

DISCLOSURE SUMMARY PAGE

Reset Form

Lucas

| | |
|------------------------------------|-------------------|
| FORM DR-2 (Rev. 07/2004) | DISCLOSURE REPORT |
| For Office Use Only | |
| Comm. # <u>17615</u> | |
| Logged In _____ | |
| Scanned _____ | |
| Computer _____ | |
| Audited _____ | |

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

MASTERS FOR AUDITOR

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)County Candidate (7)School Board or Other
 Political Subdivision Candidate (8)County PAC (9)Candidate (10)School Board or Other Political
 Subdivision PAC (11) Local Ballot Issue

CANDIDATE COMMITTEES ONLY

Candidate Name
JULIE L. MASTERS

Office Sought
COUNTY AUDITOR

Political Party (if applicable)
REPUBLICAN

District (if Senate or House)

FILED
DISCLOSURE REQUIRED
OCT 18 2004

Late reports are subject to possible civil and criminal penalties.

Helen Allen
SIGNATURE OF PERSON FILING REPORT

641-766-6445
TELEPHONE

10/15/2004
DATE SIGNED

I AM FILING A OCTOBER 19, 2004 REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR.
(report date) 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
NOVEMBER 2, 2004

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

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.) \$ 24.60

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below) 200.00

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 \$ 224.60

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below).... 84.80

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) \$ 139.80

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

***IN KIND CONTRIBUTIONS** (From Schedule E - Attach Schedule E) \$ 272.93

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

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 A (Rev. 07/03) | MONETARY RECEIPTS |
| <input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM | |

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

MASTERS FOR AUDITOR

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 |
|--|--|---|--|-----------------|-----------------------------|
| 09/07/04 | ID# CK# | JULIE L. MASTERS P O BOX 62 219 PRAIRIE AVE DERBY, IA 50068 | SELF | \$50.00 | <input type="checkbox"/> |
| 09/30/04 | ID# CK# | JULIE L. MASTERS P O BOX 62 219 PRAIRIE AVE DERBY, IA 50068 | SELF | 150.00 | <input type="checkbox"/> |
| | ID# CK# | | | | <input type="checkbox"/> |
| | ID# CK# | | | | <input type="checkbox"/> |
| | ID# CK# | | | | <input type="checkbox"/> |
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| | ID# CK# | | | | <input type="checkbox"/> |
| | ID# CK# | | | | <input type="checkbox"/> |
| SUB-TOTAL | | | | \$ 200.00 | |
| TOTAL (if last page of this schedule) | | | | \$ 200.00 | |

* 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

Reset 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)*
 MASTERS FOR AUDITOR

| 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 |
|--|---|---|-----------------------------------|-----------------|
| 09/30/04 | ID# CK# | SCREEN TECH 319 ALBIA ROAD CHARITON, IA 50049 | T-SHIRTS | \$ 84.80 |
| | ID# CK# | | | |
| SUB-TOTAL | | | | \$ 84.80 |
| TOTAL (if last page of this schedule) | | | | \$ 84.80 |

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)
 MASTERS FOR AUDITOR

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| | |
|---|--------------------------|
| 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 |
|---------------------------------------|---|---|-------------------------------------|-----------------------------|-----------------------------------|
| 08/13/04 | DOYLE MASTERS P O BOX 62 219 PRAIRIE AVE DERBY, IA 50068 | HUSBAND | T-SHIRTS | \$ 217.83 | <input type="checkbox"/> |
| 08/30/04 | JULIE L. MASTERS P O BOX 62 219 PRAIRIE AVE DERBY, IA 50068 | SELF | CANDY FOR PARADE | 15.76 | <input type="checkbox"/> |
| 09/12/04 | JULIE L. MASTERS P O BOX 62 219 PRAIRIE AVE DERBY, IA 50068 | SELF | CANDY FOR PARADE | 15.76 | <input type="checkbox"/> |
| 10/01/04 | JULIE L. MASTERS P O BOX 62 219 PRAIRIE AVE DERBY, IA 50068 | SELF | CANDY FOR PARADE | 23.58 | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> |
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| | | | | | <input type="checkbox"/> |
| SUB-TOTAL | | | | \$ 272.93 | |
| TOTAL (if last page of this schedule) | | | | \$ 272.93 | |

*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.