

Lee

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

FORM DR-2 (Rev. 07/2003)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	17537
Logged In	_____
Scanned	_____
Computer	_____
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 <u>G. Victor Conlee</u>	Political Party <u>Democrat</u>
Office Sought <u>County Sheriff</u>	District (if Senate or House) _____

Sara Statter
SIGNATURE OF TREASURER (or person filing this report)

319-463-5018
TELEPHONE

7-16-04
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 July 19th (report date) REPORT FOR AN/A (1) ELECTION / (2) NON-ELECTION YEAR. Indicate one 1

CHECK IF AMENDMENT TO REPORT DATED JUL 16 2004 FAX

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 <u>Lee</u>

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.) \$ 3241.72

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below) 862.00

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 \$ 4103.72

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below) 3789.01

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) \$ 314.71

**UNPAID BILLS (From Schedule D - Attach Schedule D) \$ _____

**IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E) \$ 240.00

**OUTSTANDING LOANS (From Schedule F - Attach Schedule F) \$ _____

CANDIDATE COMMITTEES ONLY:

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)
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
05/15/04	ID# CK#	Carol Richards 1102 48 th St. Apt A-7 St. Madison IA 52627	Aunt	\$ 5. ⁰⁰	<input type="checkbox"/>
05/16/04	ID# CK#	Naomi Gross 510 - 6 th St. St. Madison, IA 52627		15. ⁰⁰	<input type="checkbox"/>
5/20/04	ID# CK#	Virginia Chesnut 3571 Hwy 16 Weaver, IA 52658		40. ⁰⁰	<input type="checkbox"/>
5/28/04	ID# CK#	Unitemized Contributions during period.		447. ⁰⁰	<input checked="" type="checkbox"/>
5/28/04	ID# CK#	William Conlee 1734 Ave E St. Madison, IA 52627	Cousin	25. ⁰⁰	<input checked="" type="checkbox"/>
5/28/04	ID# CK#	Harry Dresser, Jr. 2591 310 th St. Keokuk, IA 52632	Cousin	30. ⁰⁰	<input checked="" type="checkbox"/>
5/28/04	ID# CK#	Carol Chadwick 2741 255 th Ave Montrose, IA 52639		10. ⁰⁰	<input type="checkbox"/>
5/28/04	ID# CK#	Art Huett 2820 Ave M. St. Madison IA 52627	Cousin	40. ⁰⁰	<input type="checkbox"/>
5/28/04	ID# CK#	Robert Conlee #26 Cedar Ct. Montrose, IA 52639	Cousin	50. ⁰⁰	<input type="checkbox"/>
5/28/04	ID# CK#	Denny West 2413 Hwy 2 Donnellson, IA 52625		100. ⁰⁰	<input type="checkbox"/>

SUB-TOTAL

\$ 762

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)
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
06/01/04	ID# CK#	<i>John Boyert 2003 18th St. Donnellson, IA 52625</i>		\$ 50. ⁰⁰	<input checked="" type="checkbox"/>
06/05/04	ID# CK#	<i>Beverly Abrahamson 1749 Franklin Rd. West Point, IA 52656</i>		25. ⁰⁰	<input type="checkbox"/>
06/07/04	ID# CK#	<i>Carolyn Punnett 714 State Street Donnellson, IA 52625</i>		25. ⁰⁰	<input checked="" 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 \$ 100.⁰⁰

TOTAL (If last page of this schedule) \$ 862.⁰⁰

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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)
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
05/17/04	ID# CK#	USPO P.O. Box 9998 Donnellson, IA 52625	Stamps	\$ 370. ⁰⁰
05/28/04	ID# CK#	Juan Fowler Comm. Center 710 main St. Montrose, IA 52639	Rent for fish fry	25. ⁰⁰
06/02/04	ID# CK#	The Hawkeye 800 S. main Burlington, IA 52601	newspaper advertising	571. ⁹⁵
06/07/04	ID# CK#	Clear Channel Radio 141 N. Roosevelt Ave Burlington, IA 52601	radio advertising	490. ⁰⁰
06/07/04	ID# CK#	Bonny Buyer P.O. Box 6 West Point, IA 52656	newspaper advertising	1148.40
06/15/04	ID# CK#	Judy Conlee 115 Lynn St. Donnellson, IA 52625	Fish fry expenses plates - beans - paper products	168. ¹⁶
07/03/04	ID# CK#	Bonny Buyer P.O. Box 6 West Point, IA 52656	Advertising	978.43
6/15/04	ID# CK#	Cheri Sanders 1503 140th Ave Donnellson, IA 52625	office supplies	37. ⁰⁷
SUB-TOTAL				\$ 3789.01
TOTAL (if last page of this schedule)				\$ 3789.04

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 88A.402(3)(I).)

FOR INSTRUCTIONS, SEE BACK OF FORM

SCHEDULE E <small>(Rev. 08/97)</small>	IN KIND CONTRIBUTIONS
<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



DATE RECEIVED (MM/DD/YY)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
06/01/04	Rick Bryant 3305 243 Ave Neskeuk, IA 52632		Advertising in Shopper	\$ 100. ⁰⁰	<input type="checkbox"/>
05/28/04	John Canada 2407 Peach Orchard Rd. Montrose, IA 52637		Fish for fish fry	100. ⁰⁰	<input checked="" type="checkbox"/>
05/28/04	Robert Conlee 26 Cedar Ct. Montrose IA 52639	Cousin	fish fry oil	20. ⁰⁰	<input checked="" type="checkbox"/>
05/28/04	Jason Helling 3397 Dakota Ave. Hillsboro, IA. 52630	Son-in-law	fish fry oil	20. ⁰⁰	<input checked="" type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

SUB-TOTAL \$
 TOTAL (if last page of this schedule) \$ 240.⁰⁰

*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.