

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

Reset Form

Lee email

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

Larkin for Sopervisor

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>Rick Larkin</u>	Political Party <u>Democratic</u>
Office Sought <u>Lee County Supervisor - District 2</u>	District (if Senate or House)

Larry Holtkamp
SIGNATURE OF TREASURER (or person filing this report)

319-372-2592
TELEPHONE

FORM DR-2 (Rev. 07/2003)	DISCLOSURE REPORT
For Office Use Only	
Comm. # <u>17750</u>	
Logged In _____	
Scanned _____	
Computer _____	
Audited _____	
FILED EMAIL OCT 18 2004	
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 October 19, 2004 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
<i>Lee</i>

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.)	\$	<u>- 0 -</u>
ADD TOTAL MONEY TAKEN IN THIS PERIOD		
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)		<u>2546.60</u>
Schedule F: Loans Received total (Attach Schedule F)		<u>0</u>
Schedule H: Total Sales of Campaign Property (Attach Schedule H)		<u>0</u>
<u>(Schedule H applies to Candidates' Committees Only)</u>		
SUB-TOTAL	\$	<u>2546.60</u>
SUBTRACT TOTAL MONEY SPENT THIS PERIOD		
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)		<u>1067.49</u>
Schedule F: Loan Repayments total (Attach Schedule F)		<u>0</u>
CASH ON HAND at the end of this reporting period (if final report, balance must be zero) (Attach DR-3)	\$	<u>1479.11</u>
**UNPAID BILLS (From Schedule D - Attach Schedule D)	\$	<u>0</u>
**IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)	\$	<u>555.00</u>
**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)	\$	<u>0</u>
CANDIDATE COMMITTEES ONLY:		
CONSULTANT BREAKDOWN (Schedule G Attached?)		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)	\$	<u>0</u>

For Instructions, See Back of Form

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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)
Larkin for Supervisor

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
6/1/04	ID# CK# 5180	John Schier 1502 Ave. C Fort Madison, IA 52627	None	\$ 25.00	<input type="checkbox"/>
6/1/04	ID# CK# 2886	L. Gene Enke 1002 Denmark Hilltop Ft. Madison, IA 52627	None	100.00	<input type="checkbox"/>
6/1/04	ID# CK# 7395	Michael A. Brockman 3344 213th Street Fort Madison, IA 52627	None	50.00	<input type="checkbox"/>
7/2/04	ID# CK#	Rick Larkin 1304 Ave. B Fort Madison, IA 52627	Candidate	500.00	<input type="checkbox"/>
8/27/04	ID# CK#	Bill Hoskins 819 Ave. D Fort Madison, IA 52627	None	50.00	<input type="checkbox"/>
8/27/04	ID# CK#	Rick Larkin 1304 Ave. B Fort Madison, IA 52627	Candidate	500.00	<input type="checkbox"/>
9/22/04	ID# CK# 3441	Marie Briggs 41 Cindy Drive Fort Madison, IA 52627	None	15.00	<input type="checkbox"/>
9/22/04	ID# CK# 2107	W. Archie Logan 1013 Ave. F Ft. Madison, IA 52627	None	25.00	<input type="checkbox"/>
9/22/04	ID# CK# 10128	George E. Wright 2821 River Hills Road Ft. Madison, IA 52627	None	25.00	<input type="checkbox"/>
9/22/04	ID# CK# 1568	Charles Holmes 4723 Bluff Road Fort Madison, IA 52627	None	25.00	<input type="checkbox"/>

SUB-TOTAL

\$ 1315.00

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.

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SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
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CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

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

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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
9/23/04	ID# CK# 16784	Connie K. Fahey 1312 Ave. B Ft. Madison, IA 52627	None	\$ 50.00	<input type="checkbox"/>
9/23/04	ID# CK# 2849	Phillip J. Ingebritson 14 Melody Terrace Ft. Madison, IA 52627	None	25.00	<input type="checkbox"/>
9/23/04	ID# CK# 6374	Wm. F. Merschman Box 67 West Point, IA 52656	None	100.00	<input type="checkbox"/>
9/24/04	ID# CK# 1122	M. S. Nabulsi 13 Ridgewood Road Ft. Madison, IA 52627	None	50.00	<input type="checkbox"/>
9/24/04	ID# CK# 11136	Jerry Kearns 402 Hickory Terrace Keokuk, IA 52632	None	50.00	<input type="checkbox"/>
9/25/04	ID# CK# 6156	Janet Fife-LaFrenz 1122 Grand Ave. Keokuk, IA 52632	None	50.00	<input type="checkbox"/>
9/26/04	ID# CK# 3511	Sindra E. Stevens 301 9th Street Ft. Madison, IA 52627	None	25.00	<input type="checkbox"/>
9/26/04	ID# CK# 2022	Dorothy A. Cookson 3070 Koehler Lane Montrose, IA 52639	None	20.00	<input type="checkbox"/>
9/27/04	ID# CK# 1200	Kitty Garner 19 24th Street Ft. Madison, IA 52627	None	100.00	<input type="checkbox"/>
9/27/04	ID# CK# 2793	Sandra M. Lamm 420 Ave. C Ft. Madison, IA 52627	None	100.00	<input type="checkbox"/>
SUB-TOTAL				\$ 570.00	
TOTAL (if last page of this schedule)				\$	

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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)
Larkin for Supervisor

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.

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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
9/28/04	ID# CK# 2693	R. L. Fehseke, Jr. 3345 Country Club Lane Ft. Madison, IA 52627	None	\$ 50.00	<input type="checkbox"/>
9/28/04	ID# CK# 8821	Karen Bryant 328 Chester St. Keokuk, IA 52632	None	25.00	<input type="checkbox"/>
9/28/04	ID# CK# 6090	Virginia B. Chesnut 3571 Hwy 16 Wever, IA 52658	None	25.00	<input type="checkbox"/>
9/29/04	ID# CK# 3481	Joan Gross 1123 48th St. Apt. 19 Ft. Madison, IA 52627	None	25.00	<input type="checkbox"/>
9/30/04	ID# CK# 1097	Merlin J. Hellman 1 Blackhawk Heights Ft. Madison, IA 52627	None	20.00	<input type="checkbox"/>
10/1/04	ID# CK# 6533	Karen Wear 306 Franklin Fourth Street Donnellson, IA 52625	None	10.00	<input type="checkbox"/>
10/1/04	ID# CK# 5757	Anne M. Pedersen 506 33rd Street Ft. Madison, IA 52627	None	10.00	<input type="checkbox"/>
10/1/04	ID# CK# 5393	Vernon Benjamin 1537 270th Street Donnellson, IA 52625	None	25.00	<input type="checkbox"/>
10/1/04	ID# CK#	Unitemized Contributions	None	16.60	<input type="checkbox"/>
10/5/04	ID# CK# 12322	Gary Hoyer 619 Tenth Street Fort Madison, IA 52627	None	25.00	<input type="checkbox"/>
SUB-TOTAL				\$ 231.60	
TOTAL (if last page of this schedule)				\$	

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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)
Larkin for Supervisor

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
10/5/04	ID# CK# 7789	Derald D. Dressler 4605 Bluff Road Fort Madison, IA 52627	None	\$ 25.00	<input type="checkbox"/>
10/5/04	ID# CK# 3760	Olive L. Thorn 2714 Areoway Keokuk, IA 52632	None	10.00	<input type="checkbox"/>
10/5/04	ID# CK# 2184	Thomas Z. Barr 1323 Avenue B Fort Madison, IA 52627	None	25.00	<input type="checkbox"/>
10/5/04	ID# CK# 3308	Kenneth J. Lampe 1011 Avenue E Fort Madison, IA 52627	None	50.00	<input type="checkbox"/>
10/5/04	ID# CK# 4285	Cheryl M. Sanders 1503 140th Ave. Donnellson, IA 52625	None	20.00	<input type="checkbox"/>
10/14/04	ID# CK# 8109	C James Platt 2206 - 25th Ave WEST POINT, IA 52666	NONE	50.00	<input type="checkbox"/>
10/14/04	ID# CK# 10169	Cindy & John Boxer 2606 Ave. E Fort Madison, IA 52627	NONE	100.00	<input type="checkbox"/>
10/14/04	ID# CK# 3283	Nicholas & Connie Pothitakis 1135 Ave. C Fort Madison, IA 52627	NONE	100.00	<input type="checkbox"/>
10/14/04	ID# CK# 74571	Carl Saunders 627 Ave G Fort Madison, IA 52627	NONE	25.00	<input type="checkbox"/>
10/14/04	ID# CK# 3680	3700 Ireland 1904 Ave. D Fort Madison, IA 52627	NONE	25.00	<input type="checkbox"/>
SUB-TOTAL				\$430.00	
TOTAL (if last page of this schedule)				\$2546.00	

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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.

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

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

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
7/2/04	ID# CK# NA	Craftsman Press, Inc. 203 N. 3rd Burlington, IA 52601	300 Yard Signs	\$ 476.15
7/23/04	ID# CK# NA	Carter Printing 1739 East Grand Avenue Des Moines, IA 50316	Sign Wires	143.10
7/23/04	ID# CK# NA	Postmaster 1019 Ave. H Fort Madison, IA 52627	Stamps	7.40
8/27/04	ID# CK# NA	Craftsman Press 213 N. 3rd Burlington, IA 52601	3,750 Cowboy Cards	440.84
	ID# CK#			
SUB-TOTAL				\$
TOTAL (If last page of this schedule)				\$ 1067.49

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).)

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

Larkin for Supervisor

Reset Form

SCHEDULE E (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
8/29/04	Linda Larkin 1304 Ave B Fort Madison, IA 52627	wife	Banner	\$81.00	<input type="checkbox"/>
7/23/04	Linda Larkin 1304 Ave B Fort Madison, IA 52627	wife	Postage	\$370.00	<input type="checkbox"/>
9-15-04	" "	wife	office supplies ink, paper envelope in Honor	100 ⁰⁰	<input type="checkbox"/>
10-14	" " unitemized expense	"	unitemized expense	4 ⁰⁰	<input 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 \$ 555⁰⁰

TOTAL (if last page of this schedule) \$ 555⁰⁰

*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.