

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

Reset Form

Montgomery

FORM DR-2 (Rev. 07/2004)	DISCLOSURE REPORT
For Office Use Only	
Comm. # <u>17540</u>	Logged In _____
Scanned _____	Computer _____
Audited _____	

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

Committee to Re-Elect Connie Magnuson County Auditor

IMPORTANT: Indicate by # type of committee you are reporting for: 4
(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 Issue

CANDIDATE COMMITTEES ONLY:

JUL 28 2004

Candidate Name <u>Connie Magnuson</u>	Political Party (if applicable) <u>Republican</u>
Office Sought <u>County Auditor</u>	District (if Senate or House) _____

Late reports are subject to possible civil and criminal penalties.

Elizabeth Schmid
SIGNATURE OF PERSON FILING REPORT

712-623-3209
TELEPHONE

7-15-04
DATE SIGNED

I AM FILING A July 19, 2004 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 _____
County & Local Committees, enter County in which Election is held <u>Montgomery</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.)

\$ 1,484.72

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)

585.45

Schedule F: Loans Received total (Attach Schedule F)

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

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL \$ 2,070.17

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)

1,992.84

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)

\$ 81.33

**UNPAID BILLS (From Schedule D - Attach Schedule D) \$ 865.03

**IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E) \$ 104.00

**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) \$ _____

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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)
Committee to Re-Elect Connie Magnuson County 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
5/15/04	ID# CK# 2977	Diana Sabo 713 Center St. Stanton, IA 51573		\$ 50.00	<input checked="" type="checkbox"/>
5/15/04	ID# CK# 3191	Bernice Messer 402 Thorn St. Stanton, IA 51573		25.00	<input checked="" type="checkbox"/>
5/15/04	ID# CK# 8573	Elizabeth Schmid 1503 Birchwood Red Oak, IA 51566		10.00	<input checked="" type="checkbox"/>
5/15/04	ID# CK#	unitemized contributions		71.50	<input checked="" type="checkbox"/>
5/19/04	ID# CK# 6730	John Faris A.O. Box 59 Red Oak IA 51566		50.00	<input type="checkbox"/>
5/19/04	ID# CK#	unitemized contributions		20.00	<input type="checkbox"/>
5/19/04	ID# CK#	unitemized contributions		20.00	<input type="checkbox"/>
5/19/04	ID# CK#	unitemized contributions		20.00	<input type="checkbox"/>
5/19/04	ID# CK#	unitemized contributions		20.00	<input type="checkbox"/>
5/19/04	ID# CK#	unitemized contributions		20.00	<input type="checkbox"/>
SUB-TOTAL				\$ 306.50	
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). 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 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)
Committee to Re-Elect Connie Magnuson County 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
5/20/04	ID# CK#	unitemized contributions		\$ 20.00	<input type="checkbox"/>
5/20/04	ID# CK#	unitemized contributions		20.00	<input type="checkbox"/>
5/20/04	ID# CK#	unitemized contributions		10.00	<input type="checkbox"/>
5/24/04	ID# CK#	unitemized contributions		20.00	<input type="checkbox"/>
5/24/04	ID# CK#	unitemized contributions		20.00	<input type="checkbox"/>
5/24/04	ID# CK#	unitemized contributions		20.00	<input type="checkbox"/>
5/24/04	ID# CK#	unitemized contributions		20.00	<input type="checkbox"/>
5/24/04	ID# CK#	unitemized contributions		20.00	<input type="checkbox"/>
5/24/04	ID# CK#	unitemized contributions		20.00	<input type="checkbox"/>
5/24/04	ID# CK#	unitemized contributions		20.00	<input type="checkbox"/>
5/24/04	ID# CK#	unitemized contributions		20.00	<input type="checkbox"/>
5/24/04	ID# CK#	unitemized contributions		20.00	<input type="checkbox"/>
SUB-TOTAL				\$ 190.00	
TOTAL (if last page of this schedule)				\$	

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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)
Committee to Re-Elect Connie Magnuson County 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
5/24/04	ID# CK#	unitemized contributions		\$ 20.00	<input type="checkbox"/>
5/24/04	ID# CK#	Hwy-Vee 1605 N. Broadway Red Oak, IA 51566 (Refund - Stamps)		12.95	<input type="checkbox"/>
6/7/04	ID# CK# 3389	Carla Renner Cossaint 910 E. Prospect Red Oak, IA 51566		20.00	<input type="checkbox"/>
6/7/04	ID# CK# 6457	Henrietta G. Hutchings 608 Skyline Red Oak, IA 51566		15.00	<input type="checkbox"/>
6/7/04	ID# CK# 1281	Dwight T. Magnuson 610 High St. Red Oak, IA 51566		25.00	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL
\$ 92.95
TOTAL (if last page of this schedule)
\$ 589.45

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EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

SCHEDULE
B
(Rev. 07/03)
MONETARY
EXPENDITURES

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.

CHECK THIS BOX IF AMENDING FORM

COMMITTEE NAME (Must be same as on Statement of Organization)
Committee to Re-Elect Connie Magnuson County 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
5/15/04	ID# CK# 519	Stanton Senior Center Stanton, IA 51573	Rental for fundraiser	\$ 25.00
5/15/04	ID# CK# 520	Mary Jones 1467 F Ave Red Oak, IA 51566	Rolls for fundraiser	15.00
5/17/04	ID# CK# 521	Cheryl Miller 1605 Kimberly Ct. Red Oak, IA 51566	Promotional materials pens and bags	435.15
5/30/04	ID# CK# 522	KCSI 191 Ironwood Ave Red Oak, IA 51566	Radio advertising	475.00
5/20/04	ID# CK# 523	Red Oak Express 2012 Commerce Dr. Red Oak, IA 51566	Political advertising	119.00
5/20/04	ID# CK# 524	Griswold American P.O. Box 657 Griswold, IA 51535	Political advertising	88.00
5/20/04	ID# CK# 525	Villisca Review 417 S. 3rd Ave Villisca, IA 50864	Political advertising	180.00
5/24/04	ID# CK# 526	Hy Vee 1605 N. Broadway Red Oak, IA 51566	Stamps for mailing	74.00

SUB-TOTAL \$ 1,411.15

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 68A.402(3)(i).)

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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)
Committee to Re-Elect Connie Magnuson County 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
6/28/04	ID# CK# 527	Hawkeye Communications 1991 Ironwood Ave Red Oak, IA 51566	Radio advertising	\$ 485.00
6/28/04	ID# CK# 528	Cheryl Miller 1605 Kimberly Ct. Red Oak, IA 51566	magnets	96.69
	ID# CK#			

SUB-TOTAL \$ 581.69
TOTAL (if last page of this schedule) \$ 1,992.84

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).)

SCHEDULE D (Rev. 08/98)	INCURRED INDEBTEDNESS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)
Committee to Re-Elect Connie Magnuson County Auditor

NOTE: Debts previously reported that remain unpaid must be included on this Schedule, as well as any new obligations incurred in this period.

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**DEBTS/OBLIGATIONS REMAINING THIS REPORTING PERIOD
 (DO NOT INCLUDE LOANS -- SHOW LOANS ON SCHEDULE F)**

An "incurred debt" is a debt for goods or services ordered or received, but not paid for by the end of the reporting period, regardless of whether an invoice has been received.

DATE INCURRED (MM/DD/YR)	NAME AND ADDRESS OF PERSON TO WHOM DEBT OR OBLIGATION IS OWED	DESCRIPTION OF GOODS OR SERVICES PROVIDED OR PURCHASED	BALANCE OWED AT CLOSE OF REPORTING PERIOD*
2/9/04	Connie Magnuson 1103 E. Cherry St. Red Oak, IA 51566	Stamps for mailing	\$ 51.80
4/17/04	Connie Magnuson 1103 E. Cherry St Red Oak IA 51566	Orange drink for fundraiser	6.38
5/14/04	Cheryl Miller 1605 Kimberly Ct. Red Oak IA 51566	Paper, envelopes and printing brochures	249.18
5/14/04	Connie Magnuson 1103 E. Cherry St Red Oak IA 51566	Paper and printing brochures	423.67
5/21/04	Connie Magnuson 1103 E. Cherry St. Red Oak IA 51566	2 Rolls of Stamps	74.00
SUB-TOTAL			\$
TOTAL DEBTS OWED BY COMMITTEE AT THE END OF THIS REPORTING PERIOD			\$ 805.03

*If actual figure is unknown, show "estimated" beside the figure.

CANDIDATE COMMITTEES NOTE:
 *Incurred indebtedness also includes each person/entity with whom the candidate's committee has entered into a contract during the reporting period for future or continuing performance. Enter the name of the consultant who provides or procures services for items such as advertising, fund-raising, polling, managing, or organizing services. Report on Schedule G the nature of performance and the estimated performance reasonably expected of the consultant.

SCHEDULE E (Rev. 06/97)	IN KIND CONTRIBUTIONS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)
Committee to Re-Elect Connie Magnuson County Auditor

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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
5/15/04	Les Smith Red Oak IA 51566		Sign material + paint	\$ 30.00	<input type="checkbox"/>
5/18/04	Cheryl Miller 1605 Kimberly Ct Red Oak IA 51566		Roll of Stamps	37.00	<input type="checkbox"/>
5/24/04	Veryll Magnuson 402 Halland Ave Stanton IA 51573	father	Roll of Stamps	37.00	<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) \$ **104.00**

*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.