

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

Reset Form

Madison

FORM DR-2 (Rev. 07/2003)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	<u>17709</u>
Logged In	
Scanned	
Computer	
Audited	

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

Snyder for Auditor

IMPORTANT: Indicate type of committee you are reporting for: 5

(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: **ADVISORS & CAMPAIGN DISCLOSURE REQUIRED**

Candidate Name: Josephine R Snyder Political Party: Republican
Office Sought: Auditor District: 1 of Senate or House

Josephine R Snyder 575 462-3682 10/18/04
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 October 19 REPORT FOR AN/A (1) ELECTION / (2) NON-ELECTION YEAR.
(report date) Indicate one 1

CHECK IF AMENDMENT TO REPORT DATED October 19
signed on 10/17/04

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

Madison

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.)	\$	<u>762.54</u>
ADD TOTAL MONEY TAKEN IN THIS PERIOD		
Schedule A: Cash Contributions total (Attach Schedule A) (**also see in-kind below)		<u>155.00</u>
Schedule F: Loans Received total (Attach Schedule F)		<u>—</u>
Schedule H: Total Sales of Campaign Property (Attach Schedule H)		<u>—</u>
(Schedule H applies to Candidates' Committees Only)		
SUB-TOTAL	\$	<u>917.54</u>
SUBTRACT TOTAL MONEY SPENT THIS PERIOD		
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)		<u>818.72</u>
Schedule F: Loan Repayments total (Attach Schedule F)		<u>—</u>
CASH ON HAND at the end of this reporting period (if final report, balance must be zero) (Attach DR-3)	\$	<u>98.82</u>
**UNPAID BILLS (From Schedule D - Attach Schedule D)	\$	<u>—</u>
**IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)	\$	<u>—</u>
**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)	\$	<u>315.00</u>
CANDIDATE COMMITTEES ONLY:		
CONSULTANT BREAKDOWN (Schedule G Attached?)		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)	\$	<u>—</u>

For Instructions, See Back of Form

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SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input checked="" 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)
Snyder 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
7/18/04	ID# CK#	Dane Sawyer 1667 95th St Winterset IA 50273		\$ 30 ⁰⁰	<input type="checkbox"/>
7/24/04	ID# CK#	Jim Smith PO Box 312 Winterset IA 50273		25 ⁰⁰	<input type="checkbox"/>
7/28/04	ID# CK#	Tom Beeler 2075 Kiowa Ave Winterset IA 50273		25 ⁰⁰	<input type="checkbox"/>
7/28/04	ID# CK#	Anonymous Donor		20 ⁰⁰	<input type="checkbox"/>
9/5/04	ID# CK#	Barb LaGrange 708 W Jefferson Winterset IA 50273		5 ⁰⁰	<input type="checkbox"/>
9/5/04	ID# CK#	Nancy Duncan 2571 St Charles Rd Winterset IA 50273		25 ⁰⁰	<input type="checkbox"/>
10/7/04	ID# CK#	Cindy Daggott 2253 Carver Rd Winterset IA 50273		25 ⁰⁰	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL
\$ 155⁰⁰
TOTAL (if last page of this schedule)
\$ 155⁰⁰

* 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.

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EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input checked="" 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)
Snyder 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
7/16/04	ID# CK# 107	Postmaster Winterset, IA 50273	Postage for thank yous	\$ 5.98
7/30	ID# CK# 108	Postmaster Winterset IA 50273	Postage for thank yous & Postcards Advertising	11.50
8/11	ID# CK# 109	Office Max 5020 SE 14th St Des Moines, IA 50320	Paper for brochures	10.59
8/23	ID# CK# 110	Donahue 11205 Helber Road Logan Ohio 43138	Signs	643.95
9/8	ID# CK# 111	Walmart 42764 Altona, IA	spray paint, zip ties for signs	18.21
9/24	ID# CK# 112	State of Iowa 570 E 12th Suite 1A Des Moines, IA 50319	Anonymous Donor	20.00
10/6	ID# CK# 113	Susan Cutler 429 4th St West Des Moines 50265	Parade Candy	28.57
10/7	ID# CK# 114	Jo Snyder (Sant's Club) 1541 Cherry Tr Rimbach Winterset, IA 50273	Parade Candy	25.38
SUB-TOTAL				\$ 764.12
TOTAL (if last page of this schedule)				\$

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).)

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EXPENDITURES – MONEY SPENT FROM COMMITTEE ACCOUNT

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<input checked="" 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)
Snyder 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
<i>10/11/04</i>	ID# CK#	<i>Shopper PO Box 28 Winterset, IA 50273</i>	<i>Advertising for Soup Supper</i>	<i>\$ 54.60</i>
	ID# CK#			
SUB-TOTAL				<i>\$ 54.60</i>
TOTAL (If last page of this schedule)				<i>\$</i>

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)(f).)

(for Schedule B)

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

SCHEDULE F (Rev. 07/03)	LOANS RECEIVED & REPAID
<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 \$ _____

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
6/4/04	Josephine Snyder 1541 Quarry Trail Winterset, IA 50273	Self	\$ 315 ⁰⁰

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

TOTAL (PART I) \$ 315⁰⁰

TOTAL CASH REPAYMENTS (PART II) \$ _____
 From Schedule E - TOTAL LOANS FORGIVEN \$ _____
 TOTAL OUTSTANDING LOANS END OF REPORT PERIOD \$ 315⁰⁰

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