C 7002 2410 0000 3259 9538

LEE

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

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

For Office Use Only
Comm. # 17535
Logged In
Scanned
Computer
Audited

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

Committee to Elect Celeste Cirinna Auditor

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: Celeste A. Cirinna
Political Party: D
Office Sought: Lee County Auditor
District (if Senate or House):

IA ETHICS & CAMPAIGN DISCLOSURE BOARD
MAY 20 2004
FILED May 04

SIGNATURE OF TREASURER (or person filing this report) — **TELEPHONE** 319-463-5094 — **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 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: June 8, 2004
County & Local Committees, enter County in which Election is held: Lee

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.) ..... $	0.00
ADD TOTAL MONEY TAKEN IN THIS PERIOD	
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)	575.00
Schedule F: Loans Received total (Attach Schedule F)	850.55
Schedule H: Total Sales of Campaign Property (Attach Schedule H)	0.00
(Schedule H applies to Candidates' Committees Only)	
SUB-TOTAL ..... $	1425.55
SUBTRACT TOTAL MONEY SPENT THIS PERIOD	
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)....	472.61
Schedule F: Loan Repayments total (Attach Schedule F).....	0.00
CASH ON HAND at the end of this reporting period (if final report, balance must be zero) (Attach DR-3) ..... $	102.39
****UNPAID BILLS** (From Schedule D - Attach Schedule D)..... $	0.00
***IN KIND CONTRIBUTIONS** (From Schedule E - Attach Schedule E) ..... $	125.52
****OUTSTANDING LOANS** (From Schedule F - Attach Schedule F)..... $	850.55
CANDIDATE COMMITTEES ONLY:	
CONSULTANT BREAKDOWN (Schedule G Attached?)	☐ YES ☑ NO
VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H) $	0.00

For Instructions, See Back of Form

[redacted]

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)*

Committee to Elect Celeste Cirinna Auditor

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
1-13-04	ID# CK#	Unitemized Contributions		$ 55.00	✓
1-13-04	ID# CK#	Mildred Kelly 3806 Main St. Keokuk IA 52632		100.00	✓
1-13-04	ID# CK#	John & Susan Maddox 16 Pawnee Keokuk IA 52632		50.00	✓
2-24-04	ID# CK#	Deb Harold 2497 Hwy 16 West Point IA 52656		100.00	✓
2-24-04	ID# CK#	Unitemized Contributions		40.00	✓
3-15-04	ID# CK#	Frances Sprunger 2038 Park Ln. Keokuk IA 52632		50.00	
3-15-04	ID# CK#	Unitemized Contributions		5.00	
3-18-04	ID# CK#	Unitemized Contributions		20.00	
3-19-04	ID# CK#	H. Robert Lee 4148 Main St Keokuk IA 52632		50.00	
3-17-04	ID# CK#	Deb Herold 2497 Hwy 16 West Point IA 52656		30.00	✓
			SUB-TOTAL	$ 500.00	
			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

[redacted]

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)*

Committee to Elect Celeste Cirinna Auditor

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
3-17-04	ID# CK#	Unitemized Contribution		$ 15.00	✓
5-6-04	ID# CK#	Unitemized Contribution		20.00	✓
5-6-04	ID# CK#	Mary Boyd 2450 Belknap Keokuk IA 52632		40.00	✓
	ID# CK#				
	ID# CK#				
	ID# CK#				
	ID# CK#				
	ID# CK#				
	ID# CK#				
	ID# CK#				
			SUB-TOTAL	$ 75.00	
			TOTAL ***(if last page of this schedule)***	$ 575.00	

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FOR INSTRUCTIONS, SEE BACK OF FORM

[redacted]

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)*
Committee to Elect Celeste Cisna Auditor

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
2/13/04	ID# CK# 1003	Lee County Auditor 933 Ave H Ft. Madison Ia 52627	CD Voter List	$ 18.56
2/18/04	ID# CK# 1004	Hill Printing 111 N. 5th St. Keokuk, Ia 52632	Advertising Fundraiser Flyers	19.26
2/19/04	ID# CK# 1005	Postmaster 401 Main St. Montrose, Ia 52639	Stamps	7.40
2/20/04	ID# CK# 1006	Postmaster 401 Main St. Montrose Ia 52639	Stamps	7.40
2/24/04	ID# CK# 1007	Club-Arena 2805 Avenue L Fort Madison Ia 52627	Beverages for Fundraiser	12.00
3/12/04	ID# CK# 1008	Postmaster 401 Main St. Montrose Ia 52639	Stamps	55.50
3/13/04	ID# CK# 1009	Lee County Democrat CC 1304 Avenue B Ft. Madison Ia 52627	Table, Ad in Convention Call	50.00
3/23/04	ID# CK# 1010	Cathy Roberts P.O. Box 282 Montrose Ia 52639	Reimburse for Office Supplies	10.72
			SUB-TOTAL	$ 180.84
			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).)

(for Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM

[redacted]

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)*
Committee to Elect Celeste Cisneros Auditor

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
3/22/04	ID# CK# 1011	Keokuk Daily Gate City 1016 Main St. Keokuk, Ia 52632	Campaign Advertising	$48.60
3/29/04	ID# CK# 1012	Staples 104 W. Agency Burlington, Ia 52655	Business Card Stock Printer Paper	29.94
3/30/04	ID# CK# 1013	Moo-Moo Cafe 401 Main St Keokuk Ia 52632	Beverages for Fundraiser	24.85
4/30/04	ID# CK# 1014	Craftsman Press Inc. 203 N. 3rd. St. Burlington Ia 52601	Campaign Brochures	96.30
5/9/04	ID# CK# 1015	Lowe's 3435 Agency Burlington Ia 52601	Lumber for Signs	68.37
5/9/04	ID# CK# 1016	Wal-Mart Supercenter 324 W. Agency W. Burlington Ia 52655	Paint for Signs	23.71
	ID# CK#			
	ID# CK#			

SUB-TOTAL $ 291.77

TOTAL ***(if last page of this schedule)*** $ 472.61

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 Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM

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

Committee to Elect Celeste Cirinna Auditor

Reset Form

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
05/04/04	Stephen Cirinna PO Box 3 Montrose IA 52639	Spouse	Campaign Business Cards	$ 59.52	☐
05/10/04	Larry Krose 1243 170th Ave Donnellson IA 52625		Campaign Buttons	6.00	☐
05/14/04	Stephen Cirinna PO Box 3 Montrose IA 52639	Spouse	Printer Ink	60.00	☐
					☐
					☐
					☐
					☐
					☐
					☐
					☐
			SUB-TOTAL	$ 125.52	
			TOTAL (if last page of this schedule)	$ 125.52	

*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.

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

SCHEDULE F (Rev. 07/03)	LOANS RECEIVED & REPAID

☐ CHECK THIS BOX IF AMENDING FORM

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

Committee to Elect Celeste Cirinna Auditor

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

TOTAL UNPAID LOANS FROM LAST REPORTING PERIOD $ 0.00

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
3/10/04	Celeste Cirinna PO Box 3 Montrose IA 52639		$ 250.00
4/1/04	Celeste Cirinna PO Box 3 Montrose IA 52639		600.55

TOTAL *(PART I)* $ 850.55

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
			$

TOTAL CASH REPAYMENTS *(PART II)* $ _____

From Schedule E -- TOTAL LOANS FORGIVEN $ _____

TOTAL OUTSTANDING LOANS END OF REPORT PERIOD $ _____

*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.