

DISCLOSURE SUMMARY PAGE



FORM DR-2 (Rev. 07/2004)	DISCLOSURE REPORT
For Office Use Only	
Comm. # <u>17695</u>	
Logged In _____	
Scanned _____	
Computer _____	
Audited _____	

COMMITTEE NAME (Must be same as on Statement of Organization)
Committee to Elect Angela S. Asa-Lovstad

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 for State Candidate (6) 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: OCT 19 2004

Candidate Name Angela S Asa-Lovstad Political Party (if applicable) Republican
 Office Sought _____ (if Senate or House)
 County Supervisor _____

Late reports are subject to possible civil and criminal penalties.

Angela Asa Lovstad (515) 320-0585 10-11-04
 SIGNATURE OF PERSON FILING REPORT TELEPHONE DATE SIGNED

I AM FILING A July 15 - October 15, 2004 REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR.
 (report date) Indicate by #

- 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 <u>11-02-04</u>
County & Local Committees, enter County in which Election is held <u>Kossuth</u>

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>435</u>
ADD TOTAL MONEY TAKEN IN THIS PERIOD	
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)	<u>900</u>
Schedule F: Loans Received total (Attach Schedule F)	_____
Schedule H: Total Sales of Campaign Property (Attach Schedule H)	_____
<u>(Schedule H applies to Candidates' Committees Only)</u>	
SUB-TOTAL	\$ <u>1335</u>
SUBTRACT TOTAL MONEY SPENT THIS PERIOD	
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)	<u>803</u>
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)	\$ <u>532</u>
**UNPAID BILLS (From Schedule D - Attach Schedule D)	\$ <u>1281.46</u>
*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?)	<input type="checkbox"/> YES <input type="checkbox"/> NO
VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)	\$ _____

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)

Committee to Elect Angela S Asa-Lovstad

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
10-08-04	ID# CK# 8075	Elizabeth Stowater PO Box 514 Algona IA 50511		\$ 50.00	<input type="checkbox"/>
10-08-04	ID# CASH CK#	Jay Stowater PO Box 514 Algona IA 50511		50.00	<input type="checkbox"/>
10-08-04	ID# CK# ----	Cheryl Rasmussen 103 Sunset Drive Algona IA 50511		50.00	<input type="checkbox"/>
10-10-04	ID# CK# 1761	Sandra Batt 312 Woodlyn Way Algona IA 50511		50.00	<input type="checkbox"/>
10-08-04	ID# CK# 2275	William Mullins 404 Fairlane Drive Algona IA 50511		100.00	<input type="checkbox"/>
10-06-04	ID# CK# 2499	Greg Mullins 1815 East State Street Algona IA 50511		25.00	<input type="checkbox"/>
10-08-04	ID# CK# 3437	Meladee Angus 522 Bell Court Algona IA 50511		25.00	<input type="checkbox"/>
10-06-04	ID# CK# 6886	Sandra Goede 314 S Minnesota Street Algona IA 50511		25.00	<input type="checkbox"/>
10-07-04	ID# CK# 1802	Judith Weber 710 Roan Algona IA 50511		25.00	<input type="checkbox"/>
10-08-04	ID# CK# 1970	Steve Hoskins 1508 West Valleyview Drive Algona IA 50511		50.00	<input type="checkbox"/>
SUB-TOTAL				\$ 450.00	
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



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)
Committee to Elect Angela S Asa-Lovstad

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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
10-08-04	ID# CK# 4173	James R Voigt 307 East Call St PO Box 678		\$100.00	<input type="checkbox"/>
10-08-04	ID# CK# 32620	Bob Cink Algona IA 50511		50.00	<input type="checkbox"/>
10-05-04	ID# CK# 4571	Tom Larson 62 Smith Circle Algona IA 50511		50.00	<input type="checkbox"/>
9/7/04	ID# CK# 2943	Elsa Cunningham 802 S Moore Street Algona IA 50511	Great Aunt	100.00	<input type="checkbox"/>
8/11/04	ID# CK# 2553	JoAnn Asa 1535 North Highway Jackson MN 56143	Mother	50.00	<input type="checkbox"/>
7/20/04	ID# CK# 3982	Kirk Hayes 406 Brookridge PO Box 462 Algona IA 50511		50.00	<input type="checkbox"/>
7/15/04	ID# CK# 1626	Vicki Mallory 101 Timberline Trail Algona IA 50511		50.00	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL \$ 450
TOTAL (if last page of this schedule) \$ 900

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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)
Committee to Elect Angela Asa-Lovstad

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
	ID# CK# 501	SignWorks, inc. 1613 East Locust Street Algona IA 50511	Purchase of one set of magnetic signs	\$ 80.00
	ID# CK# 502	Angela Asa-Lovstad 2300 RiverRoad Algona IA 50511	Reimbursement for advertising on KLGa radio station	723.00
	ID# CK#			
SUB-TOTAL				\$ 803.00
TOTAL (if last page of this schedule)				\$ 803.00

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)
 Committee to Elect Angela Asa-Lovstad

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

Reset Form

SCHEDULE D (Rev. 08/98)	INCURRED INDEBTEDNESS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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

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.

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*
05/26/04	Angela Asa-Lovstad 2300 River Road Algona IA 50511	Campaign Signs	\$ 661.99
10/08/04	Algona Publishing Algona IA 50511	Campaign Newspaper Advertising Estimated Cost	465.00
10/08/04	Angela Asa-Lovstad 2300 River Road Algona IA 50511	Campaign Newspaper Advertising the 1st week pre-paid.	154.56
SUB-TOTAL			\$ 1,281.46
TOTAL DEBTS OWED BY COMMITTEE AT THE END OF THIS REPORTING PERIOD			\$ 1,281.46

*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.