

**DISCLOSURE SUMMARY PAGE**

Reset Form

SCOTT

FORM <b>DR-2</b> (Rev. 07/2004)	DISCLOSURE REPORT
<b>For Office Use Only</b>	
Comm. #	17817
Logged In	
Scanned	
Computer	
Audited	

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

REGAN For SCOT County

**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) City PAC (10) School Board or Other Political  
 Subdivision PAC (11) Local Ballot Issue

**CANDIDATE COMMITTEES ONLY:**

Candidate Name: Molly J Regan Political Party (if applicable): \_\_\_\_\_  
 Office Sought: Soil & Water Conservation Commission District (if Senate or House): \_\_\_\_\_

Late reports are subject to possible civil and criminal penalties.

Chad Johnson 563-332-1086 10-19-2004  
 SIGNATURE OF PERSON FILING REPORT TELEPHONE DATE SIGNED

I AM FILING A 10-19-2004 REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR.  
 (report date) Indicate by #  1

OCT 25 2004

- 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
<u>SCOTT</u>

**STATEMENT OF CASH ON HAND**

<b>CASH ON HAND</b> at the beginning of the reporting period. (Total of all funds held by the committee. This amount <b>MUST</b> 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>
<b>ADD TOTAL MONEY TAKEN IN THIS PERIOD</b>	
Schedule A: Cash Contributions total (Attach Schedule A) (**also see in-kind below) .....	<u>2551.58</u>
Schedule F: Loans Received total (Attach Schedule F) .....	<u>325.58</u>
Schedule H: Total Sales of Campaign Property (Attach Schedule H) .....	<u>0</u>
<b>(Schedule H applies to Candidates' Committees Only)</b>	
<b>SUB-TOTAL</b> .....	\$ <u>2877.16</u>
<b>SUBTRACT TOTAL MONEY SPENT THIS PERIOD</b>	
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)....	<u>1037.71</u>
Schedule F: Loan Repayments total (Attach Schedule F) .....	<u>265.00</u>
<b>CASH ON HAND</b> at the end of this reporting period (if final report balance must be zero) (Attach DR-3) .....	\$ <u>1574.45</u>

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

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

\*\*OUTSTANDING LOANS (From Schedule F - Attach Schedule F).....\$ 60.58

**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



<b>SCHEDULE</b> <b>A</b> (Rev. 07/03)	<b>MONETARY</b> <b>RECEIPTS</b>
<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)

*REGAN FOR SCOTT COUNTY*

**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/YYR)	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
9-10-04	ID# CK#	CASH		\$ 335.00	<input checked="" type="checkbox"/>
9-10-04	ID# CK#	Ken Kraepenhagen 2822 ARLINGTON AVE DAVENPORT IA 52803		25.00	<input checked="" type="checkbox"/>
9-10-04	ID# CK#	JOE WOELCHER 2822 ARLINGTON AVE DAVENPORT IA 52803		25.00	<input checked="" type="checkbox"/>
9-10-04	ID# CK#	Jim + Joan Klumhagen 411 HOLLAND LE CLAIR IA 52753		25.00	<input checked="" type="checkbox"/>
9-10-04	ID# CK#	Kevin + Sue Pamperin 2718 COLLEGE ST DAVENPORT IA 52803		25.00	<input checked="" type="checkbox"/>
9-10-04	ID# CK#	MARTY O'BOYLE SUSAN ST ELDRIDGE IA 52748		30.00	<input checked="" type="checkbox"/>
9-10-04	ID# CK#	CLIFF DAY 3422 ADAMS DAVENPORT IA 52807		25.00	<input checked="" type="checkbox"/>
9-10-04	ID# CK#	KATHY HART 2131 N. HARRISON DAVENPORT IA 52803		20.00	<input checked="" type="checkbox"/>
9-10-04	ID# CK#	NATALIE REGAN 2023 - 270 ST CALEMUS IA 52729		25.00	<input checked="" type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
<b>SUB-TOTAL</b>				\$ 535.00	
<b>TOTAL (if last page of this schedule)</b>				\$	

\* 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



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)

*REGAN FOR SCOTT COUNTY*

**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(8), 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
10-17-04	ID# CK#	CASH		\$ 237.00	<input checked="" type="checkbox"/>
10-17-04	ID# CK#	NOTALIE REGAN 2023 - 270 ST CALAMES IA 52729		25.00	<input type="checkbox"/>
10-17-04	ID# CK#	CLIF DAY 3422 ADAMS DAVENPORT IA 52807		25.00	<input checked="" type="checkbox"/>
10-17-04	ID# CK#	DAVID McLAUGHLIN 510 44 PRINCETON IA		25.00	<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"/>
SUB-TOTAL				\$ 312	
<b>TOTAL (If last page of this schedule)</b>				\$	

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For Instructions, See Back of Form

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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)  
 Regan For Scott County

**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
10-06-04	ID# CK#	Democracy For America PO Box 8313 Burlington UT 05402		\$ 1000.00	<input type="checkbox"/>
9-30-04	ID# CK#	John Bowman 617 Brady St Davenport IA 52803		100.00	<input type="checkbox"/>
9-30-04	ID# CK#	ACTA Price Old School House Rd Bethendorf IA 52722		200.00	<input type="checkbox"/>
9-30-04	ID# CK#	Len + Connie Adams 2194 Hogan Ct Bethendorf IA 52722		25.00	<input type="checkbox"/>
10-7-04	ID# CK#	CAROL HOWELL 2309 Western Davenport IA 52803		25.00	<input type="checkbox"/>
10-7-04	ID# CK#	CASH		4.00	<input type="checkbox"/>
10-10-04	ID# CK#	JANICE + ROBERT BOYD 3751 DEER SPRING DR BETHENDORF IA 52722		25.00	<input type="checkbox"/>
	ID# CK#	MOLLY REGAN PRINCETON IA		325.58	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
SUB-TOTAL				\$1704.58	
<b>TOTAL (if last page of this schedule)</b>				\$2551.58	

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FOR INSTRUCTIONS, SEE BACK OF FORM



**EXPENDITURES - MONEY SPENT FROM COMMITTEE ACCOUNT**

SCHEDULE <b>B</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)

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
9-15-04	ID# CK#	Iowa Community Credit Union 501-44 Cedar Rapids IA 52401	BANK FEE	\$ 11.15
10-11-04	ID# CK# 1001	KIKO COPY 110 E 50 Davenport IA 52806	FLYERS	135.36
10-12-04	ID# CK# 1002	PHYSICIAN SIGN 6055 VALLEY DR RIVERDALE IA 52722	YARD SIGNS	383.06
10-13-04	ID# CK# 1003	HOLLY REGAN LONGGRASS IA	SHIRTS	100.00
10-15-04	ID# CK# 1004	TPC 2160 E 53 DAVENPORT IA 52807	FOOD FOR FUND RAISE	58.62
10-16-04	ID# CK# 1005	ALTA PRICE OLD School House Rd BETHLEHEM IA 52722	Food for Fund RAISE	74.80
10-16-04	ID# CK# 1006	SLAGLIES FOOD LE CLAINO IA 52753	FOOD FOR FUND RAISE	9.72
10-01-04	ID# CK#	MOLLY REGAN PRINCETON IA	PAY BACK PART OF LOAN	265.00
SUB-TOTAL				\$ 1037.71
TOTAL (If last page of this schedule)				\$ 1037.71

**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).)

Reset Form

SCHEDULE <b>F</b> (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)  
REGAN For SCOTT County

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.)

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE (If Applicable)	AMOUNT OF LOAN
			\$
9-25-04	MOLLY REGAN	SELF	325.58

TOTAL (PART I) \$ 325.58

**PART II - MONETARY LOAN REPAYMENTS MADE THIS REPORTING PERIOD**  
(Loans forgiven must be reported on Schedule E -- In-kind Contributions.)

DATE PAID (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE* (If Applicable)	AMOUNT REPAID
			\$
10-1-04	MOLLY REGAN	SELF	265.00

TOTAL CASH REPAYMENTS (PART II) \$ 265.00  
 From Schedule E -- TOTAL LOANS FORGIVEN \$ 0  
 TOTAL OUTSTANDING LOANS END OF REPORT PERIOD \$ 60.58

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