

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

Reset Form

LINN

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

Jr. Johnson for Sheriff Committee

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

FORM DR-2 (Rev. 07/2003)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	<u>17517</u>
Logged In	_____
Scanned	_____
Computer	_____
Audited	_____

CANDIDATE COMMITTEES ONLY:

Candidate Name Lynn Johnson Political Party Republican

Office Sought Linn County Sheriff District (if Senate or House) _____

IA ETHICS & CAMPAIGN DISCLOSURE BOARD

MAY 20 2004

FILED

DATE SIGNED 5-18-04

Chris Scholtz
 SIGNATURE OF TREASURER (or person filing this report)

319-378-8388
 TELEPHONE

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 19th 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 LINN

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

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below) 2400.00

Schedule F: Loans Received total (Attach Schedule F) 1700.00

Schedule H: Total Sales of Campaign Property (Attach Schedule H) _____

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL\$ 4100.00

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below).... 1141.50

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)\$ 2958.50

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

**IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)\$ 200.00

**OUTSTANDING LOANS (From Schedule F - Attach Schedule F).....\$ 1700.00

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

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)
Jr. Johnson for Sheriff 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	TO CANDIDATE* (if applicable)	RECEIVED	FUND-RAISER INCOME
2-10-04	ID# CK#	JOHN GRAHAM 1256 CURTIS BRIDGE RD SWISHER, IA 52338		\$100 ⁰⁰	<input type="checkbox"/>
3-3-04	ID# CK#	WALLACE JOHNSON 2202 BALSAM DR. SW CEDAR RAPIDS IA 52404		1000 ⁰⁰	<input type="checkbox"/>
4-29-04	ID# CK#	WALLACE JOHNSON ↑ " "		1000 ⁰⁰	<input type="checkbox"/>
3-6-04	ID# CK#	ALLAN JOHNSON, MD 2 GREYSTOKE CT. BALLWIN, MD. 43021		250 ⁰⁰	<input type="checkbox"/>
5-11-04	ID# CK#	LYNN REESE 2541 LORI DR SW CEDAR RAPIDS IA 52404		50 ⁰⁰	<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				\$2400	
TOTAL (if last page of this schedule)				\$2400	

* 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

Revised Form

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)
Jr. Johnson for Sheriff 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)	AMOUNT EXPENDED
1-10-04	ID# CK# 1001	LILLY PRINTING 301 2ND AVE SW CEDAR RAPIDS, IA 52404	FLIERS + CARDS	\$ 71.93
3-4-04	ID# CK# 1002	LILLY PRINTING " "	POSTERS, FLIERS + CARDS	59.20
4-10-04	ID# CK# 1004	LILLY PRINTING " "	NOMINATION PAPERS AND POSTERS	25.22
5-8-04	ID# CK# 1007	LILLY PRINTING " "	BROCHURES + INK STAMP	476.12
3-6-04	ID# CK# 1003	SIGNS, ETC. 1111 I AVE NE CEDAR RAPIDS, IA 52402	SIGNS FOR CAR	163.80
4-12-04	ID# CK# 1005	LINN CO. TREASURER 930 1ST ST SW CEDAR RAPIDS IA 52404	VOTER LIST	40.97
4-20-04	ID# CK# 1006	U.S. POSTMASTER 8th AVE SE CEDAR RAPIDS, IA 52403	BULK MAILING PERMIT	300.00
4-30-04	ID# CK#	FARMERS STATE BANK MARION, IOWA	SERVICE CHARGE	4.26
SUB-TOTAL				\$ 1141.50
TOTAL (if last page of this schedule)				\$ 1141.50

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
E
(Rev. 06/97) IN KIND
CONTRIBUTIONS

COMMITTEE NAME (Must be same as on Statement of Organization)
JR Johnson for Sheriff Committee

Reset Form

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
<i>4/16/04</i>	<i>DAVID E JOHNSON 2620 29th ST SW CEDAR RAPIDS IA 52404</i>	<i>BROTHER</i>	<i>COMPUTER, COMPUTER SUPPLIES + SOFTWARES</i>	<i>\$ 200</i>	<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<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				\$	
TOTAL (if last page of this schedule)				\$	<i>200</i>

*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.

Reset Form

SCHEDULE F (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)
JR. Johnson for Sheriff Committee

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

TOTAL UNPAID LOANS FROM LAST REPORTING PERIOD \$ _____

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
12-4-03	LYNN JR JOHNSON 2548 LORI DR SW CEDAR RAPIDS, IA 52404	SELF	\$ 100 ⁰⁰
1-6-04	LYNN JR JOHNSON 2548 LORI DR SW CEDAR RAPIDS, IA 52404	SELF	100 ⁰⁰
4-20-04	LYNN JR JOHNSON 2548 LORI DR SW CEDAR RAPIDS, IA 52404	SELF	1500 ⁰⁰

TOTAL (PART I) \$ 1700⁰⁰

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.