

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:

Candidate Name Connie Magnuson OCT 25 2004 Political Party (if applicable) N/A
Office Sought County Auditor 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

11-9-04
DATE SIGNED

I AM FILING A July 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>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.)	\$	<u>81.33</u>
ADD TOTAL MONEY TAKEN IN THIS PERIOD		
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)		<u>983.52</u>
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	\$	<u>1,064.85</u>
SUBTRACT TOTAL MONEY SPENT THIS PERIOD		
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)		<u>138.59</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>926.26</u>
**UNPAID BILLS (From Schedule D - Attach Schedule D)	\$	<u>995.88</u>
**IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)	\$	<u>65.00</u>
**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)	\$	_____
CANDIDATE COMMITTEES ONLY:		
CONSULTANT BREAKDOWN (Schedule G Attached?)		<input type="checkbox"/> YES <input type="checkbox"/> NO
VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)	\$	_____

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)
 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
9/8/04	ID# CK# 1369	Dale Carlson 2267 J Ave Red Oak, IA 51566		\$ 100.00	<input type="checkbox"/>
9/13/04	ID# CK#	Don Palmquist 2761 L Ave Stanton IA 51573		20.00	<input type="checkbox"/>
9/16/04	ID# CK# 8769	Elizabeth Schmid 1503 Birchwood Dr. Red Oak IA 51566		10.00	<input checked="" type="checkbox"/>
9/16/04	ID# CK# 2887	Glen Carlson 1764 Gingko Ave Red Oak IA 51566		10.00	<input checked="" type="checkbox"/>
9/16/04	ID# CK# 2548	Mary Jones 1473 F Ave Red Oak, IA 51566		10.00	<input checked="" type="checkbox"/>
9/16/04	ID# CK# 3374	Leslie N. Smith 402 W. Coolbaugh St. Red Oak IA 51566		20.00	<input checked="" type="checkbox"/>
9/16/04	ID# CK# 6287	D&F Enterprises Faye Mullenix 1107 E. Corning St. Red Oak IA 51566		35.00	<input checked="" type="checkbox"/>
9/16/04	ID# CK#	unitemized contributions		414.52	<input checked="" type="checkbox"/>
9/22/04	ID# CK# 1792	Don Brantz 23820 Brookers Ave Glenwood, IA 51534		25.00	<input type="checkbox"/>
9/27/04	ID# CK# 4839	Maxine Bailey 1104 E. Cherry St Red Oak, IA 51566		40.00	<input type="checkbox"/>

SUB-TOTAL

\$ 684.52

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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CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<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)	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
10/1/04	ID# CK# 2186	Mark Jackson 315 Reed St. Red Oak, IA 51566		\$ 50.00	<input type="checkbox"/>
10/5/04	ID# CK#	Elizabeth Schmid 1503 Birchwood Dr. Red Oak, IA 51566		10.00	<input checked="" type="checkbox"/>
10/5/04	ID# CK#	Unitemized Contributions		163.00	<input checked="" type="checkbox"/>
10/12/04	ID# CK# 8806	Elizabeth Schmid 1503 Birchwood Dr. Red Oak IA 51566		5.00	<input checked="" type="checkbox"/>
10/12/04	ID# CK#	unitemized contributions		72.00	<input checked="" type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

\$ 299.00

TOTAL (if last page of this schedule)

\$ 483.52

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FOR INSTRUCTIONS, SEE BACK OF FORM

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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
10/5/04	ID# CK# 531	Dwayne Shearer 300 E. Walnut Red Oak, IA 51566	Food for fund raiser for Villisca / Stanton	\$ 32.19
10/14/04	ID# CK# 530	Red Oak Express Red Oak IA 51566	Ads for candidate guide 11/19/04	106.40
	ID# CK#			

SUB-TOTAL \$
TOTAL (if last page of this schedule) \$ **138.59**

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).)

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
6/14/04	Cheryl Miller 1605 Kimberly Ct. Red Oak IA 51566	Paper, envelopes and printing Brouchures	249.18
5/14/04	Connie Magnuson 1103 E. Cherry St Red Oak IA 51566	Paper and printing Brouchures	423.67
5/21/04	Connie Magnuson 1103 E. Cherry St Red Oak IA 51566	2 rolls of stamps	74.00
10/1/04	Cheryl Miller 1605 Kimberly Ct Red Oak IA 51566	pens	129.35
10/4/04	Linda Southworth 204 3rd Ave Red Oak IA 51566	Design flyers	36.50
SUB-TOTAL			\$ 970.88
TOTAL DEBTS OWED BY COMMITTEE AT THE END OF THIS REPORTING PERIOD			\$

*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 D (Rev. 08/98)	INCURRED INDEBTEDNESS
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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*
10/12/04	Stanton Senior Center Stanton IA 51573	rental for Fundraiser	\$ 25.00
SUB-TOTAL			\$ 25.00
TOTAL DEBTS OWED BY COMMITTEE AT THE END OF THIS REPORTING PERIOD			\$ 995.88

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

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