

Marion

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

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FORM DR-2 (Rev. 07/2003) DISCLOSURE REPORT For Office Use Only Comm. # 17636

COMMITTEE NAME (Must be same as on Statement of Organization) Committee To Elect Mater County Supervisor IMPORTANT: Indicate type of committee you are reporting for: 4

CANDIDATE COMMITTEES ONLY: Candidate Name Dwight A. Mater Political Party Republican Office Sought County Supervisor District (if Senate or House)

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 July 19 REPORT FOR AN/A (1) ELECTION / (2) NON-ELECTION YEAR. (report date) Indicate one 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 Notice of Dissolution is filed.)

Local Committees, enter Date of Election 11-02-04 County & Local Committees, enter County in which Election is held Marion

STATEMENT OF CASH ON HAND

Table with columns for description and amount. Rows include: CASH ON HAND at the beginning of the reporting period (\$304.78), ADD TOTAL MONEY TAKEN IN THIS PERIOD (Schedule A: 1120.00, Schedule F: 1000.00), SUB-TOTAL (\$2424.78), SUBTRACT TOTAL MONEY SPENT THIS PERIOD (Schedule B: 2117.59), CASH ON HAND at the end of this reporting period (\$307.19), \*\*UNPAID BILLS (\$0.00), \*\*IN KIND CONTRIBUTIONS (\$1000.00), \*\*OUTSTANDING LOANS (\$1000.00), CANDIDATE COMMITTEES ONLY: CONSULTANT BREAKDOWN (Schedule G Attached?), VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

YES NO

For Instructions, See Back of Form

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SCHEDULE <b>A</b> (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)  
Committee To Elect Mater County 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
05-17-04	ID# CK#	John Burnett 915 Highway 92 Knoxville, IA 50138		\$10.00	<input type="checkbox"/>
05-17-04	ID# CK#	Steve Mott 211 2nd Street Knoxville, IA 50138		25.00	<input type="checkbox"/>
05-17-04	ID# CK#	Lisa Holst 401 E. Robinson Street Knoxville, IA 50138		50.00	<input type="checkbox"/>
05-19-04	ID# CK#	George Andrew 505 S. Park Lane Drive Knoxville, IA 50138		50.00	<input type="checkbox"/>
05-19-04	ID# CK#	Dick Dircks 1102 E. Competine Street, #104 Knoxville, IA 50138		10.00	<input type="checkbox"/>
05-19-04	ID# CK#	Mel A. Suhr 1319 Levin Drive Knoxville, IA 50138		100.00	<input type="checkbox"/>
05-19-04	ID# CK#	Ned K. Job P. O. Box "C" Knoxville, IA 50138		100.00	<input type="checkbox"/>
05-19-04	ID# CK#	Davis L. Folkers 126 Skyline Drive Knoxville, IA 50138		100.00	<input type="checkbox"/>
05-21-04	ID# CK#	Kirk Leonard 710 Hallmark Rond Pella, IA 50219		100.00	<input type="checkbox"/>
05-21-04	ID# CK#	Steven Gould 1103 McKimber Drive Knoxville, IA 50138		50.00	<input type="checkbox"/>
<b>SUB-TOTAL</b>				\$ 595.00	
<b>TOTAL (if last page of this schedule)</b>				\$	

\* 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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SCHEDULE <b>A</b> (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)  
Committee To Elect Mater County Supervisor

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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
05-21-04	ID# CK#	David Bailey 2164 Highway 5 Bussey, IA 50044		\$20.00	<input type="checkbox"/>
05-26-04	ID# CK#	Dwight A. Mater III 248 Stanton Court, E. Buffalo Grove, IL 60089	Son	200.00	<input type="checkbox"/>
05-27-04	ID# CK#	J. Mark DeCook 1349 Northwest Drive Pella, IA 50219		100.00	<input type="checkbox"/>
05-27-04	ID# CK#	Pat Myers 455 Jesup Pleasantville, IA 50225		30.00	<input type="checkbox"/>
06-04-04	ID# CK#	Barry L. Griffith 109 N. 3rd Street Knoxville, IA 50138		50.00	<input type="checkbox"/>
06-08-04	ID# CK#	Bob Dralle 1314 Woodland Drive Knoxville, IA 50138		50.00	<input type="checkbox"/>
06-12-04	ID# CK#	Dan McKay P. O. Box 151 Knoxville, IA 50138		25.00	<input type="checkbox"/>
07-03-04	ID# CK#	Dee Mater Heuschele 408 Clearview Court Lake Villa, IL 60046	Daughter	50.00	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
<b>SUB-TOTAL</b>				\$ 525.00	
<b>TOTAL (if last page of this schedule)</b>				\$ 1120.00	

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**EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT**

SCHEDULE <b>B</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)  
Committee To Elect Mater County Surpervisor

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
05-19-04	ID# CK#	Knoxville Journal-Express P.O. Box 458 Knoxville, IA 50138	Newspaper Ads	\$ 255.92
05-21-04	ID# CK#	Hometown News 301 E. Main Street Knoxville, IA 50138	Newspaper Ads	80.00
05-21-04	ID# CK#	McKinley, Inc. 315 7th Street Chariton, IA 50049	Yard Signs	1367.43
06-04-04	ID# CK#	KNIA-KRLS P. O. Box 31 Knoxville, IA 50138	Radio Ads	145.50
06-07-04	ID# CK#	McKinley, Inc. 315 7th Street Chariton, IA 50049	Magnetic Car Signs	181.78
06-11-04	ID# CK#	Knoxville Journal-Express P. O. Box 458 Knoxville, IA 50138	Newspaper Ad	70.96
06-11-04	ID# CK#	Town Crier 810 E. 1st Street Pella, IA 50219	Newspaper Ad	16.00
	ID# CK#			
<b>SUB-TOTAL</b>				\$
<b>TOTAL (if last page of this schedule)</b>				\$ 2117.59

**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).)

Reset Form

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

**COMMITTEE NAME** (Must be same as on Statement of Organization)  
Committee To Elect Mater County Supervisor

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

**TOTAL UNPAID LOANS FROM LAST REPORTING PERIOD** \$ 0.00

**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
05-20-04	Brenda D. Mater 1320 Woodland Drive Knoxville, IA 50138	Wife	\$ 1000.00

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)** \$ 1000.00

**TOTAL CASH REPAYMENTS (PART II)** \$ \_\_\_\_\_  
**From Schedule E -- TOTAL LOANS FORGIVEN** \$ \_\_\_\_\_  
**TOTAL OUTSTANDING LOANS END OF REPORT PERIOD** \$ 1000.00

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