

Madison

DISCLOSURE SUMMARY PAGE

FORM DR-2 (Rev. 01/98)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	<u>17757</u>
Indexed	_____
Audited	_____
Computer	_____

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

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
 (8)Support Slate of Candidates

Joseph Kooker
 SIGNATURE OF TREASURER (or person filing this report) TELEPHONE DATE SIGNED 10/18/04

Routine Penalties Due For Late Filed Reports Range from \$20 to \$800

SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE:

I AM FILING A Oct. 19, 2004 REPORT FOR AN/A (1) ELECTION / (2) NON-ELECTION YEAR.
 (report date) Indicate one 1

CHECK IF AMENDMENT TO REPORT DATED OCT 22 2004
PM 10:18:04

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
Nov 2, 2004
 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>0.00</u>
ADD TOTAL MONEY TAKEN IN THIS PERIOD		
Schedule A: Cash Contributions total (Attach Schedule A)		<u>2466.00</u>
Schedule F: Loans Received total (Attach Schedule F)		<u>500.00</u>
Schedule H: Total Sales of Campaign Property (Attach Schedule H)		_____
(Schedule H applies to Candidates' Committees Only)		
	SUB-TOTAL	\$ <u>2966.00</u>
SUBTRACT TOTAL MONEY SPENT THIS PERIOD		
Schedule B: Expenditures total (Attach Schedule B)		<u>2469.26</u>
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)	\$	<u>496.74</u>

UNPAID BILLS (From Schedule D - Attach Schedule D)	\$	_____
IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)	\$	_____
OUTSTANDING LOANS (From Schedule F - Attach Schedule F)	\$	<u>S/B \$500</u>

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

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 06/97)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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

Welch 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
8/9/04	ID# CK# 1678	Mahison Co Democrats PO Box 184 Winterset Ia 50273		\$ 500 ⁰⁰	
8/9/04	ID# CK#	Unitemized Cash		100 ⁰⁰	
8/19/04	ID# CK#	Robert Cooper PO Box 329 Winterset Ia 50273		200 ⁰⁰	
8/19/04	ID# CK#	Lewis McLaughlin 3272 - 14050 Cumming Ia 50061		10 ⁰⁰	
8/19/04	ID# CK#	Lorraine Kile 520 W Benton Winterset Ia 50273		25 ⁰⁰	
8/19/04	ID# CK#	Evonelle Whitworth 215 S 4th St Winterset Ia 50273		25 ⁰⁰	
8/19/04	ID# CK#	Wilma Jordan 314 Florence Ave Peru Ia 50272		50	
8/19/04	ID# CK#	Wendy Orr 1612 W Summit Winterset Ia 50273		500 ⁰⁰	
8/26/04	ID# CK#	Unitemized Cash		15 ⁰⁰	
8/27/04	ID# CK#	John La Hette 2907 State Hwy 92 Winterset Ia 50273		50 ⁰⁰	

SUB-TOTAL

\$ 1475⁰⁰

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) (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.

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 06/97)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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

Watch 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.

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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
9/26/04	ID# CK#	Mary Lou Foley 2675 Mill of the River Ave Winterset Ia 50273		\$ 65 ⁰⁰	✓
9/26/04	ID# CK#	Bill T Duplow 551 Long St Patterson Ia 50218		41 ⁰⁰	✓
9/26/04	ID# CK#	Unitemized Check Contribution		335 ⁰⁰	✓
9/27/04	ID# CK#	John Cassidy 3379 - 190 St Pace Ia 50229		50 ⁰⁰	
9/27/04	ID# CK#	Unitemized Contribution		100 ⁰⁰	
	ID# CK#				

SUB-TOTAL

\$ 591⁰⁰

TOTAL (if last page of this schedule)

\$ 2466⁰⁰

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SCHEDULE B (Rev. 09/97)	MONETARY EXPENDITURES
	<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

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)
Welch 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
8/9/04	ID# CK# —	7+M Bank 101 W Jefferson Winterset Ia 50273	New checks	\$ 5 ⁰⁰
8/11/04	ID# CK# 0102	Postmaster 120 n 2 Ave Winterset Ia 50273	Postage	192 ⁴⁰
8/13/04	ID# CK# 0102	Donahue PO Box 734 Logan OH 43138	Yard Signs	627 ⁹⁵
8/19/04	ID# CK# 0103	Grassroots Counseling 837 - 41 St Des Moines Ia 50312	Political Help	500 ⁰⁰
8/29/04	ID# CK# 104	Carter Printing 1739 E Grand Ave Des Moines Ia 50316	Political Hand-Outs	508 ⁸⁰
9/9/04	ID# CK# 105	Carter Printing 1739 E Grand Ave Des Moines Ia 50316	Brochures	233 ²⁰
9/23/04	ID# CK# 106	Dollar General 818 N QW Drive Winterset Ia 50273	Paper Products for fundraiser	\$ 84 ³⁵
9/25/04	ID# CK# 107	Fareway 101 E Jefferson Winterset Ia 50273	Ice Cream for fundraiser	\$ 12 ⁵⁶
SUB-TOTAL				\$ 2088 ²⁶
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 56.6(3)(i).)

FOR INSTRUCTIONS, SEE BACK OF FORM

SCHEDULE B (Rev. 09/97)	MONETARY EXPENDITURES
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EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

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CHECK THIS BOX IF AMENDING FORM

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Welch 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>10/4/04</i>	ID# CK# <i>108</i>	<i>Secretary of State Hoover Bldg Des Moines IA</i>	<i>Voter list</i>	\$ <i>11</i> ⁰⁰
<i>14/4/04</i>	ID# CK# <i>109</i>	<i>Postmaster 120 N 2 Ave Wentworth IA 50273</i>	<i>Postage for mailing</i>	<i>370</i> ⁰⁰
	ID# CK#			

SUB-TOTAL \$ *381*⁰⁰

TOTAL (if last page of this schedule) \$ *2469*²⁶

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 56.6(3)(i).)

SCHEDULE F (Rev. 08/96)	LOANS RECEIVED & REPAID
	<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM

COMMITTEE NAME (Must be same as on Statement of Organization)
Welch 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 \$ _____

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
8/9/04	Joan Welch 1612 W Summit Winterport, Ia 50273	Self	\$500

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) \$ 0

From Schedule E -- TOTAL LOANS FORGIVEN \$ _____

TOTAL OUTSTANDING LOANS END OF REPORT PERIOD \$ 500

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