

Montgomery

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

Reset Form

FORM DR-2 (Rev. 07/2004)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	17540
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: 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) State PAC (10) School Board or Other Political
 Subdivision PAC (11) Local Ballot Issue

CANDIDATE COMMITTEES ONLY:

Candidate Name: Connie Magnuson Political Party (if applicable): _____
 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 1-17-05 DATE SIGNED

I AM FILING A January 19 REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR.
 (report date) Indicate by # 2

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
Montgomery

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.) \$ 926.26

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below) 454.00

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 \$ 1,380.26

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below) 1,380.26

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) \$ -0-

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

**IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E) \$ 973.69

**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
10.19.04	ID# CK# 8815	Elizabeth Schmid 1503 Birchwood Dr Red Oak, IA 51566		\$ 10.00	<input checked="" type="checkbox"/>
10.19.04	ID# CK#	unitemized contributions		102.00	<input checked="" type="checkbox"/>
10.20.04	ID# CK# 17084	Martin J. Jones 105 W. Market St. Red Oak, IA 51566		50.00	<input type="checkbox"/>
10.26.04	ID# CK# 6883	John Faris Red Oak, IA 51566		50.00	<input type="checkbox"/>
10.26.04	ID# CK#	unitemized contributions		60.00	<input checked="" type="checkbox"/>
10.26.04	ID# CK# 8827	Elizabeth Schmid 1503 Birchwood Dr. Red Oak, IA 51566		10.00	<input checked="" type="checkbox"/>
10.27.04	ID# CK# 3505	Carla Renner Cossairt 910 E. Prospect Red Oak, IA 51566		25.00	<input type="checkbox"/>
11.3.04	ID# CK#	unitemized contributions		119.00	<input type="checkbox"/>
11.9.04	ID# CK#	unitemized contributions		28.00	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
SUB-TOTAL				\$ 454.00	
TOTAL (if last page of this schedule)				\$ 454.00	

* 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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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
10.15.04	ID# CK# 532	Griswold American P.O. Box 687 Griswold, IA 51535	Political Advertising	\$ 194.00
11.23.04	ID# CK# 533	Villisca Review Villisca, IA 50864	Political advertising	144.00
10.19.04	ID# CK# 534	Stanton Senior Center Stanton, IA 51573	rent for fundraiser	25.00
10.19.04	ID# CK# 535	Elliott Community Center 307 Main St. Elliott, IA 51532	rent for fundraiser	40.00
10.19.04	ID# CK# 536	Cheryl Miller 1605 Kimberly Ct. Red Oak, IA 51566	500 pens	129.35
10.21.04	ID# CK# 537	Red Oak Express 2012 Commerce Dr Red Oak, IA 51566	political advertising	114.75
11.17.04	ID# CK# 538	Hawkeye Communications 1991 Ironwood Ave Red Oak, IA 51566	political advertising	630.00
11.30.04	ID# CK# 539	Mary Jones 1467 F Ave Red Oak, IA 51566	food for Elliott fundraiser	7.32
SUB-TOTAL				\$ 1,284.42
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
12.16.04	ID# CK# 540	Red Oak Express 2012 Commerce Dr Red Oak, IA 51566	Thank you ad.	\$ 26.60
1.6.05	ID# CK# 541	Hawkeye Communications 1991 Ironwood Ave Red Oak, IA 51566	Thank you ads	68.50
1.6.05	ID# CK# 542	Connie Magnuson 1103 E. Cherry St. Red Oak, IA 51566	2 stamps	.74
	ID# CK#			
SUB-TOTAL				\$ 95.84
TOTAL (if last page of this schedule)				\$ 1,380.26

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 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
2.9.04	Connie Magnuson 1103 E. Cherry St. Red Oak, IA 51566	Candidate	Stamps for mailing	\$ 51.80	<input type="checkbox"/>
4.17.04	Connie Magnuson 1103 E. Cherry St. Red Oak, IA 51566	Candidate	orange drink for fundraiser	6.38	<input type="checkbox"/>
5/14.04	Cheryl Miller 11605 Kimberly Ct. Red Oak, IA 51566		paper, envelopes, and printing brochures	249.18	<input type="checkbox"/>
5.14.04	Connie Magnuson 1103 E. Cherry St. Red Oak, IA 51566	Candidate	paper and printing Brouchures	423.67	<input type="checkbox"/>
5.21.04	Connie Magnuson 1103 E. Cherry St. Red Oak, IA 51566	Candidate	2 rolls of stamps	74.00	<input type="checkbox"/>
10.4.04	Linda Southworth 204 3rd Ave Red Oak, IA 51566		Flyer design	36.50	<input type="checkbox"/>
10.25.04	Connie Magnuson 1103 E. Cherry St. Red Oak, IA 51566	Candidate	paper and printing brochures	127.21	<input type="checkbox"/>
10.19.04	Mary Jones 1467 F Ave Red Oak, IA 51566		sausage for fundraiser	4.95	<input checked="" type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

SUB-TOTAL \$ 973.69

TOTAL (if last page of this schedule) \$ 973.69

*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.