

Recst Form

DISCLOSURE SUMMARY PAGE

<b>FORM DR-2</b> (Rev. 07/2003)	<b>DISCLOSURE REPORT</b>
<b>For Office Use Only</b>	
Comm. # _____	
Logged In _____	
Scanned _____	
Computer _____	
Audit _____	

**COMMITTEE NAME** (Must be same as on Statement of Organization)  
*DON'T GAMBLE WITH OUR FUTURE*

**IMPORTANT:** Indicate type of committee you are reporting for:  (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 \_\_\_\_\_ Political Party \_\_\_\_\_

Office Sought \_\_\_\_\_ District (if Senate or House) \_\_\_\_\_

**ETHICS & CAMPAIGN DISCLOSURE BOARD**  
 JAN 5 2004  
 FILED  
 1/1/2004  
 DATE SIGNED

*[Signature]*  
 SIGNATURE OF TREASURER (or person filing this report)

712-662-7471  
 TELEPHONE

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

SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE:

I AM FILING A 1-1-2004 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  
1-6-2004

County & Local Committees, enter County in which Election is held  
SAC CO.

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.) .....\$ 0.00

**ADD TOTAL MONEY TAKEN IN THIS PERIOD**

Schedule A: Cash Contributions total (Attach Schedule A) (\*also see in-kind below) ..... 2,450.00

Schedule F: Loans Received total (Attach Schedule F) ..... 0.00

Schedule H: Total Sales of Campaign Property (Attach Schedule H) ..... 0.00

(Schedule H applies to Candidates' Committees Only)

**SUB-TOTAL** .....\$ 2,450.00

**SUBTRACT TOTAL MONEY SPENT THIS PERIOD**

Schedule B: Expenditures total (Attach Schedule B) (\*\*also see debts and loans below) ..... 2,148.22

Schedule F: Loan Repayments total (Attach Schedule F) ..... 0.00

**CASH ON HAND** at the end of this reporting period (if final report, balance must be zero) (Attach DR-3) .....\$ 301.78

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**\*\*UNPAID BILLS** (From Schedule D - Attach Schedule D) .....\$ 140.00

**\*IN KIND CONTRIBUTIONS** (From Schedule E - Attach Schedule E) .....\$ 360.00

**\*\*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) \$ \_\_\_\_\_

For Instructions, See Back of Form

Reset Form

SCHEDULE <b>A</b> (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)  
**DONT GAMBLE WITH OUR FUTURE**

**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
12/15/03	ID# CK#	LORETTA RIED 608 W. ST. LAKE VIEW IA 51450		\$ 200.00	<input type="checkbox"/>
12/15/03	ID# CK#	WILLIAM D. KURTH 407 HARRISON LAKE VIEW IA 51450		100.00	<input type="checkbox"/>
12/15/03	ID# CK#	VIRGIL JOHNSON 1928 VOSS AVE SAC CITY IA 50583		100.00	<input type="checkbox"/>
12/15/03	ID# CK#	KURT VAN HULZEN 2397 WADSWAY AVE SAC CITY IA 50583		100.00	<input type="checkbox"/>
12/15/03	ID# CK#	BILL THOMPSON 1019 EARLY ST. SAC CITY IA 50583		50.00	<input type="checkbox"/>
12/18/03	ID# CK#	BILL KOLBE 3041 QUINCY AVE LAKE VIEW IA 51450		100.00	<input type="checkbox"/>
12/18/03	ID# CK#	ASGER SEPSTRUP--SORENSEN 215 S 12TH ST. SAC CITY IA 50583		50.00	<input type="checkbox"/>
12/23/03	ID# CK#	KEVIN LAURA MURRAY 719 S. 9TH ST. SAC CITY IA 50583		200.00	<input type="checkbox"/>
12/21/03	ID# CK#	DONALD RIED 608 WEST ST. LAKE VIEW IA 51450		200.00	<input type="checkbox"/>
12/22/03	ID# CK#	LARRY & MARY KLINOT 1416 AUDUBON ST. SAC CITY IA 50583		25.00	<input type="checkbox"/>
SUB-TOTAL				\$ 1,125.00	
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.

For Instructions, See Back of Form

Reset Form

SCHEDULE <b>A</b> (Rev. 07/03)	MONETARY RECEIPTS
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**CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)  
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12/22/03	ID# CK#	ARLYN + VIRGINIA HILMER 3536 - 255TH ST. LITTON IA 50561		\$ 20.00	<input type="checkbox"/>
12/23/03	ID# CK#	RUSS DAVIS 2636 - 200TH ST. NEMAH IA 50567		25.00	<input type="checkbox"/>
12/22/03	ID# CK#	AED + JOANNE STUCKDALE 16041 - 213 TH AVE SPIRIT LAKE IA 51366		250.00	<input type="checkbox"/>
12/22/03	ID# CK#	RICHARD MEYER 104 N. 7TH ST. ESTHERVILLE IA 51334		250.00	<input type="checkbox"/>
12/22/03	ID# CK#	RUSSELL HICKS 209 S. 11TH ST. SAC CITY IA 50583		50.00	<input type="checkbox"/>
12/22/03	ID# CK#	LEWIS + PAM MCGOYAN 503 S 12TH ST. SAC CITY IA 50583		50.00	<input type="checkbox"/>
12/22/03	ID# CK#	BRIAN + RUTH KRAUSE 3177 - 280TH ST. SAC CITY IA 50583		50.00	<input type="checkbox"/>
12/22/03	ID# CK#	TRUTH ABOUT GAMBLING FOUNDATION 707 CENTRE DRIVE MUSCATINE IA 52761		300.00	<input type="checkbox"/>
12/24/03	ID# CK#	LEONARD + DIANE SIMPSON 217 N 14TH ST. SAC CITY IA 50583		50.00	<input type="checkbox"/>
12/24/03	ID# CK#	IOWA AUTOMOTIVE MACHINE + SUPPLY INC. 1705 W. MAIN ST. SAC CITY IA 50583		200.00	<input type="checkbox"/>
SUB-TOTAL				\$ 1,245.00	
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 <b>A</b> (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**COMMITTEE NAME** (Must be same as on Statement of Organization)  
*DON'T GAMBLE WITH OUR FUTURE*

**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/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
12/26/03	ID# CK#	RICHARD & DOROTHY PORTER 202-8TH ST. LAKE VIEW IA 51450		\$ 5.00	<input type="checkbox"/>
12/27/03	ID# CK#	ROYCE CASE 723 OAK ST. SAC CITY IA 50583		25.00	<input type="checkbox"/>
12/29/03	ID# CK#	LINDA CASE 723 OAK ST. SAC CITY IA 50583		25.00	<input type="checkbox"/>
12/30/03	ID# CK#	FRANK & MILDRED STRAIN 707 S. 11TH ST. SAC CITY IA 50583		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				\$ 80.00	
<b>TOTAL (if last page of this schedule)</b>				<b>\$2,450.00</b>	

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FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)  
**DON'T GAMBLE WITH OUR FUTURE**



SCHEDULE <b>E</b> (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
12/15/03 12/18/03 12/29/03	IOWA STATE BANK 500 AUDUBON ST. SAC CITY IA 50583		USE OF MEETINGS ROOM AVAILABLE TO COMMUNIT. NORMALLY A CHARGE OF \$5000 IS REQUIRED BUT WHEN A STAFF MEMBER IS INVOLVED THIS FEE IS WAIVED.	150.00	<input type="checkbox"/>
12/18/03	DON'T GAMBLE WITH OUR FUTURE COMMITTEE CLAY COUNTY, IA	①	200 YARD SIGNS LEFT OVER FROM THEIR CAMPAIGN	120.00	<input type="checkbox"/>
<del>12/18/03</del>		②	CASINO BUTTONS approx 200	20.00	<input type="checkbox"/>
		③	7 banners/signs	70.00	<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

SUB-TOTAL \$ **360.00**  
 TOTAL (if last page of this schedule) \$ **360.00**

\*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.