

File with:
Iowa Ethics and Campaign
Disclosure Board
510 E. 12th, Ste. 1A
Des Moines, Iowa 50319
Fax: 515-281-4073

Reset Form

FOR INSTRUCTIONS, SEE BACK OF FORM
DISCLOSURE SUMMARY PAGE

IA ETHICS AND
CAMPAIGN DISCLOSURE DIV.
2008 MAY 19 AM 9:23

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

Friends of C.J. Ryan

IMPORTANT: Indicate by # type of committee you are reporting for:
(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: C.J. Ryan Political Party (if applicable): Republican
Office Sought: Muscatine County Sheriff District (if Senate or House): Muscatine County

FORM DR-2 DISCLOSURE REPORT (Rev. 07/2007)
For Office Use Only
Comm. # _____
Logged In _____
Scanned _____
Computer _____
Audited _____

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a

Laura Walker
SIGNATURE OF PERSON FILING REPORT

319-723-4493
TELEPHONE

5/19/08
DATE SIGNED

I AM FILING A 05/19/08 REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR.
(report date) Indicate by #

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: 06/03/08
County & Local Committees, enter County in which Election is held: Muscatine

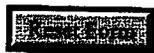
STATEMENT OF CASH ON HAND

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>9539.00</u>
Schedule F: Loans Received total (Attach Schedule F)		<u>0</u>
Schedule H: Total Sales of Campaign Property (Attach Schedule H)		<u>0</u>
(Schedule H applies to Candidates' Committees Only)		
SUB-TOTAL	\$	<u>9539.00</u>
SUBTRACT TOTAL MONEY SPENT THIS PERIOD		
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)		<u>3517.39</u>
Schedule F: Loan Repayments total (Attach Schedule F)		<u>0</u>
CASH ON HAND at the end of this reporting period (if final report balance must be zero)	\$	<u>6,021.61</u>
**UNPAID BILLS (From Schedule D - Attach Schedule D)	\$	<u>0</u>
**IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)	\$	<u>177.68</u>
**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)	\$	
CONSULTANT BREAKDOWN (Schedule G Attached?)		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
CANDIDATE COMMITTEES ONLY:		
VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)	\$	<u>1,883.20</u>

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN
(Including candidate's personal funds)



SCHEDULE	
A	MONETARY RECEIPTS
(Rev. 07/03)	
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)
Friends of C.J. Ryan

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.

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DATE RECEIVED (MM/DD/YY)	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
01/01/08	ID# CK#	Nick Ryan 4015 Ashby Ave. Des Moines, IA 50310	brother	\$ 250 ⁰⁰	<input type="checkbox"/>
01/03/08	ID# CK#	Mike Channon 713 Court St. Wilton, IA 52778		\$ 20 ⁰⁰	<input type="checkbox"/>
01/05/08	ID# CK#	Margaret Ryan 503 W Stewart Rd. Columbia, MO 65203-2809	Aunt	\$ 100 ⁰⁰	<input type="checkbox"/>
01/05/08	ID# CK#	Terry Franklin 31 Debbie Ave. Muscatine, IA 52761		\$ 50 ⁰⁰	<input type="checkbox"/>
01/07/08	ID# CK#	Cindy White 1105 E. 8th St. Muscatine, IA 52761		\$ 20 ⁰⁰	<input type="checkbox"/>
01/07/08	ID# CK#	Jeremy Williams 214 Clinton Muscatine, IA 52761	stepson	\$ 30 ⁰⁰	<input type="checkbox"/>
01/07/08	ID# CK#	Marvin Evers 219 S. Cedar St #13 Tipton, IA 52772		\$ 20 ⁰⁰	<input type="checkbox"/>
01/08/08	ID# CK#	Sue Ryan 3152-155 1/2 St MUSCATINE, IA 52761	wife	\$ 500 ⁰⁰	<input type="checkbox"/>
1/12/08	ID# CK#	Carolyn Williams 2236 Fareway Dr. Muscatine, Ia. 52761		\$ 50 ⁰⁰	<input type="checkbox"/>
1/12/08	ID# CK#	R. Greg Orr 2455 Bobwhite Dr. Muscatine, Ia. 52761		\$ 500 ⁰⁰	<input type="checkbox"/>

SUB-TOTAL
\$ 1540⁰⁰
TOTAL (if last page of this schedule)
\$

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For Instructions, See Back of Form



SCHEDULE	
A	MONETARY RECEIPTS
(Rev. 07/03)	
<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)
Friends of C.J. Ryan

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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
1/13/08	ID# CK#	Don Becker 411 Greenwood Dr. Muscatine, Ia. 52761		\$ 50 ⁰⁰	<input type="checkbox"/>
1/21/08	ID# CK#	Doug Reist 1516 1st St Muscatine, Ia 52761		500 ⁰⁰	<input type="checkbox"/>
1/22/08	ID# CK#	Roger Lande 515 W. 2nd St Muscatine, Ia. 52761		50 ⁰⁰	<input type="checkbox"/>
1/26/08	ID# CK#	Kelly Ryan 4015 Ashby Ave Des Moines, Ia. 50310	sister in law	500 ⁰⁰	<input type="checkbox"/>
1/31/08	ID# CK#	Diane Riggan 2144 Hwy 615 Muscatine, IA 52761		1,000 ⁰⁰	<input type="checkbox"/>
2/1/08	ID# CK#	Daryl Werner 104 Donna Dr. Fruitland IA 52749		150 ⁰⁰	<input type="checkbox"/>
2/1/08	ID# CK#	Melissa Bailey 1604 Devitt Ave. Muscatine, IA 52761		50 ⁰⁰	<input type="checkbox"/>
2/13/08	ID# CK#	Mary Arnold 637 Brookside Lane Plainfield IN 46168		50 ⁰⁰	<input type="checkbox"/>
2/28/08	ID# CK#	Paul Elshoff PO Box 211 Grandview, IA 52752		1000 ⁰⁰	<input type="checkbox"/>
2/23/08	ID# CK#	CJ Ryan 3152-155th St. Muscatine, IA 52761	self	525 ⁰⁰	<input type="checkbox"/>
SUB-TOTAL				\$ 3875 ⁰⁰	
TOTAL (if last page of this schedule)				\$	

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For Instructions, See Back of Form

Reset Form

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)
Friends of C.J. Ryan

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DATE RECEIVED (MM/DD/YY)	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
3/14/08	ID# CK#	Brian Huan 1802 Logan Muscatine IA 52761		\$500 ⁰⁰	<input type="checkbox"/>
3/18/08	ID# CK#	Rick Peters 614 W. 3rd St Muscatine IA 52761		500 ⁰⁰	<input type="checkbox"/>
3/21/08	ID# CK#	Jim Hull 2664 Northwood Circle Muscatine IA 52761		50 ⁰⁰	<input type="checkbox"/>
3/31/08	ID# CK#	Edward Failer 2310 Imperial Oaks Dr. Muscatine IA 52761		500 ⁰⁰	<input type="checkbox"/>
3/31/08	ID# CK#	Maureen Failer 2310 Imperial Oaks Dr. Muscatine IA 52761		500 ⁰⁰	<input type="checkbox"/>
4/2/08	ID# CK#	Ramone Deland 718 Centre Dr. Muscatine IA 52761		15 ⁰⁰	<input type="checkbox"/>
4/3/08	ID# CK#	Donald Gasaway 511 Lake Park Blvd. Muscatine IA 52761		112 ⁰⁰	<input type="checkbox"/>
4/3/08	ID# CK#	Dan E. Chuck Jr. 2411 Mittman Rd Muscatine IA 52761		56 ⁰⁰	<input type="checkbox"/>
4/3/08	ID# CK#	Roger Hande 515 W. 2nd St Muscatine IA 52761		224 ⁰⁰	<input type="checkbox"/>
4/5/08	ID# CK#	Michael Gaeta 5520 Reynolds Ave. Muscatine IA 52761		25 ⁰⁰	<input type="checkbox"/>
SUB-TOTAL				\$2482 ⁰⁰	
TOTAL (if last page of this schedule)				\$	

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For Instructions, See Back of Form

Reset 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)
Friends of C.J. Ryan

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4/4/08	ID# CK#	Marilyn Smith 6730 Wellington Dr. Muscatine IA 52761		\$56 ⁰⁰	<input type="checkbox"/>
4/3/08	ID# CK#	Thomas Flatfield 3764 Midway Branch Dr. Muscatine IA 52761		56 ⁰⁰	<input type="checkbox"/>
4/4/08	ID# CK#	Pat Munder 1885 N Mulberry Rd. Muscatine IA 52761		112 ⁰⁰	<input type="checkbox"/>
4/14/08	ID# CK#	Jeanette Brason 2602 Surrey Ct. Muscatine IA 52761	Sister-in-law	100 ⁰⁰	<input type="checkbox"/>
4/15/08	ID# CK#	Alan Oysterger 612 Garrett Ct Blue Grass IA 52726		100 ⁰⁰	<input type="checkbox"/>
4/10/08	ID# CK#	Coralyn Gonzalez 210 E Market Aberden WA 98520		100 ⁰⁰	<input type="checkbox"/>
4/9/08	ID# CK#	Roberta Durcks 2111 Audubon Rd # 22 Muscatine IA 52761		50 ⁰⁰	<input type="checkbox"/>
4/11/08	ID# CK#	Mary Frieden 72 Boston Park Muscatine IA 52761		50 ⁰⁰	<input type="checkbox"/>
4/11/08	ID# CK#	Karen Myers 2302 Lucas St Muscatine IA 52761		25 ⁰⁰	<input type="checkbox"/>
4/10/08	ID# CK#	Donald Ager 3099 Hwy 22 Muscatine IA 52761		20 ⁰⁰	<input type="checkbox"/>
SUB-TOTAL				\$ 669 ⁰⁰	
TOTAL (if last page of this schedule)				\$	

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For Instructions, See Back of Form

Reset 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)
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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
4/10/08	ID# CK#	Margaret Hunn 41 Coventry Ln. Muscatine IA 52761		\$ 25 ⁰⁰	<input type="checkbox"/>
4/12/08	ID# CK#	Sara Jedlicka 105 Sunrise Dr. Dipton IA 52772	Sister	200 ⁰⁰	<input type="checkbox"/>
4/11/08	ID# CK#	Gary Allison 2671 Northwood Dr. Muscatine IA 52761		200 ⁰⁰	<input type="checkbox"/>
4/5/08	ID# CK#	James Boston 2517 Dawson St Muscatine IA 52761		50 ⁰⁰	<input type="checkbox"/>
4/7/08	ID# CK#	Mrs. Louis Dyppe 1901 Pinefield Muscatine IA 52761		56 ⁰⁰	<input type="checkbox"/>
4/9/08	ID# CK#	Jennifer Carlson 2601 Canterbury Rd. Muscatine IA 52761		56 ⁰⁰	<input type="checkbox"/>
4/5/08	ID# CK#	Harry Marx 2417 Wiggins Rd. Muscatine IA 52761		100 ⁰⁰	<input type="checkbox"/>
4/19/08	ID# CK#	Loris Juvin 1988 Geneva Hwy Rd Muscatine IA 52761		56 ⁰⁰	<input type="checkbox"/>
4/18/08	ID# CK#	Edward Hatfield 1912 Angle St. Muscatine IA 52761		50 ⁰⁰	<input type="checkbox"/>
4/18/08	ID# CK#	S.W. Longtin 45 Geneva Dr. Muscatine IA 52761		10 ⁰⁰	<input type="checkbox"/>
SUB-TOTAL				\$ 803 ⁰⁰	
TOTAL (if last page of this schedule)				\$	

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For Instructions, See Back of Form

Resel 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)
Friends of C.J. Ryan

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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
4/22/08	ID# CK#	Marylu Watkins 2566-122nd St. Moscow IA 52760		\$ 25 ⁰⁰ -	<input type="checkbox"/>
4/28/08	ID# CK#	Barton Smithey 1205 Oak St Wilton IA 52778		100 ⁰⁰ -	<input type="checkbox"/>
4/19/08	ID# CK#	Mike Camp 1313 Oak Muscatine IA 52761		20 ⁰⁰ -	<input type="checkbox"/>
4/19/08	ID# CK#	Cliff Riegel 1206 Mulberry Ave. Muscatine IA 52761		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"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL \$ 170⁰⁰
TOTAL (if last page of this schedule) \$ 4539⁰⁰

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FOR INSTRUCTIONS, SEE BACK OF 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.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)
Friends of C.J. Ryan

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
4/8/08	ID# CK#	OP Printing 2610 Park Ave. Muscatine IA 52761	Campaign Brochures	\$751.47
5/14/08	ID# CK#	OP Printing 2610 Park Ave. Muscatine IA 52761	Campaign Signs	1,883.20
5/14/08	ID# CK#	OP Printing 2610 Park Ave. Muscatine, IA 52761	Campaign cards & envelopes	882.72
	ID# CK#			
SUB-TOTAL				\$
TOTAL (if last page of this schedule)				\$3,517.39

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 ized 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)

Friends of C.J. Ryan

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
4/23/08	CJ Ryan 3152-155th St Muscatine IA 52761	Self	Sign Supplies	\$ 94.64	<input type="checkbox"/>
4/23/08	CJ Ryan 3152-155th St Muscatine IA 52761	self	Sign Supplies	83.04	<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"/>
					<input type="checkbox"/>

SUB-TOTAL \$

TOTAL (if last page of this schedule) \$ 177.68

*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.

THIS FORM IS USED BY CANDIDATES' COMMITTEES ONLY

SCHEDULE **H**
 (Rev. 07/03) CAMPAIGN
 PROPERTY

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

Friends of C.J. Ryan

ATTACH SCHEDULE H TO EACH REPORT, MAKING CHANGES AS REQUIRED.

CHECK THIS BOX IF AMENDING FORM

PART I - ONGOING INVENTORY OF CAMPAIGN PROPERTY

PART II - SALES OR TRANSFERS OF CAMPAIGN PROPERTY **

Date Purchased (Schedule B) or Date Received (Schedule E) (MM/DD/YR)	Description of Property	Purchase Price or Est. Value When Acquired*	Current Value at Fair Market This Report
5/14/08	Campaign Signs	1,883.20	1,883.20

Date (MM/DD/YR)	Name and Address of Purchaser/Donee	Description of Property	Sold? Y/N	Sale Price	Value of Donation

TOTAL VALUE CAMPAIGN PROPERTY THIS REPORT (TRANSFER TO SUMMARY PAGE) \$ 1,883.20

** PROPERTY SALES & TRANSFERS TOTAL (TRANSFER TO SUMMARY PAGE) \$ _____ TOTALS \$ _____ \$ _____

* If estimated, show est. beside figure.

(Attach Additional Schedules If Needed)

Page 1 of 1 Pages (For Schedule H)

011/011

MCDTF

05/19/08 07:30 FAX 15632632608