

LINN

FOR INSTRUCTIONS, SEE BACK OF FORM

### DISCLOSURE SUMMARY PAGE

<b>FORM DR-2</b> (Rev. 07/2003)	<b>DISCLOSURE REPORT</b>
<b>For Office Use Only</b>	
Comm. #	17549
Logged In	
Scanned	
Computer	
Audited	

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

PAZOUR FOR SUPERVISOR

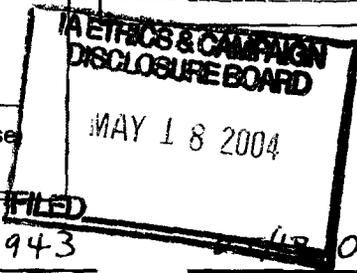
**IMPORTANT:** Indicate type of committee you are reporting for:  4

( 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 MARY LOU PAZOUR Political Party DEMOCRAT

Office Sought SUPERVISOR/LINN COUNTY District (if Senate or House) \_\_\_\_\_



Brandon R. Pison 319 377 6943 5/18/04

SIGNATURE OF TREASURER (or person filing this report) TELEPHONE 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 05/19/04 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  
11/02/04

County & Local Committees, enter County in which Election is held  
LINN

### STATEMENT OF CASH ON HAND

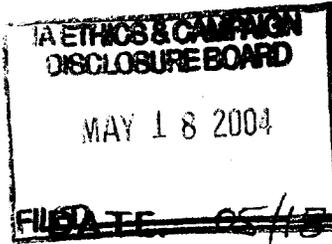
<b>CASH ON HAND</b> at the beginning of the reporting period. (This is the total of all monies held by the committee. This amount <b>MUST</b> be the same as the cash on hand at the end of the last reporting period, or must be zero if this is first report filed.)	\$	<u>0</u>
<b>ADD TOTAL MONEY TAKEN IN THIS PERIOD</b>		
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)		<u>4601<sup>85</sup></u>
Schedule F: Loans Received total (Attach Schedule F)		<u>600</u>
Schedule H: Total Sales of Campaign Property (Attach Schedule H)		<u>0</u>
<b>(Schedule H applies to Candidates' Committees Only)</b>		
<b>SUB-TOTAL</b> .....	\$	<u>5201<sup>85</sup></u>
<b>SUBTRACT TOTAL MONEY SPENT THIS PERIOD</b>		
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)		<u>1478<sup>02</sup></u>
Schedule F: Loan Repayments total (Attach Schedule F)		<u>0</u>
<b>CASH ON HAND</b> at the end of this reporting period (if final report, balance must be zero) (Attach DR-3)	\$	<u>3723<sup>83</sup></u>
<b>**UNPAID BILLS</b> (From Schedule D - Attach Schedule D)	\$	<u>449<sup>03</sup></u>
<b>**IN KIND CONTRIBUTIONS</b> (From Schedule E - Attach Schedule E)	\$	<u>1298</u>
<b>**OUTSTANDING LOANS</b> (From Schedule F - Attach Schedule F)	\$	<u>0</u>
<b>CANDIDATE COMMITTEES ONLY:</b>		
<b>CONSULTANT BREAKDOWN</b> (Schedule G Attached?)		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
<b>VALUE OF CAMPAIGN PROPERTY</b> (From Schedule H - Attach Schedule H)	\$	_____

ALLEN & VERNON, P.L.C.

ATTORNEYS AT LAW  
1175 EIGHTH AVENUE  
P.O. BOX 488  
MARION, IA 52302

PHONE: 319-377-9441

FAX: 319-377-8147



FAX TRANSMITTAL

TO FAX # 515 2813701

TO: SUE BROWN

FROM: GORDON GIBSON

MESSAGE:

here is the report due 5/19/04 on  
ML Payour for county supervisor.  
Thanks for help

*Gordon*

PAGE ONE OF 12

SENT BY: *AG*

IF YOU DO NOT RECEIVE ALL OF THE PAGES, PLEASE CALL 319-377-9441.

FOR INSTRUCTIONS, SEE BACK OF FORM

### DISCLOSURE SUMMARY PAGE

<b>FORM DR-2</b> (Rev. 07/2003)	<b>DISCLOSURE REPORT</b>
<b>For Office Use Only</b>	
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COMMITTEE NAME (Must be same as on Statement of Organization)

PAZOUR FOR SUPERVISOR

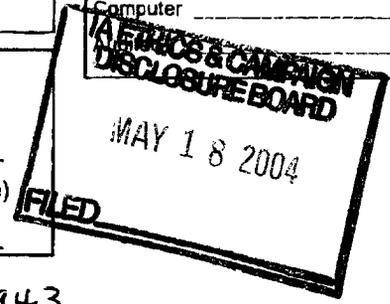
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**CANDIDATE COMMITTEES ONLY:**

Candidate Name MARY LOU PAZOUR Political Party DEMOCRAT

Office Sought SUPERVISOR/LINN COUNTY District (if Senate or House) \_\_\_\_\_



319 377 6943

SIGNATURE OF TREASURER (or person filing this report)

TELEPHONE

DATE SIGNED

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**SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE:**

I AM FILING A 05/19/04 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 <u>11/02/04</u>
County & Local Committees, enter County in which Election is held <u>LINN</u>

### STATEMENT OF CASH ON HAND

<b>CASH ON HAND</b> 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>4601<sup>85</sup></u>
Schedule F: Loans Received total (Attach Schedule F)	<u>600</u>
Schedule H: Total Sales of Campaign Property (Attach Schedule H)	<u>0</u>
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<b>SUB-TOTAL</b> .... \$	<u>5201<sup>85</sup></u>
<b>SUBTRACT TOTAL MONEY SPENT THIS PERIOD</b>	
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<b>**UNPAID BILLS</b> (From Schedule D - Attach Schedule D)	\$ <u>449<sup>03</sup></u>
<b>*IN KIND CONTRIBUTIONS</b> (From Schedule E - Attach Schedule E)	\$ <u>1298</u>
<b>**OUTSTANDING LOANS</b> (From Schedule F - Attach Schedule F)	\$ <u>0</u>
<b>CANDIDATE COMMITTEES ONLY:</b>	
<b>CONSULTANT BREAKDOWN</b> (Schedule G Attached?)	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
<b>VALUE OF CAMPAIGN PROPERTY</b> (From Schedule H - Attach Schedule H)	\$ _____

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)  
**PAZOUR 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 FUND-RAISER INCOME
02/13/04	ID# CK#	DUANE SCHMIDT 1103 8 <sup>TH</sup> AVE MARION IA 52302		\$ 50 -	<input type="checkbox"/>
	ID# CK#	ARVIND DANDEKAR 2731 29 <sup>TH</sup> AVE MARION		100	<input type="checkbox"/>
	ID# CK#	JAMES DYER 5020 MONAWIC DR MARION		100	<input type="checkbox"/>
	ID# CK#	SUE DYER 5020 MONAWIC DR MARION		100	<input type="checkbox"/>
	ID# CK#	CARL ATKINS 8040 DARTMOUTH #6 DENVER CO 80231		50	<input type="checkbox"/>
	ID# CK#	BERT KATZ 111 COTTAGE GROVE AVE SE CEDAR RAPIDS IA 52403		100	<input type="checkbox"/>
	ID# CK#	DAVE MC NULTY 916 STAVS CT NE CEDAR RAPIDS IA 52402		100	<input type="checkbox"/>
02/23/04	ID# CK#	JOHN PAZOUR 6229 S CARSON CENTENNIAL, CO 80111	BROTHER	100	<input type="checkbox"/>
	ID# CK#	JERI SMITH 6385 LAKE BREAD CT MARION		50	<input type="checkbox"/>
02/26/04	ID# CK#	ELDON MC MILLEN 3055 10 <sup>TH</sup> AVE MARION		100	<input type="checkbox"/>
SUB-TOTAL				\$ 950	
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)

**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
02/23/04	ID# CK#	UNITEMIZED CONTRIBUTION		\$ 25 <sup>-</sup>	<input type="checkbox"/>
2/26	ID# CK#	MARY CRAIG 3915 JOHNSON AVE NW CR IA 52405		100 <sup>-</sup>	<input type="checkbox"/>
2/26	ID# CK#	JOHN CASTLE 1995 N Ocean Blvd Palm Beach FL 33480		1000 <sup>-</sup>	<input type="checkbox"/>
2/26	ID# CK#	UNITEMIZED CONTRIBUTION		70 <sup>-</sup>	<input type="checkbox"/>
3/04	ID# CK#	GEORGE MURDOCH 4630 Fairway CL Mason IA 52302		100 <sup>-</sup>	<input type="checkbox"/>
3/08	ID# CK#	UNITEMIZED CONTRIBUTIONS		370	<input type="checkbox"/>
3/15	ID# CK#	UNITEMIZED CONTRIBUTION		25 <sup>-</sup>	<input type="checkbox"/>
4/09	ID# CK#	ROBT W MEISINGER 2317 FOX TRL DR NE CR IA 52402		100 <sup>-</sup>	<input type="checkbox"/>
4/09	ID# CK#	UNITEMIZED CONTRIBUTIONS		111 <sup>85</sup>	<input type="checkbox"/>
4/15	ID# CK#	TIM BOYLE 305 PARK TOWN TEAR SE CR IA 52403		50 <sup>-</sup>	<input type="checkbox"/>
SUB-TOTAL				\$ 1951 <sup>85</sup>	
TOTAL (if last page of this schedule)				\$	

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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)

**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
4/15/04	ID# CK#	MARY VERNON 4011 N 101 <sup>ST</sup> MARION IA 52302		\$ 50 <sup>-</sup>	<input type="checkbox"/>
"	ID# CK#	LOUIS W STARIC 2235 PLYMOUTH ST MARION IA		50	<input type="checkbox"/>
"	ID# CK#	VICKI HUGHES 1234 LINCOLN DR MARION IA		100	<input type="checkbox"/>
"	ID# CK#	DONALD HOSKINS 766 13 <sup>TH</sup> ST MARION IA		200	<input type="checkbox"/>
"	ID# CK#	CARL S FOSTER 1004 DRY CREEK LANE MARION IA		50	<input type="checkbox"/>
4/8	ID# CK#	UNITEMIZED CONTRIBUTIONS		95	<input type="checkbox"/>
"	ID# CK#	CHERYL MATUS 3565 STONE RA SPRINGVILLE IA 52336		50 <sup>-</sup>	<input type="checkbox"/>
"	ID# CK#	REGINA LONG 2545 Grand Ave Marion IA		50	<input type="checkbox"/>
"	ID# CK#	JOYCE HUTCHINS 4494 LOWE LANE CENTRAL CITY IA 52214		50	<input type="checkbox"/>
"	ID# CK#	KATIE MULHOLLAND 2880 SILVER OAK TRL MARION IA		75	<input type="checkbox"/>
SUB-TOTAL				\$ 770	
TOTAL (if last page of this schedule)				\$	

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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)  
**PAZOUR 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
4/18 04	ID# CK#	DIANE McNULTY 916 STAUB CT NE CR IA 52402		\$ 50	<input type="checkbox"/>
4/18	ID# CK#	PAUL REHN 2710 25TH Ave Marion Ia 52302		50	<input type="checkbox"/>
4/18	ID# CK#	PATRICIA HARSTAD 3525 Midway Rd Taddeiville Ia 52341	Cousin	50	<input type="checkbox"/>
4/18	ID# CK#	UNITEMIZED CONTRIBUTIONS		95	<input type="checkbox"/>
4/25	ID# CK#	MICHAEL J CIRA 5477 CIMARON Ct MARION Ia 52302		75	<input checked="" type="checkbox"/>
11	ID# CK#	ELIZABETH BYSE 14968 Buffalo Rd Anamosa Ia		50	<input checked="" type="checkbox"/>
11	ID# CK#	Greg Van Dorp 2140 A AVENUE marion ia		50	<input checked="" type="checkbox"/>
11	ID# CK#	William B HARNISH 1913 1st ave SE CR Ia 52403		40	<input checked="" type="checkbox"/>
11	ID# CK#	Nicholas Wagner 2785 Lorenson Ct Marion Ia		50	<input checked="" type="checkbox"/>
11	ID# CK#	SHARON MURRAY 901 14th St Marion Ia		50	<input checked="" type="checkbox"/>
SUB-TOTAL				\$ 560	
TOTAL (if last page of this schedule)				\$	

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For Instructions, See Back of Form



SCHEDULE <b>A</b> (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)  
**PAZOUR 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
04/25 04	ID# CK#	SHARI A KONAROICE 7326 REVERDRINE CR Ia 52402		\$ 50	<input checked="" type="checkbox"/>
11	ID# CK#	GREGORY HAPGOOD 1180 F ave Mason Ia		50	<input checked="" type="checkbox"/>
	ID# CK#	UNITEMIZED CONTRIBUTIONS		165	<input checked="" type="checkbox"/>
05/14	ID# CK#	WAYNE ENGLE 1220 country club Dr Mason Ia		100	<input type="checkbox"/>
5/14	ID# CK#	UNITEMIZED CONTRIBUTIONS		105	<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				\$ 470	
TOTAL (if last page of this schedule)				\$ 460 <sup>83</sup>	

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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)  
**PAZOUR 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
02/24/04	ID# CK#	FARMERS STATE BANK 1240 8 <sup>TH</sup> AVE MARION 52302	Purchase checks	\$ 15 <sup>75</sup>
4/15	ID# CK# 101	WMT-CLEAR CHANNEL 600 OLD MARION RD NE CR JA 52402	Purchase radio Time	382 <sup>50</sup>
4/15	ID# CK# 102	VIKING OFFICE PLYMOUTH MN 55441	Purchase name Badges & pins	45 <sup>42</sup>
4/15	ID# CK# 103	SIGNS ETC 1111 "I" AVE NE CR JA 52402	magneta vote PAZOUR DECALS	300 <sup>30</sup>
4/19	ID# CK# 104	COTTON GALLERY PO BOX 1111 MARION IA 52302	T Shirts	190 <sup>09</sup>
4/29	ID# CK# 105	KMRY 1957 Blair Farm Rd NE CR JA 52402	Purchase Radio time	339 <sup>00</sup>
05/14	ID# CK# 106	NATIONAL PEN PO BOX 55000 DETROIT MI 48255	Purchase engraved pens	114 <sup>96</sup>
5/14	ID# CK# 107	Manow Times 720 11 <sup>TH</sup> ST MARION IA	Purchase space in local newspaper	90 <sup>-</sup>
SUB-TOTAL				\$ 1478 <sup>02</sup>
TOTAL (if last page of this schedule)				\$ 1478 <sup>02</sup>

**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>D</b> (Rev. 08/98)	INCURRED INDEBTEDNESS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)  
**PAZOUR FOR SUPERVISOR**

NOTE: Debts previously reported that remain unpaid must be included on this Schedule, as well as any new obligations incurred in this period.

**DEBTS/OBLIGATIONS REMAINING THIS REPORTING PERIOD  
(DO NOT INCLUDE LOANS – SHOW LOANS ON SCHEDULE F)**

An "incurred debt" is a debt for goods or services ordered or received, but not paid for by the end of the reporting period, regardless of whether an invoice has been received.

DATE INCURRED (MM/DD/YR)	NAME AND ADDRESS OF PERSON TO WHOM DEBT OR OBLIGATION IS OWED	DESCRIPTION OF GOODS OR SERVICES PROVIDED OR PURCHASED	BALANCE OWED AT CLOSE OF REPORTING PERIOD*
03/27	M. L. PAZOUR PO BOX 382 MARION IA 52302	PROMOTIONAL (PENS)	\$ 161 <sup>78</sup>
03/25	"	POSTAGE - MAILING	111 <sup>00</sup>
3/28	"	SUPPLIES	32 <sup>66</sup>
3/28	"	Labels	10 <sup>43</sup>
3/27	"	POSTAGE - MAILING	74 <sup>-</sup>
4/23	"	Hendouts (PROMOTIONAL)	18 <sup>36</sup>
3/27	"	PROMOTIONAL (PINS)	40 <sup>80</sup>
SUB-TOTAL			\$ 449 <sup>03</sup>
TOTAL DEBTS OWED BY COMMITTEE AT THE END OF THIS REPORTING PERIOD			\$

\*If actual figure is unknown, show "estimated" beside the figure.

Page 1 of 2  
(for Schedule D)

**CANDIDATE COMMITTEES NOTE:**  
\*Incurred indebtedness also includes each person/entity with whom the candidate's committee has entered into a contract during the reporting period for future or continuing performance. Enter the name of the consultant who provides or procures services for items such as advertising, fund-raising, polling, managing, or organizing services. Report on Schedule G the nature of performance and the estimated performance reasonably expected of the consultant.

FOR INSTRUCTIONS, SEE BACK OF FORM

SCHEDULE <b>D</b> (Rev. 08/98)	INCURRED INDEBTEDNESS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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

NOTE: Debts previously reported that remain unpaid must be included on this Schedule, as well as any new obligations incurred in this period.

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(DO NOT INCLUDE LOANS – SHOW LOANS ON SCHEDULE F)**

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DATE INCURRED (MM/DD/YR)	NAME AND ADDRESS OF PERSON TO WHOM DEBT OR OBLIGATION IS OWED	DESCRIPTION OF GOODS OR SERVICES PROVIDED OR PURCHASED	BALANCE OWED AT CLOSE OF REPORTING PERIOD*
4/21	M. L PAZOUR PO BOX 382 MARION IA 52302	FLAGS	\$ 37 <sup>-</sup>
5/10	"	PRINTING	26 <sup>36</sup>
4/23	"	PROMOTIONAL (PENS)	62 <sup>22</sup>
4/25	"	Refreshments	55 <sup>62</sup>
4/23	"	Fabric	12 <sup>56</sup>
3/26	"	Envelopes	32 <sup>66</sup>
SUB-TOTAL			\$ 226.42
<b>TOTAL DEBTS OWED BY COMMITTEE AT THE END OF THIS REPORTING PERIOD</b>			\$ 675.45

\*If actual figure is unknown, show "estimated" beside the figure.

Page 2 of 2  
(for Schedule D)

**CANDIDATE COMMITTEES NOTE:**  
\*Incurred indebtedness also includes each person/entity with whom the candidate's committee has entered into a contract during the reporting period for future or continuing performance. Enter the name of the consultant who provides or procures services for items such as advertising, fund-raising, polling, managing, or organizing services. Report on Schedule G the nature of performance and the estimated performance reasonably expected of the consultant.

FOR INSTRUCTIONS, SEE BACK OF FORM

SCHEDULE <b>E</b> (Rev. 06/97)	IN KIND CONTRIBUTIONS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)  
**PAZOUR FOR SUPERVISOR**

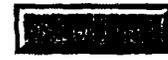


DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
04/25/04	JOHN HUNTINGTON 2805 WINCHESTER DR MARION IA 52302		MEETING ROOM	\$ 375	<input checked="" type="checkbox"/>
"	BRYAN GOODWIN 1022 ASHFORD DR NE CEDAR RAPIDS IA 52402		FOOD	150	<input checked="" type="checkbox"/>
"	TODD MYERS 3207 1ST AVE SE CEDAR RAPIDS IA 52402		REFRESHMENTS	(72) 72	<input checked="" type="checkbox"/>
"	JAN DOWDALL 1495 DOUGLAS CT MARION IA		MUSIC	250	<input checked="" type="checkbox"/>
"	JOHN DOWDALL 1495 DOUGLAS CT MARION IA		MUSIC	250	<input checked="" type="checkbox"/>
4	UNIDENTIFIED CONTRIBUTORS			165	<input type="checkbox"/>
5/15/04	WILLIAM HARNISS 1513 1ST AVE SE CEDAR RAPIDS IOWA		USE OF vehicle	180	<input checked="" type="checkbox"/>
5/12	JENNIE DYE 905 S 6TH MARION IA		COOKIES	21	<input checked="" type="checkbox"/>
<del>04/25/04</del>	<del>Cheryl Matias 3500 STONARD Springfield IA 52386</del>				<input type="checkbox"/>
					<input type="checkbox"/>

SUB-TOTAL \$ 1298  
TOTAL (if last page of this schedule) \$ 1298

\*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.

COMMITTEE NAME (Must be same as on Statement of Organization)  
**PAZOUR FOR SUPERVISOR**



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

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

TOTAL UNPAID LOANS FROM LAST REPORTING PERIOD \$ 0

**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.)

**PART II - MONETARY LOAN REPAYMENTS MADE THIS REPORTING PERIOD**  
 (Loans forgiven must be reported on Schedule E -- In-kind Contributions.)

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, if Applicable)	RELATIONSHIP TO CANDIDATE (If Applicable*)	AMOUNT OF LOAN
02/11/2004	M. L. PAZOUR PO BOX 382 MARION IA 52302		\$ 600 <sup>00</sup>

DATE PAID (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, if Applicable)	RELATIONSHIP TO CANDIDATE* (If Applicable)	AMOUNT REPAYED
			\$

TOTAL (PART I) \$ 600<sup>00</sup>

TOTAL CASH REPAYMENTS (PART II) \$ 0  
 From Schedule E -- TOTAL LOANS FORGIVEN \$ 0  
 TOTAL OUTSTANDING LOANS END OF REPORT PERIOD \$ 600<sup>00</sup>

\*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.