

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

FORM DR-2 (Rev. 07/2003)	DISCLOSURE REPORT
For Office Use Only	
Comm # <u>17549</u>	
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:

(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 Indep.

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

Ann P. Lewis **SIGNATURE OF TREASURER** (or person filing this report)

319-377-9405 **TELEPHONE**

10-14-04 **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 9/19/04 REPORT FOR AN/A (1) ELECTION/(2) NON-ELECTION YEAR.
(report date) Indicate one

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 _____

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.) \$ 2300.10

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below) 2356.00

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 \$ 4656.10

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below).... 3448.11

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) \$ 1207.99

**UNPAID BILLS (From Schedule D - Attach Schedule D)..... \$ 1847.82

*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E) \$ 100.00

**OUTSTANDING LOANS (From Schedule F - Attach Schedule F) \$ 600.00

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



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)
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
8/13/04	ID# CK#	Morris Neighbor 2310 Empire St., Marion, IA 52302		\$ 250-	<input type="checkbox"/>
	ID# CK#	Douglas Neighbor 3373 Lafayette Rd. Alburnett, IA 52202		\$ 500-	<input type="checkbox"/>
	ID# CK#	Charles Kress 2745 Heather View Cir. Marion IA 52302		\$ 26-	<input type="checkbox"/>
	ID# CK#	Duane A. Schmiel DDS 1103 B Ave Vinton IA 52349		\$ 50-	<input type="checkbox"/>
	ID# CK#	Eric Hender 345 34th St. SE Cedar Rapids IA 52403		\$ 50-	<input type="checkbox"/>
	ID# CK#	Bess Mc Cann 9110 Sunset Ave Fair Oaks CA 95628	AUNT	\$ 50-	<input type="checkbox"/>
	ID# CK#	Bert Kartz 111 Cottage Grove Ave SE Cedar Rapids IA 52403		\$ 150-	<input type="checkbox"/>
	ID# CK#	Unitemized contributions		\$ 35-	<input type="checkbox"/>
8/30/04	ID# CK#	William Copper 2435 Daleview Dr. Marion IA 52302		\$ 100-	<input type="checkbox"/>
	ID# CK#	Amy Olson 4138 Willowbrook Dr. Marion IA 52302		\$ 100-	<input type="checkbox"/>

SUB-TOTAL

\$1311-

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	MONETARY RECEIPTS
(Rev. 07/03)	
<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)

Pazarc 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
8/30/04	ID# CK#	Robert D. Copper Revocable Trust 2265 Delevue Dr. Marion IA 52302		\$ 150 ⁻	<input type="checkbox"/>
	ID# CK#	Mrs. R. J. Dabber 5770 Woodbridge Crest Marion IA 52302		100 ⁻	<input type="checkbox"/>
	ID# CK#	Sara J. Fishel 6207 N 10 th St Marion IA 52302		50 ⁻	<input type="checkbox"/>
	ID# CK#	John Schlotterback 760 12 th St Marion IA 52302		50 ⁻	<input type="checkbox"/>
	ID# CK#	Unitemized Contributions		50 ⁻	<input type="checkbox"/>
10/14/04	ID# CK#	Paul Drape 4670 Fairways Et. Marion IA 52302		50 ⁻	<input type="checkbox"/>
	ID# CK#	Paul Rehn 2710 25 th Ave Marion IA 52302		50 ⁻	<input type="checkbox"/>
	ID# CK#	unitemized contributions		45 ⁻	<input type="checkbox"/>
8/5/04	ID# CK#	Steven Eyanson 380 S Tans St SE Cedar Rapids IA 52403		100 ⁻	<input type="checkbox"/>
	ID# CK#	Wayne Engle PO Box 708 Marion IA 52302		200 ⁻	<input type="checkbox"/>

SUB-TOTAL

\$ 845⁻

TOTAL (if last page of this schedule)

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* * * Error Report (Oct.19. 2004 7:29AM) * * *

1)
2)

File No.	User Code	Destination	Mode	Time	Page	Result
0429		Fax	G3RD	0'54"	P. 2	E

Page not received

Quick Service Code

P. 2

22-01

: Batch
M : Memory
S : Standard
V : Reduction

C : Confidential
L : Send later
D : Detail
H : Stored/D.Server

\$: Transfer
@ : Forwarding
F : Fine
* : PC Fax

P : Polling
E : ECM
U : Super Fine
: Remote Print

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)
Pagers 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.

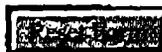
CAUTION: Section 68B.32A(6), Iowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

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
8/5/04	ID# CK#	Kevin McCann 1215 E 425 S Knox IN 46534		\$50 ⁻	<input type="checkbox"/>
9/14/04	ID# CK#	Jim & Sue Dyer 615 Miller Ave Dr. SW Cedar Rapids IA 52404		100 ⁻	<input type="checkbox"/>
	ID# CK#	Louis Stark 2235 Plymouth St. Marion IA 52302		50 ⁻	<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"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL 200⁻
TOTAL (if last page of this schedule) 2356⁻

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FOR INSTRUCTIONS, SEE BACK OF 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)
Pazour-Poc 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
8/13/04	ID# CK# 1017	Lamar Companies PO Box 96030 Baton Rouge LA 70804	Billboard Advertising	\$2560
10/14/04	ID# CK# 1018	Gazette 500 3rd Ave SE Cedar Rapids IA 52402	Political Ad	351.78
9/3/04	ID# CK# 1015	Signs Etc. 1161 "I" Ave NE Cedar Rapids IA 52402	Bumper Decals	224.49
9/13/04	ID# CK# 1016	Mendra's 4601 15th Ave Cedar Rapids IA 52403	Plywood for Parade Entry	311.84
	ID# CK#			
SUB-TOTAL				\$
TOTAL (if last page of this schedule)				\$3448.11

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

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

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

**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*
06/17/2004	M. L. Pazour P.O. Box 382 Macon LA 52302	Promotional - pens, hats, flags	\$ 207.62
3/27/04	"	Promotional - pens	161.78
3/25/04	"	Postage - mailing	111.00
3/28/04	"	Supplies	32.64
3/28/04	"	Labels	10.43
3/27	"	Postage	74.00
4/23	"	Handouts - Promo	18.36
3/27	"	Promo - pins	46.80
SUB-TOTAL			\$ 656.65
TOTAL DEBTS OWED BY COMMITTEE AT THE END OF THIS REPORTING PERIOD			\$

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

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

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

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

**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*
9/1/04	M. L. Pazzou P. O. Box 392 Marion IA 52302	Web site develop. w/Tim Hicks	\$ 114.39
9/10/04	"	City of Marion - Parade Entry fee	20.00
7/30/04	"	Service Press Flyers	23.10
7/29/04	"	Insta Print Copying	26.22
8/14/04	"	Oriental Trading Co. Promo Items	61.61
SUB-TOTAL			\$ 215.32
TOTAL DEBTS OWED BY COMMITTEE AT THE END OF THIS REPORTING PERIOD			\$

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

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 D (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*
9/27/04	M L Pazour P.O. Box 382 Marion IA 52302	Marion Times - promo materials to be mailed w/newspaper	\$ 225 -
	"	Marion Times - Advertising	92 -
9/10/04	"	Lamar Advertising - Poster Production	560 -
7/1/04	"	WVee - Candy for Parade	30.85
4/2/04	"	Post Office Box Rent	38.00
SUB-TOTAL			\$ 945.85
TOTAL DEBTS OWED BY COMMITTEE AT THE END OF THIS REPORTING PERIOD			\$ 1547.80

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

Page 3 of 3
(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 C the nature of performance and the estimated performance reasonably expected of the consultant.

FOR INSTRUCTIONS, SEE BACK OF FORM

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



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
9/1/04	Tim Hicks 3600 McGowan Blvd Marion IA 52302		website development	\$ 100-	<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				\$ 100-	
TOTAL (if last page of this schedule)				\$ 100-	

*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.

P:11'11

TO:15152813701

OCT-18-2004 06:23P FROM:Fishe1 and Hoskins L 319-377-9406

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

SCHEDULE F (Rev. 07/33)	LOANS RECEIVED & REPAID
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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

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

TOTAL UNPAID LOANS FROM LAST REPORTING PERIOD \$ 600 -

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
			\$

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 \$ 600 -

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