

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

Ringgold

FORM DR-2 (Rev. 07/2003)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	<u>17575</u>
Logged In	<u>sb</u>
Scanned	
Computer	<u>sb</u>
Audited	

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

IMPORTANT: Indicate type of committee you are reporting for: 4
(1) Statewide/Legislative Candidate (2) Statewide PAC (3) State Party (4) County/Local Candidate
(5) County PAC (6) Ballot Issue/Franchise Committee (7) County/City Central Committee
(8) Support State of Candidates

CANDIDATE COMMITTEES ONLY:
Candidate Name Mike Sobotka MAY 17 2004 Political Party Democratic
Office Sought Ringgold Co. Sheriff District (if Senate or House)

Cynda J. Sobotka
SIGNATURE OF TREASURER (or person filing this report)

641-772-4457
TELEPHONE

5-17-04
DATE SIGNED

Late filed reports are subject to possible civil and criminal penalties.

SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE:

I AM FILING A May 19 REPORT FOR AN/A (1) ELECTION / (2) NON-ELECTION YEAR.
(report date) Indicate one 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 Notice of Dissolution is filed.)

Local Committees, enter Date of Election <u>Primary June 8 General Nov 2</u>
County & Local Committees, enter County in which Election is held <u>Ringgold</u>

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (This is the total of all monies 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.)\$ 0

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below) 400.00

Schedule F: Loans Received total (Attach Schedule F)..... 1925.00

Schedule H: Total Sales of Campaign Property (Attach Schedule H)..... 0

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL.....\$ 2325.00

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)... 2099.24

Schedule F: Loan Repayments total (Attach Schedule F) 0

CASH ON HAND at the end of this reporting period (if final report, balance must be zero) (Attach DR-3)\$ 225.76

**UNPAID BILLS (From Schedule D - Attach Schedule D)\$ 175.00 (est.)

**IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)\$ 45.00

**OUTSTANDING LOANS (From Schedule F - Attach Schedule F).....\$ 1925.00

CANDIDATE COMMITTEES ONLY:

CONSULTANT BREAKDOWN (Schedule G Attached?) _____ YES X NO

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H) \$ _____

MAY 17 2004

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)
Sobotka 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
02/26/04	ID# CK#	Lloyd Glendenning 2036 Rabbit Ridge Drive Mt. Airy IA 50854		\$100	<input type="checkbox"/>
03/12/04	ID# CK#	Bob Bennett 401 N. Grant Mt Airy IA 50854	grandfather	100	<input type="checkbox"/>
04/29/04	ID# CK#	Randy McDonnell 304 N. Hayes Mt Airy IA 50854		50	<input type="checkbox"/>
04/29/04	ID# CK#	Norma Lass 205 N. Hayes Mt. Airy IA 50854	Aunt	20	<input type="checkbox"/>
04/29/04	ID# CK#	Wesley and Pearl Jones 305 N. Grant Mt Airy IA 50854	Great Grandparents	20	<input type="checkbox"/>
04/29/04	ID# CK#	Paul Maudlin 306 W. Oak Mt Airy IA 50854		10	<input type="checkbox"/>
05/07/04	ID# CK#	Rod and Patty Stark 603 Cindy Dr. Mt Airy IA 50854	Mother & father in-law	100	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

TOTAL (If last page of this schedule)

\$
\$400

* 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)
Sobotka 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
02/26/04	ID# CK#	Great western Bank 100 E. South St. Mt Ayr, IA 50854	checks	\$ 13.30
04/03/04	ID# CK#	Mt. Ayr Record News 122 W madison Mt. Ayr IA 50854	Newspaper Ad 19.20 Note pads 334.70	353.90
04/06/04	ID# CK#	GM Card for Capitol Promotions PO Box 231 Glenside, PA 19038	Yard Signs	1128.00
04/06/04	ID# CK#	The Spokesman 5400 University Av Des Moines IA 50266	Ad	42.78
04/10/04	ID# CK#	Kevin Shellman 304 W. Walnut Mt Ayr IA 50854	Rolls	23.85
05/07/04	ID# CK#	GM Card for Capitol Promotions PO Box 231 Glenside, PA 19038	Ink pens	537.41
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$
TOTAL (If last page of this schedule)				\$2099.24

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 F (Rev. 07/03)	LOANS RECEIVED & REPAID
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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

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
02/26/04	Mike Sobotka 1002 W. South St Mt. Ayr IA 50854		\$ 100
03/05/04	Mike Sobotka 1002 W. South St Mt. Ayr IA 50854		500
04/01/04	Mike Sobotka 1002 W. South St Mt. Ayr IA 50854		650
04/06/04	Mike Sobotka 1002 W. South St Mt. Ayr IA 50854		100

DATE PAID (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE* (If Applicable)	AMOUNT REPAID
			\$

SUB-TOTAL (PART I) \$ 1350

TOTAL CASH REPAYMENTS (PART II) \$ _____

From Schedule E - TOTAL LOANS FORGIVEN \$ _____

TOTAL OUTSTANDING LOANS END OF REPORT PERIOD \$ _____

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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
04/09/04	Mike Sobotka 1002 W. South St. Mt. Airy IA 50854		\$ 75
05/07/04	Mike Sobotka 1002 W. South St. Mt Airy IA 50854		500

DATE PAID (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, if Applicable)	RELATIONSHIP TO CANDIDATE (if Applicable)	AMOUNT REPAY
			\$

SUB TOTAL (PART I) \$ 575

TOTAL \$ 1925

TOTAL CASH REPAYMENTS (PART II) \$ _____

From Schedule E - TOTAL LOANS FORGIVEN \$ _____

TOTAL OUTSTANDING LOANS END OF REPORT PERIOD \$ 1925.00

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