

DISCLOSURE SUMMARY PAGE

Reset Form

Marion

FORM DR-2 (Rev. 07/2004)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	<u>17691</u>
Logged In	<u>SM</u>
Scanned	
Computer	<u>SM</u>
Audited	

COMMITTEE NAME (Must be same as on Statement of Organization)
Jerry Weldon for Supervisor

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

CANDIDATE COMMITTEES ONLY:

Candidate Name: Jerry Weldon Political Party (if applicable): Democrat
 Office Sought: Marion Co. Supervisor District (if Senate or House): _____

FILED JAN 11 2005

Late reports are subject to possible civil and criminal penalties.

James C. Van Haaften
SIGNATURE OF PERSON FILING REPORT

641-628-4612
TELEPHONE

1-7-05
DATE SIGNED

I AM FILING A January 19 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 <u>11-2-04</u>
County & Local Committees, enter County in which Election is held <u>Marion</u>

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.) \$ 135.57

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below) \$ 1,130.00

Schedule F: Loans Received total (Attach Schedule F) \$ 590.99

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL \$ 1,856.56

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below) \$ 1,265.57

Schedule F: Loan Repayments total (Attach Schedule F) \$ 590.99

CASH ON HAND at the end of this reporting period (if final report balance must be zero) (Attach DR-3) \$ 0

**UNPAID BILLS (From Schedule D - Attach Schedule D) \$ 0

**IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E) \$ 159.01

**OUTSTANDING LOANS (From Schedule F - Attach Schedule F) \$ 0

CANDIDATE COMMITTEES ONLY:

CONSULTANT BREAKDOWN (Schedule G Attached?) YES NO

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H) \$ 0

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)
Jerry Weldon for 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
10-22-04	ID# 6113 CK# 003000	AFSCME 4320 N.W. Second Ave. Des Moines, Ia. 50313	NA	\$250.00	<input type="checkbox"/>
10-27-04	ID# CK#	Cliff Douglas 1465 South Shore Dr. Knoxville, Ia 50138	supporter	100.00	<input type="checkbox"/>
10-29-04	ID# CK#	Phyllis Weeks/Marion County Democrats 1475 175th Pl. Knoxville, Ia. 50138	Supporter	500.00	<input type="checkbox"/>
11-1-04	ID# CK#	Terrance Heigele 9205 Shroust Rd. Grain Valley, Mo. 64029	Supporter	100.00	<input type="checkbox"/>
11-1-04	ID# CK#	Marilyn Brown 9205 Shroust Rd Grain Valley, Mo. 64029	Sister	100.00	<input type="checkbox"/>
11-1-04	ID# CK#	Joyce Van Haften 189 240th Place Pella, Ia 50219	Supporter	40.00	<input type="checkbox"/>
11-30-04	ID# CK#	Max Smith 1656 Quebec St. Knoxville, Ia 50138	supporter	40.00	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
SUB-TOTAL				\$	
TOTAL (if last page of this schedule)				\$	1130.00

* 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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SCHEDULE B (Rev. 07/03)	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)
 Jerry Weldon for Supervisor

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
10-21-04	ID# CK#	KNIA/KRLS 1610 N. Lincoln Knoxville, Ia 50138	Radio Ads	\$611.10
10-25-04	ID# CK#	The Pella Chronicle 812 Main Pella, Ia. 50219	Newspaper Ads	92.15
10-27-04	ID# CK#	Marion County News 114 E. Monroe St. Pleasantville, Ia 50225	Newspaper Ads	56.00
11-1-04	ID# CK#	VGA Signs 801 W. Robinson Knoxville Ia. 50138	Auto Magnets Plywood signs	205.00
11-4-04	ID# CK#	Town Crier 810 E. 1st Pella, Ia. 50219	Ads	251.82
12-6-04	ID# CK#	Town Crier 810 E 1st Pella, Ia. 50219	Ads	18.00
12-6-04	ID# CK#	Hometown News 301 E. Main Knoxville, Ia 50138	Ads	31.50
	ID# CK#			
SUB-TOTAL				\$
TOTAL (if last page of this schedule)				\$1265.57

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)
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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
10-21-04	Sheila Weldon 1612 Lisbon Dr. Knoxville, Ia 50138	wife	Chronicle Ad	\$ 159.01	<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
SUB-TOTAL				\$	
TOTAL (if last page of this schedule)				\$ 159.01	

*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.

FOR INSTRUCTIONS, SEE BACK OF FORM



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

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

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
10-22-04	Sheila Weldon 1612 Lisbon Dr. Knoxville, Ia 50138	wife	\$ 590.99

TOTAL (PART I) \$ 590.99

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
1-7-05	Sheila Weldon 1612 Lisbon Dr. Knoxville, Ia, 50138	wife	\$ 590.99

TOTAL CASH REPAYMENTS (PART II) \$ 590.99

From Schedule E -- TOTAL LOANS FORGIVEN \$ NA

TOTAL OUTSTANDING LOANS END OF REPORT PERIOD \$ 0

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