

DISCLOSURE SUMMARY PAGE



Linn

FORM <b>DR-2</b> (Rev. 07/2004)	DISCLOSURE REPORT
<b>For Office Use Only</b>	
Comm. #	17265
Logged In	
Scanned	
Computer	
Audited	

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

Houser for Supervisor Committee

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 (6) City Candidate (7) 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:

Candidate Name: James Houser Political Party (if applicable): Democrat

Office Sought: Linn County Supervisor 7.15.04 District (if Senate or House):

Late reports are subject to possible civil and criminal penalties.

SIGNATURE OF PERSON FILING REPORT: [Signature]

TELEPHONE: 319-362-1222

DATE SIGNED: 7-15-04

I AM FILING A July 19, 2004 (report date)

REPORT FOR (1) ELECTION (2) NON-ELECTION YEAR. Indicate by # 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 DR-3 is filed.)

Local Committees, enter Date of Election
County & Local Committees, enter County in which Election is held

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.)	\$ 4187.29
<b>ADD TOTAL MONEY TAKEN IN THIS PERIOD</b>	
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)	325.30
Schedule F: Loans Received total (Attach Schedule F)	
Schedule H: Total Sales of Campaign Property (Attach Schedule H)	
<b>(Schedule H applies to Candidates' Committees Only)</b>	
SUB-TOTAL	\$ 4512.59
<b>SUBTRACT TOTAL MONEY SPENT THIS PERIOD</b>	
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)	4502.52
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)	\$ 10.07

**UNPAID BILLS (From Schedule D - Attach Schedule D)	\$
**IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)	\$
**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)	\$ 14383.28

CANDIDATE COMMITTEES ONLY:

CONSULTANT BREAKDOWN (Schedule G Attached?)

YES NO

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H) \$

For Instructions, See Back of Form

Reset 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)

Houser for Supervisor Committee

**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
2-27-04	ID# CK# 7879	James A or Irene Hutton 907-9th St SW CR IA 52404		\$ 25.00	<input type="checkbox"/>
2-29-04	ID# CK# 6309	Dennis J or Jan Redmond 1471- trail Bend Dr SW Swisher IA 52338		25.00	<input type="checkbox"/>
3-1-04	ID# CK# 6052	Dennis Drahos 1477 Bertram St. CR IA 52403		50.00	<input type="checkbox"/>
6-3-04	ID# CK# 2343	Lee LIU 3086 Loggerhead Rd CR IA 52411		200.00	<input type="checkbox"/>
6-24-04	ID# CK# 8734	Linda Peterson 1514 C Ave NE CR IA 52402		25.00	<input type="checkbox"/>
6-30-04	ID# CK#	Bank statement recording error		.30	<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				\$ 325.30	
<b>TOTAL (if last page of this schedule)</b>				\$ 325.30	

\* 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.

**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>B</b> (Rev. 08/96)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)  
*Hauser for Supervisor Committee*

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)	CATEGORY* (SEE BELOW)	AMOUNT EXPENDED
5-20-04	ID# CK# 189	KMRY Radio Cedar Rapids IA	Radio advertise	1	\$ 749.50
5-20-04	ID# CK# 190	Marion Times 720 - 11th St Marion IA	Newspaper advertising	1	162.00
5-20-04	ID# CK# 191	Marion Times 720 - 11th St Marion IA 52302	newspaper advertising	1	67.50
5-22-04	ID# CK# 192	North Linn Newsletter Central City IA	newspaper Advertising	1	61.88
5-22-04	ID# CK# 193	The Sun Mount Vernon IA	newspaper advertising	1	182.25
5-25-04	ID# CK# 194	Gazette Communication Cedar Rapids IA	newspaper advertising	1	1181.78
5-26-04	ID# CK# 195	Service Press 1105 - 3rd St SE Cedar Rapids IA	campaign cards	1	1084.65
SUB-TOTAL					\$ 3489.56
TOTAL (if last page of this schedule)					\$

**THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:**

\*Campaign funds may be used only for:  
 (1) campaign purposes,  
 (2) constituency expenses, and  
 (3) educational and other expenses associated with duties of office.  
 Please insert the applicable number in the category column for each expenditure.

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 56.6(3)(i).)

**EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT**

<b>SCHEDULE</b> <b>B</b> (Rev. 08/96)	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)  
 Houser for Supervisor Committee

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)	CATEGORY* (SEE BELOW)	AMOUNT EXPENDED
6-10-04	ID# CK# 196	KCRG Freedom Festival Parade	parade fee	1	\$ 5.00
6-29-04	ID# CK# 197	CR welding Supply 714 1st Ave NW CR IA	Balloon regulator	1	211.81
7-6-04	ID# CK# 198	Service Press 1105 3rd St SE CR IA 52401	scratch pads	1	255.15
7-10-04	ID# CK# 199	John Wollner 4 Sylvan Lane SE Cedar Rapids IA	reimb fundraiser letter and postage - envelopes	1	155.00
7-10-04	ID# CK# 200	James Houser 505 rockvalley Dr CR IA	reimb Walmart index cards	1	1.44
7-10-04	ID# CK# 200	James Houser 505 rockvalley Dr CR IA	reimb Sams Club candy	1	54.61
7-10-04	ID# CK# 200	James Houser 505 rockvalley Dr CR IA	reimb Advertising supply emery boards	1	329.95
<b>SUB-TOTAL</b>					\$ 1012.96
<b>TOTAL (if last page of this schedule)</b>					\$ 4502.52

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FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

SCHEDULE <b>F</b> (Rev. 07/03)	LOANS RECEIVED & REPAID
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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

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

TOTAL UNPAID LOANS FROM LAST REPORTING PERIOD \$ 13938.53

**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
7-10-04	James Houser 505 Rock Valley CR IA 52404	self	\$ 444.75

TOTAL (PART I) \$ \_\_\_\_\_

**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 \$ 14383.28

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