ 385.00	
TOTAL (if last page of this schedule)				\$	

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For Instructions, See Back of Form

Reset Form

SCHEDULE <b>A</b> (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)

CITIZENS FOR MIKE JACOBS

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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
6/18/04	ID# CK#	PAULINE ANTONS 13481 105 <sup>th</sup> AVE CENTER JUNCTION 52212		\$ 30	<input checked="" type="checkbox"/>
6/18/04	ID# CK#	LARRY & KATHRYN BEARCE 18061 COUNTY RD. E17 MONTICELLO, IA 52310		40	<input checked="" type="checkbox"/>
6/18/04	ID# CK#	DAVE & PAM BENSON 406 GARNAVILLO ANAMOSA, IA 52205		40	<input checked="" type="checkbox"/>
6/18/04	ID# CK#	JULIE HOSCH 403 HAYEN ST. SW CASCADE, IA 52033		20	<input checked="" type="checkbox"/>
6/18/04	ID# CK#	BOB PLUEGER 405 4 <sup>th</sup> AVE CLARENCE, IA 52216		20	<input checked="" type="checkbox"/>
6/18/04	ID# CK#	LEE & BRENDA IRELAND 3149 285 <sup>th</sup> AVE HOPKINTON, IA 52237	COUSIN	82. <sup>50</sup>	<input checked="" type="checkbox"/>
6/18/04	ID# CK#	DALE HEEREN 308 W. SOUTH ST. MONTICELLO, IA 52310		40	<input checked="" type="checkbox"/>
6/18/04	ID# CK#	SIM & BECKY HOGAN 24708 220 <sup>th</sup> ST. MONTICELLO, IA 52310		40	<input checked="" type="checkbox"/>
6/18/04	ID# CK#	LOREN & BARB DIRKS 109 SAYNE DRIVE MONTICELLO, IA 52310		81	<input checked="" type="checkbox"/>
6/18/04	ID# CK#	DAN & DIANE STAEMUELLER 23913 CO. RD. E16 MONTICELLO, IA 52310		40	<input checked="" type="checkbox"/>
SUB-TOTAL				\$ 433. <sup>50</sup>	
TOTAL (if last page of this schedule)				\$	

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For Instructions, See Back of Form

**Receipt Form**

SCHEDULE <b>A</b> (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)  
CITIZENS FOR MIKE JACOBS

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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
6/18/04	ID# CK#	ANDY & CONNIE MCKEAN 509 S. OAK ST. ANAMOSA IA 52205		\$ 40	<input checked="" type="checkbox"/>
6/18/04	ID# CK#	RICH & CAROLYN STADTMUELLER 26675 220 <sup>th</sup> AVE MONTICELLO IA 52310		40	<input checked="" type="checkbox"/>
6/18/04	ID# CK#	DARREN & AMIE STADTMUELLER 23313 Co. Rd. E16 MONTICELLO IA 52310		40	<input checked="" type="checkbox"/>
6/18/04	ID# CK#	RAY & GINNY NULL CALIFORNIA, FORMERLY OF MONTICELLO IA 52310		40	<input checked="" type="checkbox"/>
6/18/04	ID# CK#	LAVERNE & ANN MARIE PLUEGER 15331 138 <sup>th</sup> AVE. MONTICELLO IA 52310		40	<input checked="" type="checkbox"/>
6/18/04	ID# CK#	LAVERNE ZUMBACH 21613 215 <sup>th</sup> ST. MONTICELLO IA 52310		20	<input checked="" type="checkbox"/>
6/18/04	ID# CK#	JIM & LINDY PLUMMER 141 JAYNE CT. MONTICELLO IA 52310		40	<input checked="" type="checkbox"/>
6/18/04	ID# CK#	TERRY & PAM RUSHFORD 103 E. MAIN ST. WYOMING, IA 52362		40	<input checked="" type="checkbox"/>
6/18/04	ID# CK#	BILL & LINDA BALLON 26440 212 <sup>th</sup> AVE <del>DELHI</del> MONTICELLO IA 52310		20	<input checked="" type="checkbox"/>
6/18/04	ID# CK#	TOM WELCH 18945 LANDIS RD. ANAMOSA IA 52205		20	<input checked="" type="checkbox"/>
SUB-TOTAL				\$ 340. <sup>00</sup>	
TOTAL (if last page of this schedule)				\$	

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FOR INSTRUCTIONS, SEE BACK OF FORM

**Reset Form**

**EXPENDITURES – MONEY SPENT FROM COMMITTEE ACCOUNT**

SCHEDULE <b>B</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)**  
 CITIZENS FOR MIKE JACOBS

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
5/20/04	ID# CK#	JIM'S SIGNS 204 ARMINDA AVE. MONTICELLO, IA 52310	MAGNETIC SIGNS	\$ 192. <sup>60</sup>
5/21/04	ID# CK#	PHOTO IMAGES 118 N. CEDAR MONTICELLO, IA 52310	CAMPAIGN PHOTOS	21. <sup>38</sup>
5/26/04	ID# CK#	THEISEN'S 232 E. FIRST ST. MONTICELLO, IA	SCREWS & WASHERS FOR SIGNS	7.44
5/27/04	ID# CK#	FAREWAY 4220 16 AVE SW CEDAR RAPIDS, IA 52404	POP FOR FUND RAISER	36.08
5/28/04	ID# CK#	FAREWAY 4220 16 AVE SW CEDAR RAPIDS, IA 52404	POP FOR FUND RAISER	14.95
5/28/04	ID# CK#	FAREWAY 4220 16 AVE SW CEDAR RAPIDS, IA 52404	POP FOR FUND RAISER	46.01
6/4/04	ID# CK#	SAM'S CLUB 2605 BLAIRS FERRY RD. CEDAR RAPIDS, IA 52402	PLATES, CUPS & BEER FOR FUND RAISER	191. <sup>82</sup>
6/7/04	ID# CK#	LONG DRUG 419 EAST FIRST ST. MONTICELLO, IA 52310	GUEST BOOK FOR FUND RAISER	11. <sup>76</sup>
SUB-TOTAL				\$ 527. <sup>24</sup>
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).)

**Reset Form**

**EXPENDITURES – MONEY SPENT FROM COMMITTEE ACCOUNT**

SCHEDULE **B**  
(Rev. 07/03) MONETARY EXPENDITURES

**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.

CHECK THIS BOX IF AMENDING FORM

COMMITTEE NAME (Must be same as on Statement of Organization)  
**CITIZENS FOR MIKE JACOBS**

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
6/11/04	ID# CK#	SAM'S CLUB 2605 BLAIRS FERRY RD. CEDAR RAPIDS, IA 52402	MEAT, CREAMERS & CAKE PLATES FOR FUND RAISER	\$ 202.
6/16/04	ID# CK#	SAM'S CLUB 2605 BLAIRS FERRY RD. CEDAR RAPIDS, IA 52402	TABLE COVERS FOR FUND RAISER	18. <sup>52</sup>
6/17/04	ID# CK# 1013	SAM'S CLUB 2605 BLAIRS FERRY RD. CEDAR RAPIDS, IA 52402	CAKE FOR FUND RAISER	64. <sup>59</sup>
6/17/04	ID# CK#	KATHY'S PIES 615 5 <sup>th</sup> AVE SE CEDAR RAPIDS 52401	PIES FOR FUND RAISER	30.
5/28/04	ID# CK# 1010	JIM'S SIGNS 204 ARMINDA AVE MONTICELLO, IA 52310	MAGNETIC SIGNS	90. <sup>95</sup>
6/12/04	ID# CK# 1012	JIM McDONOUGH 17334 HWY 38 MONTICELLO, IA 52310	CD'S FOR FUND RAISER DOOR PRIZES	100
6/18/04	ID# CK# 1014	DARRELLS 225 S. MAIN MONTICELLO, IA 52310	FOOD FOR FUND RAISER	420
6/18/04	ID# CK# 1015	R.J. STATION 11666 CO. RD. E17 SCOTCH GROVE, IA 52310	ICE FOR FUND RAISER	48
SUB-TOTAL				\$ 974. <sup>06</sup>
TOTAL (if last page of this schedule)				\$

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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).)

FOR INSTRUCTIONS, SEE BACK OF FORM

**Reset Form**

**EXPENDITURES – MONEY SPENT FROM COMMITTEE ACCOUNT**

SCHEDULE <b>B</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.

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**COMMITTEE NAME** (Must be same as on Statement of Organization)  
*CITIZENS FOR MIKE JACOBS*

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
<i>6/21/04</i>	ID# CK# <i>1016</i>	<i>MONTICELLO SPORTS 100 W. FIRST ST. MONTICELLO, IA 52310</i>	<i>SHIRTS</i>	<i>\$ 61.<sup>26</sup></i>
<i>7/5/04</i>	ID# CK# <i>1017</i>	<i>MONTICELLO EXPRESS P.O. BOX 191 MONTICELLO, IA 52310</i>	<i>AD FOR FUND-RAISER</i>	<i>140.<sup>50</sup></i>
	ID# CK#			

SUB-TOTAL \$ *201.76*  
TOTAL (if last page of this schedule) \$ *1702.86*

**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).)

SCHEDULE <b>E</b> (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)

CITIZENS FOR MIKE JACOBS

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
6/18/04	LOYD WELTER 116 SHOMONT DR. MONTICELLO, IA 52310		USE OF BANQUET TABLES/CHAIRS	\$ 250	<input checked="" type="checkbox"/>
6/18/04	SIM McDONOUGH 1734 HWY 38 MONTICELLO, IA 52310	BROTHER-IN-LAW	PROFESSIONAL MUSICIAN SERVICES	500	<input checked="" type="checkbox"/>
6/18/04	DAVE PLUEGER 19713 JONES-DELAWARE RD. MONTICELLO, IA 52310		2 CASES OF BEER	25	<input checked="" type="checkbox"/>
6/18/04	DALE HEEREN 308 W. SOUTH ST. MONTICELLO, IA 52310		USE OF SOUND SYSTEM & OPERATION OF	150	<input checked="" type="checkbox"/>
6/18/04	ELFRIEDA TOBIASON 105 CRESCENT DR. MONTICELLO, IA 52310		QUILT & BAKED GOODS FOR FUND RAISER	200	<input checked="" type="checkbox"/>
6/18/04	MICHELLE PRULL 15003 221 <sup>ST</sup> ST. MONTICELLO, IA 52310	DAUGHTER	CERTIFICATE FOR ONE HR. MASSAGE	50	<input checked="" type="checkbox"/>
6/18/04	ARLENE SMITH 410 N. MAPLE MONTICELLO, IA 52310		GIFT BASKET FOR FUND RAISER	30	<input checked="" type="checkbox"/>
6/18/04	DOUG JACOBS RR #1 MONTICELLO, IA 52310	BROTHER	BASEBALL CAP EMBROIDERED	20	<input checked="" type="checkbox"/>
6/18/04	JOAN JACOBS 410 N. MAPLE #307 MONTICELLO, IA 52310	MOTHER	BAKED GOODS	30	<input checked="" type="checkbox"/>
6/18/04	BRENDA STECKER 2465 SILVER OAK TRAIL MARION, IA 52302	SISTER	BAKED GOODS	20	<input checked="" type="checkbox"/>

SUB-TOTAL \$ 1275

TOTAL (if last page of this schedule) \$ 1275

\*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 <b>F</b> (Rev. 07/03)	<b>LOANS RECEIVED &amp; REPAID</b>
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)  
**CITIZENS FOR MIKE JACOBS**

NOTE: This schedule reports money loaned to the committee which is deposited in the committee account.

TOTAL UNPAID LOANS FROM LAST REPORTING PERIOD \$ 2000.

**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.)

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, if Applicable)	RELATIONSHIP TO CANDIDATE (If Applicable*)	AMOUNT OF LOAN
			\$

TOTAL (PART I) \$ \_\_\_\_\_

**PART II - MONETARY LOAN REPAYMENTS MADE THIS REPORTING PERIOD**  
(Loans forgiven must be reported on Schedule E -- In-kind Contributions.)

DATE PAID (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, if Applicable)	RELATIONSHIP TO CANDIDATE* (If Applicable)	AMOUNT REPAID
6/2/04	MIKE & JACKIE JACOBS 13034 COUNTY HM. RD. E23 SCOTCH GROVE, IA 52310	SELF	\$ 600

TOTAL CASH REPAYMENTS (PART II) \$ 600.<sup>00</sup>

From Schedule E -- TOTAL LOANS FORGIVEN \$ \_\_\_\_\_

TOTAL OUTSTANDING LOANS END OF REPORT PERIOD \$ 1400.<sup>00</sup>

\*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 when it applies.