

*Lee*

FOR INSTRUCTIONS, SEE BACK OF FORM

**DISCLOSURE SUMMARY PAGE**

FORM <b>DR-2</b> (Rev. 07/2003)	DISCLOSURE REPORT
<b>For Office Use Only</b>	
Comm. #	<u>17537</u>
Logged In	<u>db</u>
Scanned	
Computer	<u>db</u>
Audited	

COMMITTEE NAME (Must be same as on Statement of Organization)  
The Committee To Elect Conlee Sheriff

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 G. Victor Conlee MAY 17 2004 Political Party Democrat

Office Sought County Sheriff District (If Senate or House) \_\_\_\_\_

SIGNATURE OF TREASURER (or person filing this report) \_\_\_\_\_ TELEPHONE 319-463-5018 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<sup>th</sup> REPORT FOR AN/A (1) ELECTION //(2) NON-ELECTION YEAR.  
 (report date) 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 \_\_\_\_\_

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 <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>-0-</u>
<b>ADD TOTAL MONEY TAKEN IN THIS PERIOD</b>	
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)	<u>5567.71</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>	
<b>SUB-TOTAL</b> .....	\$ _____
<b>SUBTRACT TOTAL MONEY SPENT THIS PERIOD</b>	
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)	<u>2325.99</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>3241.72</u>
**UNPAID BILLS (From Schedule D - Attach Schedule D)	\$ _____
*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)	\$ <u>374.84</u>
**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)	\$ _____

**CANDIDATE COMMITTEES ONLY:**

Yes  No

For Instructions, See Back of Form

**CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

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

**COMMITTEE NAME** (Must be same as on Statement of Organization)  
*The Committee to Elect Conlee Sheriff*

**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
01/14/04	ID# CK#	Bill + Norma Dahms 33 West Wood Ct. Donnellson, IA 52625		\$ 100. <sup>00</sup>	<input checked="" type="checkbox"/>
01/05/04	ID# CK#	Vic Conlee 115 Lynn St. Donnellson, IA 52625		110. <sup>83</sup>	<input type="checkbox"/>
01/14/04	ID# CK#	Vic Conlee 115 Lynn St. Donnellson, IA 52625		73. <sup>88</sup>	<input type="checkbox"/>
01/31/04	ID# CK#	Harry Dresser, Jr. 2591 310 St Keokuk, IA 52632	Uncle	25. <sup>00</sup>	<input type="checkbox"/>
02/04/04	ID# CK#	Frank Weirather 2430 340 <sup>th</sup> St. Keokuk, IA		50. <sup>00</sup>	<input type="checkbox"/>
02/04/04	ID# CK#	Anna Weirather 2430 340 <sup>th</sup> St. Keokuk IA	Mother-in-law	100. <sup>00</sup>	<input type="checkbox"/>
02/04/04	ID# CK#	Carl Dresser 3312 260 <sup>th</sup> Ave Keokuk, IA 52632	Uncle	20. <sup>00</sup>	<input type="checkbox"/>
02/04/04	ID# CK#	Thomas Glasgow 3026 Timberline Dr. Ft. Madison, IA 52627		50. <sup>00</sup>	<input type="checkbox"/>
02/04/04	ID# CK#	Margaret Dresser 2564 310 <sup>th</sup> St. Keokuk, IA 52632	Aunt	25. <sup>00</sup>	<input type="checkbox"/>
02/04/04	ID# CK#	Sherri Beaty 1953 West Point Rd. West Point	Cousin	50. <sup>00</sup>	<input type="checkbox"/>
<b>SUB-TOTAL</b>				\$ 604. <sup>71</sup>	014
<b>TOTAL (If last page of this schedule)</b>				\$	

\* 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

**CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

**COMMITTEE NAME** (Must be same as on Statement of Organization)  
*The Committee to Elect Conlee Sheriff*

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

**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
02/05/04	ID# CK#	Richard Wilke 2012 Ave J Ft. Madison, IA 52627		\$ 20. <sup>00</sup>	<input type="checkbox"/>
02/05/04	ID# CK#	Harry & Sue Dresser 3045 260th Ave Keokuk, IA 52632	Cousin	50. <sup>00</sup>	<input type="checkbox"/>
02/06/04	ID# CK#	Harold & Carolyn Pundt 714 State Street Donnellson, IA 52625		100. <sup>00</sup>	<input type="checkbox"/>
02/11/04	ID# CK#	Jacob Newberry 1712 300th St. Argyle, IA 52619		50. <sup>00</sup>	<input type="checkbox"/>
02/11/04	ID# CK#	Cheryl Sanders 1503 140th Ave Donnellson		25. <sup>00</sup>	<input type="checkbox"/>
02/18/04	ID# CK#	Welch's Ins. Butch & Lori Welch 415 Chestnut St. Donnellson, IA 52625	<del>Refund</del> Refund	100. <sup>00</sup>	<input type="checkbox"/>
02/18/04	ID# CK#	George Morgan 108 Concert St. Keokuk, IA 52632		20. <sup>00</sup>	<input type="checkbox"/>
02/18/04	ID# CK#	Daniel Steffensmeier 1047 205th Ave. Salem, IA 52649		25. <sup>00</sup>	<input type="checkbox"/>
02/18/04	ID# CK#	Michael Peterie 621 34th St. Ft. Madison, IA 52627	Brother-in-law	50. <sup>00</sup>	<input type="checkbox"/>
02/18/04	ID# CK#	William Conlee 1734 Ave E Ft. Madison	Cousin	25. <sup>00</sup>	<input type="checkbox"/>
SUB-TOTAL				\$ 465. <sup>00</sup>	<input type="checkbox"/>
TOTAL (If last page of this schedule)				\$	<input type="checkbox"/>

\* 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

**CONTRIBUTIONS -- MONEY TAKEN IN**  
(Including candidate's personal funds)

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

**COMMITTEE NAME** (Must be same as on Statement of Organization)  
*The Committee to Elect Conlee Sheriff*

**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(8), 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
02/24/04	ID# CK#	Bert + Martha Well born P.O. Box 81 Donnellson, IA 52625		\$ 20. <sup>00</sup>	<input type="checkbox"/>
02/24/04	ID# CK#	Sharon Loffler 2809 Ave J. Ft. Madison, IA 52627		20. <sup>00</sup>	<input type="checkbox"/>
02/24/04	ID# CK#	Raymond Dresser 2598 310th St. Keokuk, IA 52632	Cousin	25. <sup>00</sup>	<input type="checkbox"/>
02/24/04	ID# CK#	Jody Krebill 912 Burlington St. Donnellson, IA 52625		25. <sup>00</sup>	<input type="checkbox"/>
02/24/04	ID# CK#	Todd Babcock 618 Madison Ave. Donnellson IA 52625		250. <sup>00</sup>	<input type="checkbox"/>
02/26/04	ID# CK#	Jim Zane 414 main Donnellson IA 52625		100. <sup>00</sup>	<input type="checkbox"/>
02/26/04	ID# CK#	Heartbeat Records Susan Stein 52625 802 Pershing, Donnellson IA	Return	150. <sup>00</sup>	<input type="checkbox"/>
02/26/04	ID# CK#	Ronald Stein Box 327 Donnellson IA 52625	Return	150. <sup>00</sup>	<input type="checkbox"/>
02/26/04	ID# CK#	Deb Cook 2222 Salem Rd. New London, IA 52645		30. <sup>00</sup>	<input type="checkbox"/>
02/27/04	ID# CK#	Lenore Gram 1951 West Point Rd. West Point, IA 52656	Aunt	25. <sup>00</sup>	<input type="checkbox"/>
<b>SUB-TOTAL</b>				\$ 795. <sup>00</sup>	
<b>TOTAL (if last page of this schedule)</b>				\$	

\* 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>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)  
*The Committee to Elect Conlee Sheriff*

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
02/27/04	ID# CK#	Ann Penrod 2399 Hwy 2 Donnellson, IA 52625	Cousin	\$ 35. <sup>00</sup>	<input type="checkbox"/>
01/28/04	ID# CK#	Jane Anderson P.O. Box 324 Donnellson, IA 52625		40. <sup>00</sup>	<input type="checkbox"/>
03/01/04	ID# CK#	Dennis Krehbiel 1838-200 <sup>th</sup> St. Donnellson, IA 52625		50. <sup>00</sup>	<input type="checkbox"/>
03/02/04	ID# CK#	Jill Hohl 803 Pine St. Donnellson, IA 52625		40. <sup>00</sup>	<input type="checkbox"/>
03/02/04	ID# CK#	Jill Hopp 1454 - 230 <sup>th</sup> St. Farmingington, IA 52626		25. <sup>00</sup>	<input type="checkbox"/>
03/03/04	ID# CK#	Judy Schlicher P.O. Box 124 Donnellson, IA 52625		50. <sup>00</sup>	<input type="checkbox"/>
03/03/04	ID# CK#	Jeffrey Jones 1382 - 220 <sup>th</sup> St. Donnellson IA 52625		15. <sup>00</sup>	<input type="checkbox"/>
03/03/04	ID# CK#	Dewayne + Jaye Kirchner P.O. Box 173 Donnellson IA 52625		100. <sup>00</sup>	<input type="checkbox"/>
03/04/04	ID# CK#	Don Statter 2521 290 <sup>th</sup> St. Montrose IA 52439		75. <sup>00</sup>	<input type="checkbox"/>
03/04/04	ID# CK#	Deanna Rew 710 N. Oak St. Donnellson IA 52625		20. <sup>00</sup>	<input type="checkbox"/>
SUB-TOTAL				\$ 450. <sup>00</sup>	<input type="checkbox"/>
TOTAL (if last page of this schedule)				\$	<input type="checkbox"/>

\* 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>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)  
*The Committee to Elect Conlee Sheriff*

**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
03/04/04	ID# CK#	Ruth Conlee 3030 Hwy 218 Montrose IA 52639	Mother	\$ 100. <sup>00</sup>	<input type="checkbox"/>
03/04/04	ID# CK#	Robert Conlee No 26 Cedar Court Montrose IA 52639	Cousin	200. <sup>00</sup>	<input type="checkbox"/>
03/08/04	ID# CK#	Marilyn Fincher 2771 210 <sup>th</sup> St. Ft. Madison, IA 52627		100. <sup>00</sup>	<input type="checkbox"/>
03/10/04	ID# CK#	Mark Philp 2121 - 270 <sup>th</sup> St. Donnellson IA 52625		20. <sup>00</sup>	<input type="checkbox"/>
03/10/04	ID# CK#	Butch Welch 22 Greenview Donnellson, IA 52625		100. <sup>00</sup>	<input type="checkbox"/>
03/18/04	ID# CK#	Maryella Johnson 3523 Johnson Rd. Keokuk, IA 52632		50. <sup>00</sup>	<input type="checkbox"/>
03/18/04	ID# CK#	Robert Hull 1406 Simeon Keokuk, IA 52632		100. <sup>00</sup>	<input type="checkbox"/>
03/18/04	ID# CK#	<del>Dr. Ronald Stein 2120 204<sup>th</sup> Ave Donnellson, IA 52625</del>	<del>Not applicable</del>	<del>150.<sup>00</sup></del>	<input type="checkbox"/>
03/18/04	ID# CK#	<del>Saxon Stein 2120 204<sup>th</sup> Ave Donnellson IA 52625</del>	<del>Not applicable</del>	<del>150.<sup>00</sup></del>	<input type="checkbox"/>
03/25/04	ID# CK#	Betty Arnaman 1841 255 <sup>th</sup> Street Donnellson, IA 52625		25. <sup>00</sup>	<input type="checkbox"/>
SUB-TOTAL				\$ 695. <sup>00</sup>	<input type="checkbox"/>
TOTAL (if last page of this schedule)				\$	<input type="checkbox"/>

\* 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

**CONTRIBUTIONS - MONEY TAKEN IN**

(Including candidate's personal funds)

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

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

The Committee to Elect Conlee Sheriff

**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/YY)	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
03/26/04	ID# CK#	James Eads 1794 - 150 <sup>th</sup> St. West Point, IA 52654		\$ 50. <sup>00</sup>	<input type="checkbox"/>
03/29/04	ID# CK#	Maryann Anderson 2210 - 190 <sup>th</sup> St. Donnellson, IA 52625		25. <sup>00</sup>	<input type="checkbox"/>
03/30/04	ID# CK#	Frank Bideaux 204 East Street Donnellson, IA 52625		25. <sup>00</sup>	<input type="checkbox"/>
03/31/04	ID# CK#	Robert Dowling 410 Dewey Donnellson, IA 52625		50. <sup>00</sup>	<input type="checkbox"/>
04/02/04	ID# CK#	Joseph Crozier 17 Greenview Terrace Donnellson, IA 52625		25. <sup>00</sup>	<input type="checkbox"/>
04/06/04	ID# CK#	Richard Ballou Box 243 Donnellson, IA 52625		20. <sup>00</sup>	<input type="checkbox"/>
04/06/04	ID# CK#	Richard Bentzenget 504 University Box 83 Donnellson, IA 52625		100. <sup>00</sup>	<input type="checkbox"/>
04/07/04	ID# CK#	Darren Conlee 608 S. Harrison Unit 1 Pierre, SD 57501	SON	500. <sup>00</sup>	<input type="checkbox"/>
04/16/04	ID# CK#	Jacqie Austin 204 S main Donnellson IA 52625		20. <sup>00</sup>	<input type="checkbox"/>
04/16/04	ID# CK#	Barla Peterson 400 Shenkin Broadway St. West Point, IA 52654		25. <sup>00</sup>	<input checked="" type="checkbox"/>

SUB-TOTAL

\$ 840.<sup>00</sup>

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 <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)  
*The Committee to Elect Conlee Sheriff*

**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/YY)	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
03/30/04	ID# CK#	Carol Sturdivant 1467 Hwy 2 Donnellson, IA 52625		\$ 30.00	<input type="checkbox"/>
04/09/04	ID# CK#	Lois Cline 3511 Argyle Rd. Keokuk, IA 52632	Aunt	50.00	<input type="checkbox"/>
04/09/04	ID# CK#	Mary Landwehr 3509 Argyle Rd. Keokuk, IA 52632	Cousin	50.00	<input type="checkbox"/>
04/09/04	ID# CK#	Donald Cline 3509 Argyle Rd. Keokuk, IA 52632	Cousin	100.00	<input type="checkbox"/>
04/12/04	ID# CK#	Jena Cole 2147-255th St. Donnellson, IA 52625		25.00	<input type="checkbox"/>
04/13/04	ID# CK#	Vernon Benjamin 1537 270th St. Donnellson, IA 52625		30.00	<input type="checkbox"/>
04/14/04	ID# CK#	Herbert Davidson 402 Dewey Donnellson, IA 52625		50.00	<input type="checkbox"/>
04/15/04	ID# CK#	Raymond DeRosier 1426 197th St. Donnellson, IA 52625		75.00	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

\$ 410.00

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



<b>SCHEDULE</b> <b>A</b> (Rev. 07/03)	<b>MONETARY</b> <b>RECEIPTS</b>
<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)  
*The Committee to Elect Conlee Sheriff*

**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
04/16/04	ID# CK#	Keith Graise 601 Maple St. Donnellson IA 52625		\$ 25.00	<input checked="" type="checkbox"/>
04/16/04	ID# CK#	Carolyn Pundt 714 State Street Donnellson, IA 52625		20.00	<input checked="" type="checkbox"/>
04/16/04	ID# CK#	Joan Gross 1123 48th St. Apt 19 H Madison IA 52627		10.00	<input checked="" type="checkbox"/>
04/16/04	ID# CK#	Leland Keller 293 S. Oak St Donnellson, IA 52625		25.00	<input checked="" type="checkbox"/>
04/16/04	ID# CK#	Ross Ackland 2737 140th Ave Farmington, IA 52624		25.00	<input checked="" type="checkbox"/>
04/16/04	ID# CK#	Jennifer Conlee 3397 Dakota Ave Hillsboro, IA 52630	Daughter	30.00	<input checked="" type="checkbox"/>
04/16/04	ID# CK#	Cindy Mays 18 Glenview Terrace Donnellson IA 52625		20.00	<input checked="" type="checkbox"/>
04/16/04	ID# CK#	Ed Rohdey 1517 Primrose Rd. Donnellson, IA 52625		100.00	<input checked="" type="checkbox"/>
04/17/04	ID# CK#	Kim Armstrong 1937 Hwy 218 Donnellson, IA 52625		20.00	<input checked="" type="checkbox"/>
04/16/04	ID# CK#	Unitemized Contributions During Period		513.00	<input checked="" type="checkbox"/>
<b>SUB-TOTAL</b>				\$ 788.00	
<b>TOTAL (if last page of this schedule)</b>				\$	

\* 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>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)  
*The Committee to Elect Conlee Sheriff*

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
04/20/04	ID# CK#	Kay Apple gate 10306 West Bellewood Place Littleton, CO 80123	Sister	\$ 500. <sup>00</sup>	<input type="checkbox"/>
04/20/04	ID# CK#	Steven Jones 1410 Primrose Rd. Donnellson, IA 52625		20. <sup>00</sup>	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

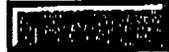
SUB-TOTAL

\$ 520.<sup>00</sup>  
\$ 5567.71 OK

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



**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)  
*The Committee to Elect Conlee Sheriff*

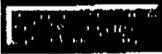
DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (If applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
01/13/04	ID# CK#	Pilot Grove Savings Bank P.O. Box 5 Pilot Grove, IA 52648	Check Order	\$ 8.48
02/03/04	ID# CK#	Lee Co. Auditor 933 Ave H Ft. Madison, IA 52627	pynt for Maps of County	6.25
02/20/04	ID# CK#	Vic Conlee 115 Lynn St. Donnellson IA 52625	*75-pynt for table and Ad for county convention 443.66 postage reimbursement	118.66
03/02/04	ID# CK#	Bonny Buyer P.O. Box 6 West Point, IA 52656	Advertising	24.68
03/05/04	ID# CK#	Welch's Insurance 415 Chestnut St. Donnellson IA 52625	Refund <sup>donation</sup> from Corporate Donor	100.00
03/05/04	ID# CK#	Vic Conlee 115 Lynn St. Donnellson IA 52625	reimburse purchase of pencils for advertising	88.48 <del>100.00</del>
03/07/04	ID# CK#	Copy Works 309 2nd St., Hwy 6 Coralville, IA 52241	Brochures	525.00
03/18/04	ID# CK#	Bonny Buyer P.O. Box 6 West Point, IA 52656	Advertising	148.08
SUB-TOTAL				\$ 1019.63
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 INSTRUCTIONS, SEE BACK OF FORM



SCHEDULE <b>B</b> (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> 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)  
*The Committee to Elect Conlee Sheriff*

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
03/18/04	ID# CK#	USPO P.O. Box 9998 Donnellson, IA 52625	Stamps	\$ 185. <sup>00</sup>
04/15/04	ID# CK#	Heartbeat Records 802 Pershing Donnellson IA 52625	Signs/posters	75. <sup>00</sup>
04/15/04	ID# CK#	Donnellson Lumber Co. P.O. Box 246 Donnellson IA 52625	Lumber + paint for Signs	118. <sup>79</sup>
04/15/04	ID# CK#	Bonny Buyer P.O. Box 6 West Point, IA 52656	Advertising for fund raiser	35. <sup>24</sup>
04/17/04	ID# CK#	Heartbeat Records 802 Pershing St. Donnellson, IA 52625	Signs/posters	67. <sup>50</sup>
05/04/04	ID# CK#	Judy Conlee 115 Lynn St. Donnellson IA 52625	reimburse for office supplies	130. <sup>48</sup>
05/05/04	ID# CK#	USPO P.O. Box 9998 Donnellson IA 52625	Stamps	185. <sup>00</sup>
05/10/04	ID# CK#	Vic Conlee 115 Lynn St. Donnellson IA 52625	reimburse for stamps, postage + gambling permit	339. <sup>85</sup>
SUB-TOTAL				\$ 1136. <sup>86</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).)

FOR INSTRUCTIONS, SEE BACK OF 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)  
*The Committee to Elect Conlee Sheriff*

DATE EXPENDED (MM/DD/YYR)	CANDIDATE ID NUMBER (If applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
05/13/04	ID# CK#	<i>Donnellson Lumber Co. P.O. Box 266 Donnellson IA 52625</i>	<i>material to make signs</i>	<i>\$ 63.42</i>
05/13/04	ID# CK#	<i>Vic Conlee 115 Lynn Street Donnellson, IA 52625</i>	<i>reimburse advertising on golf balls</i>	<i>56.72</i>
05/13/04	ID# CK#	<i>Bonny Buyer P.O. Box 6 West Point, IA 52654</i>	<i>Advertising</i>	<i>49.36</i>
	ID# CK#			

SUB-TOTAL \$ ~~120.74~~ 169.50  
TOTAL (if last page of this schedule) \$ ~~2276.63~~ 2325.00

**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)  
 The Committee to Elect Conlee Sheriff

SCHEDULE <b>E</b> (Rev. 06/97)	IN KIND CONTRIBUTIONS
<input type="checkbox"/> 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
04/16/04	George Shields 2803 Ave. J. Ft. Madison, IA 52627		Supplies for making signs	\$ 77. <sup>84</sup>	<input type="checkbox"/>
04/16/04	David Roth 721 Maple St. Donnellson, IA 52625		entertainment for fund raiser	50. <sup>00</sup>	<input checked="" type="checkbox"/>
04/16/04	Gary Wagner 2608 Hwy 394 Donnellson, IA 52625		entertainment for fund raiser	50. <sup>00</sup>	<input checked="" type="checkbox"/>
04/16/04	Kathy Dye 810 Madison St. Donnellson IA 52625		entertainment for fund raiser	50. <sup>00</sup>	<input checked="" type="checkbox"/>
04/16/04	Unitemized contributions during period		9 raffle table items under \$25 each	132. <sup>00</sup>	<input checked="" type="checkbox"/>
04/16/04	Sara Staher 2521 290th St. Montrose IA, 52639		3 pies auctioned	15. <sup>00</sup>	<input checked="" type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

SUB-TOTAL \$ 374.84

TOTAL (if last page of this schedule) \$ 374.84

\*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.