

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

Reset Form

Story

FORM DR-2
(Rev. 07/2003)

DISCLOSURE REPORT

For Office Use Only

Comm. # 17391

Logged In _____

Scanned _____

Computer _____

Audited _____

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

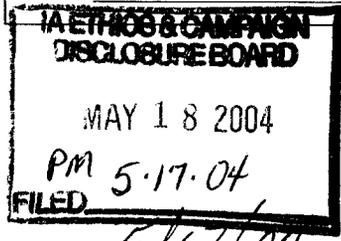
Mosiman for Auditor

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

CANDIDATE COMMITTEES ONLY:

Candidate Name	Political Party
Mary Mosiman	Republican
Office Sought	District (if Senate or House)
County Auditor	



Mary Mosiman
SIGNATURE OF TREASURER (or person filing this report)

515 233-5887
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, 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
November 2, 2004

County & Local Committees, enter County in which Election is held
Story

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.) \$ 2,347.54

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below) 2,310.00

Schedule F: Loans Received total (Attach Schedule F) 0

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

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL \$ 4,657.54

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below).... 614.99

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) \$ 4,042.55

****UNPAID BILLS** (From Schedule D - Attach Schedule D) \$ 0

***IN KIND CONTRIBUTIONS** (From Schedule E - Attach Schedule E) \$ 579.43

****OUTSTANDING LOANS** (From Schedule F - Attach Schedule F) \$ 0

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 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)
Mosiman for 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
2/10/04	ID# CK#	Holly Nissen 6423 Pine Grove Ln Ames, IA 50014		\$25.00	<input type="checkbox"/>
2/22/04	ID# CK#	Micki Lounsberry 64898 160th Street McCallsburg		20.00	<input type="checkbox"/>
3/26/04	ID# CK#	Stephen Owen 2515 Elwood Dr Ames, IA 50010		75.00	<input type="checkbox"/>
4/6/04	ID# CK#	Karleen Titus 113 N. Erickson Roland, IA 50236		10.00	<input type="checkbox"/>
4/16/04	ID# CK#	Dave Jamison 3244 Cameron School Rd Ames, IA 50014		100.00	<input checked="" type="checkbox"/>
4/16/04	ID# CK#	Mark Snell 1528 Indiana Ave Ames, IA 50014		100.00	<input checked="" type="checkbox"/>
4/16/04	ID# CK#	Steve Ringlec 2325 Storm St Ames, IA 50014		100.00	<input checked="" type="checkbox"/>
4/16/04	ID# CK#	Kevin Maher 2419 Ridgetop Rd Ames, IA 50014		100.00	<input checked="" type="checkbox"/>
4/16/04	ID# CK#	Stan Penning 30585 H Avenue Hubbard, IA 50122	brother	250.00	<input checked="" type="checkbox"/>
4/16/04	ID# CK#	Richard Beste 3109 Woodland Ames, IA 50014		100.00	<input checked="" type="checkbox"/>
SUB-TOTAL				\$ 880.00	
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

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SCHEDULE A (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)
Mosiman for Auditor

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4/27/04	ID# CK#	Linda Livingston 2743 North Dakota Ave Ames, IA 50014		\$100.00	<input checked="" type="checkbox"/>
4/30/04	ID# CK#	Iris Jenney 6134 Arrasmith Trail Ames, IA 50010		25.00	<input checked="" type="checkbox"/>
5/1/04	ID# CK#	Marv Walter 2035 Country Club Blvd Ames, IA 50014		25.00	<input checked="" type="checkbox"/>
5/1/04	ID# CK#	Sharon Struthers 3023210th Ave Collins, IA 50055		40.00	<input checked="" type="checkbox"/>
5/1/04	ID# CK#	Donald Millsap 1607 Truman Dr Ames, IA 50010		50.00	<input checked="" type="checkbox"/>
5/3/04	ID# CK#	James Frevert 539 Oak Ln Nevada, IA 50201		50.00	<input checked="" type="checkbox"/>
4/30/04	ID# CK#	Gerald Cable 56967 245th St Ames, IA 50010		100.00	<input checked="" type="checkbox"/>
4/30/04	ID# CK#	Muriel Lousberry 64898 160th St McCallsburg, IA 50154		100.00	<input checked="" type="checkbox"/>
5/8/04	ID# CK#	Gordon House 708 5th Street Colo, IA 50056		25.00	<input checked="" type="checkbox"/>
5/8/04	ID# CK#	Jim Wright Sr. 70131 310th St Collins, IA 50055		10.00	<input checked="" type="checkbox"/>

SUB-TOTAL

\$ 525.00
\$

TOTAL (if last page of this schedule)

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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)
Mosiman for Auditor

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5/7/04	ID# CK#	Bill Burke Jr. PO Box 209 Nevada, IA 50201		\$50.00	<input checked="" type="checkbox"/>
5/6/04	ID# CK#	Robert Parks 3130 Greenwood Ames, IA 50014		25.00	<input checked="" type="checkbox"/>
5/6/04	ID# CK#	Gale Livingston 4738 215th Street Ames, IA 50014		100.00	<input checked="" type="checkbox"/>
5/8/04	ID# CK#	W. Sue Clem 25668 Country Club Blvd Nevada, IA 50201		100.00	<input checked="" type="checkbox"/>
5/5/04	ID# CK#	Joanne Tedesco 4002 Stonebrooke Rd Ames, IA 50010		20.00	<input checked="" type="checkbox"/>
5/5/04	ID# CK#	Donald Mangels 3634 W. 190th St Ames, IA 50014		50.00	<input checked="" type="checkbox"/>
5/6/04	ID# CK#	Helen Eley 71645 140th Street Zearing, IA 50278	Aunt	50.00	<input checked="" type="checkbox"/>
5/4/04	ID# CK#	Margaret Munson 1314 Grand Ave Ames, IA 50010		50.00	<input checked="" type="checkbox"/>
5/6/04	ID# CK#	Kent Hoff 924 Douglas Ave Ames, IA 50010		25.00	<input checked="" type="checkbox"/>
5/5/04	ID# CK#	Norm Rudi 2012 Pinehurst Ames, IA 50014		25.00	<input checked="" type="checkbox"/>

SUB-TOTAL

\$ 495.00

TOTAL (if last page of this schedule)

\$

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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)
Mosiman for 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.

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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
5/5/04	ID# CK#	J.A. Stritzel 2538 N. Dakota Ave Ames, IA 50014		\$25.00	<input checked="" type="checkbox"/>
5/6/04	ID# CK#	JoAnne Owen 30035 650th Ave Maxwell, IA 50161		25.00	<input checked="" type="checkbox"/>
5/1/04	ID# CK#	M. Hegstrom 3603 Oakland Ames, IA 50014		10.00	<input checked="" type="checkbox"/>
4/30/04	ID# CK#	Barbara Finch 27099 US Hwy 69 Ames, IA 50010		15.00	<input checked="" type="checkbox"/>
5/1/04	ID# CK#	Verlyn Frohling 415 Cedar St Story City, IA 50249		20.00	<input checked="" type="checkbox"/>
5/1/04	ID# CK#	Russ Cross 3409 Oakland St Ames, IA 50014		25.00	<input checked="" type="checkbox"/>
5/1/04	ID# CK#	Dennis Freeman 2966 Monroe Dr Ames, IA 50010		25.00	<input checked="" type="checkbox"/>
5/1/04	ID# CK#	Robert Vohs 1601 Woodhaven, Cir Ames, IA 50010		25.00	<input checked="" type="checkbox"/>
5/6/04	ID# CK#	Richard Johnson 3412 Jewell Dr Ames, IA 50010		25.00	<input checked="" type="checkbox"/>
5/6/04	ID# CK#	Linda Johnson 3112 Ridgetop Rd Ames, IA 50014		20.00	<input checked="" type="checkbox"/>

SUB-TOTAL
\$ 215.00
TOTAL (if last page of this schedule)
\$

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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)
Mosiman for Auditor

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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
5/14/04	ID# CK#	Rita Dougan 212 Strawberry Lane Ames, IA 50010	cousin	\$50.00	<input checked="" type="checkbox"/>
5/12/04	ID# CK#	Fred Bunce 1206 Truman Pl Ames, IA 50010		25.00	<input checked="" type="checkbox"/>
5/10/04	ID# CK#	Dorothy Christy 624 15th St Nevada, IA 50201		20.00	<input checked="" type="checkbox"/>
5/12/04	ID# CK#	Gary Botine 1002 Vermont Ct Ames, IA 50014		25.00	<input checked="" type="checkbox"/>
5/11/04	ID# CK#	John Greenwood 2407 Lakeside Dr Ames, IA 50010		50.00	<input checked="" type="checkbox"/>
5/12/04	ID# CK#	Donald Pietz 435 24th St Ames, IA 50010		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"/>
SUB-TOTAL				\$ 195.00	
TOTAL (if last page of this schedule)				\$ 2,310.00	

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FOR INSTRUCTIONS, SEE BACK OF FORM

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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)
Mosiman for 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
3/4/04	ID# CK# 545	Sigler Company 413 Northwestern Ames, IA 50010	single handout-quantity 1500	\$ 454.75
4/6/04	ID# auto debit CK#	First National Bank 5th and Burnett Ames, IA 50010	check order	14.25
4/15/04	ID# CK#701	Dave Harvey Ames, IA 50010	reimburse for domain registration for votemosiman.com	34.99
4/26/04	ID# CK#702	US Postmaster Ames, IA 50010	stamps for mailing	111.00
	ID# CK#			
SUB-TOTAL				\$ 614.99
TOTAL (if last page of this schedule)				\$ 614.99

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).)

FOR INSTRUCTIONS, SEE BACK OF FORM

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)
 Mosiman for Auditor

Reset 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
4/16/04	Mary Mosiman 3727 Pleasant View Rd Ames, IA 50014	self	button sheeth	\$ 10.70	<input type="checkbox"/>
4/16/04	Mary Mosiman 3727 Pleasant View Rd Ames, IA 50014	self	thank you notes from Party-Time for fundraiser	12.31	<input type="checkbox"/>
4/16/04	Mary Mosiman 3727 Pleasant View Rd Ames, IA 50014	self	table rental for fundrasier from Party-Time	6.42	<input type="checkbox"/>
4/16/04	Kevin and Patti Kimle 2525 North Dakota Ave Ames, IA 50014		dinner prepared for 20 guests as a fundraiser	400.00	<input checked="" type="checkbox"/>
4/20/04	Mary Mosiman 3727 Pleasant View Rd Ames, IA 50014	self	home computer and paper usage for mailinn	150.00	<input checked="" type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
SUB-TOTAL				\$ 579.43	
TOTAL (if last page of this schedule)				\$ 579.43	

*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.