

Monona

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

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

Erlandson for Sheriff

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 (8)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 Issue

CANDIDATE COMMITTEES ONLY:

Candidate Name Summer Erlandson Political Party (if applicable) Republican
Office Sought County Sheriff District (If Senate or House) _____

FORM DR-2 (Rev. 07/2004)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	<u>17592</u>
Logged In	_____
Scanned	_____
Computer	_____
Audited	_____

Late reports are subject to possible civil and criminal penalties.

Synda L. Olson
SIGNATURE OF PERSON FILING REPORT

712-885-2275
TELEPHONE

7-19-04
DATE SIGNED

I AM FILING A July 19 REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR.
(report date)

JUL 19 2004

Indicate by # 1

CHECK IF AMENDMENT TO REPORT DATED FAX

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
County & Local Committees, enter County in which Election is held
<u>Monona</u>

STATEMENT OF CASH ON HAND

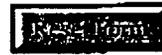
CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)	\$	<u>0</u>
ADD TOTAL MONEY TAKEN IN THIS PERIOD		
Schedule A: Cash Contributions total (Attach Schedule A) (**also see in-kind below)		<u>1,027.00</u>
Schedule F: Loans Received total (Attach Schedule F)		<u>300.00</u>
Schedule H: Total Sales of Campaign Property (Attach Schedule H)		<u>0.00</u>
(Schedule H applies to Candidates' Committees Only)		
SUB-TOTAL	\$	<u>1,327.00</u>
SUBTRACT TOTAL MONEY SPENT THIS PERIOD		
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)		<u>644.88</u>
Schedule F: Loan Repayments total (Attach Schedule F)		<u>300.00</u>
CASH ON HAND at the end of this reporting period (if final report balance must be zero) (Attach DR-3)	\$	<u>382.12</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) \$ _____

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



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)
 Erlandson for Sheriff

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
4/15/04	ID# CK#	Dennis Smith Castana, IA 51010		\$ 200.00	<input type="checkbox"/>
4/15/04	ID# CK#	Unitemized contribution		25.00	<input type="checkbox"/>
6/21/04	ID# CK#	Lori Bretthauer 317 E Reed Ute, IA 51060		100.00	<input type="checkbox"/>
6/21/04	ID# CK#	Todd Teut 20554 Sumac Ave Ute, IA 51060		100.00	<input type="checkbox"/>
7/05/04	ID# CK#	Eric Erlandson 317 E Reed Ute, IA 51060		300.00	<input type="checkbox"/>
6/19/04	ID# CK#	Unitemized contributions		302.00	<input checked="" type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

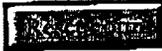
\$ 1,027.00

TOTAL (if last page of this schedule)

\$ 1,027.00

* 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.

FOR INSTRUCTIONS, SEE BACK OF FORM



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.

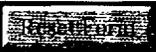
COMMITTEE NAME (Must be same as on Statement of Organization)
Erlandson for Sheriff

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
5/10/04	ID# CK#	Ink Spot Mapleton, IA 51034	2 Magnetic Signs	\$ 64.20
5/14/04	ID# CK#	Monona County Fair Onawa, IA 51040	Adv. in Fair Book	39.00
6/08/04	ID# CK#	LeAnn Thies Ute, IA 51060	1,000 buttons	250.00
6/10/04	ID# CK#	Summer Erlandson Ute, IA 51060	T-shirts and copy paper	58.16
6/11/04	ID# CK#	Summer Erlandson Ute, IA 51060	Shirt and parade candy	56.97
6/21/04	ID# CK#	LeAnn Thies Ute, IA 51060	Balloons	138.90
6/28/04	ID# CK#	Mapleton Press Mapleton, IA 51034	Ad in paper	18.00
7/06/04	ID# CK#	Bomgaars, Unitemized expenditures	T-shirt	18.65 1.00
SUB-TOTAL				\$
TOTAL (if last page of this schedule)				\$ 644.88

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)(l).)

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



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 \$ 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.)

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
6-8-04	Summer Erlandson Ute, IA 51060	self	\$150.00
6-10-04	"" ""	""	50.00
6-11-04	"" ""	""	100.00

DATE PAID (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE* (If Applicable)	AMOUNT REPAID
6-23-04	Summer Erlandson Ute, IA 51060	self	300.00

TOTAL (PART I) \$ 300.00

TOTAL CASH REPAYMENTS (PART II) \$ 300.00

From Schedule E - TOTAL LOANS FORGIVEN \$ _____

TOTAL OUTSTANDING LOANS END OF REPORT PERIOD \$ 0

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