

Madison

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

Reset Form

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

Candidate Name: Josephine R Snyder Political Party: Repub'can

Office Sought: Auditor DEC 31 2004 District (if Senate or House): _____

Josephine R Snyder
 SIGNATURE OF TREASURER (or person filing this report)

515.462.3682
 TELEPHONE

12/31/04
 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 12/31/04 REPORT FOR AN/A (1) ELECTION / (2) NON-ELECTION YEAR.
 (report date) Indicate one 1

CHECK IF AMENDMENT TO REPORT DATED _____

Local Committees, enter Date of Election
County & Local Committees, enter County in which Election is held
<u>Madison</u>

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.)

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>98.82</u>
ADD TOTAL MONEY TAKEN IN THIS PERIOD		
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)		<u>455.00</u>
Schedule F: Loans Received total (Attach Schedule F)		<u> </u>
Schedule H: Total Sales of Campaign Property (Attach Schedule H)		<u> </u>
<i>(Schedule H applies to Candidates' Committees Only)</i>		
SUB-TOTAL	\$	<u>553.82</u>
SUBTRACT TOTAL MONEY SPENT THIS PERIOD		
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)		<u>449.63</u>
Schedule F: Loan Repayments total (Attach Schedule F)		<u>104.19</u>
CASH ON HAND at the end of this reporting period (if final report, balance must be zero) (Attach DR-3)	\$	<u>- 0 -</u>
UNPAID BILLS (From Schedule D - Attach Schedule D)	\$	<u> </u>
IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)	\$	<u>270.81</u>
OUTSTANDING LOANS (From Schedule F - Attach Schedule F)	\$	<u> </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 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(8), 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
10/15/04	ID# CK#	Soup Supper		\$ 125.00	<input checked="" type="checkbox"/>
10/15/04	ID# CK# 1400	Jodi Tymoson 1524 Hwy 169 Winterset IA 50273		20 ⁰⁰	<input checked="" type="checkbox"/>
10/15/04	ID# CK# 9680	Wanda Lohr 706 N 112 Ave Winterset, IA 50273		20 ⁰⁰	<input checked="" type="checkbox"/>
10/15/04	ID# CK# 7611	Arlene White 603 E South St Winterset IA 50273		20 ⁰⁰	<input checked="" type="checkbox"/>
10/21/04	ID# CK# 7255	Marie Brant 2877 332 ND St Truro, IA 50257		25 ⁰⁰	<input checked="" type="checkbox"/>
10/22/04	ID# CK# 2491	Mary Austin 2423 Willow Bend St Charles, IA 50240		15 ⁰⁰	<input checked="" type="checkbox"/>
10/28/04	ID# CK# 10355	Sherel Feux 2999 SHAWY 92 Winterset, IA 50273		25 ⁰⁰	<input type="checkbox"/>
10/30/04	ID# CK# 22159	Republican Party of Iowa 621 E 9th St Des Moines, IA 50309		150 ⁰⁰	<input type="checkbox"/>
11/8/04	ID# CK#	Kanelle Beitz 912 N 6th Ave Cir Winterset, IA 50273		25 ⁰⁰	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

\$ 455.00

TOTAL (If last page of this schedule)

\$ 455.00

* 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.

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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)

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
10/15/04	ID# CK# 115	St Joseph 617 Green Winterset, IA 50273	Hall Rental for Soup Supper	\$ 25.00
10/22	ID# CK# 116	Walmart	Paper for Brochures	9.13
11/5	ID# CK# 117	Winterset Madisonian	Ads - Newspaper	97.09
11/5	ID# CK# 118	The Shopper	Ads - Newspaper	258.21
11/18	ID# CK# 119	The Shopper	Newspaper Ad	18.20
11/16	ID# CK# 120	Earlham Advocate	Newspaper Ad	42.00
	ID# CK#			
	ID# CK#			

SUB-TOTAL \$ 449.63

TOTAL (if last page of this schedule) \$ 449.63

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).)

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

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

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

TOTAL UNPAID LOANS FROM LAST REPORTING PERIOD \$ 315.00

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
			\$

DATE PAID (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE* (If Applicable)	AMOUNT REPAY
12/9/04	Josephine Snyder 1541 Quarry Trl Winterset IA 50273	Self	\$ 104.19

TOTAL (PART I) \$ _____

TOTAL CASH REPAYMENTS (PART II) \$ 104.19

From Schedule E - TOTAL LOANS FORGIVEN \$ 210.81

TOTAL OUTSTANDING LOANS END OF REPORT PERIOD \$ _____

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