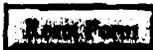


FOR INSTRUCTIONS, SEE BACK OF FORM

### DISCLOSURE SUMMARY PAGE



<b>FORM DR-2</b> (Rev. 07/2004)	<b>DISCLOSURE REPORT</b>
<i>Story</i>	
<b>For Office Use Only</b>	
Comm. #	<u>17391</u>
Logged In	<u>sb</u>
Scanned	
Computer	<u>sb</u>
Audited	

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

Mosiman for Auditor

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

Late reports are subject to possible civil and criminal penalties.

*Mary Mosiman*  
SIGNATURE OF PERSON FILING REPORT

515 233-5887  
TELEPHONE

7/16/04  
DATE SIGNED

I AM FILING A July 19, 2004 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 <u>November 2, 2004</u>
County & Local Committees, enter County in which Election is held <u>Story</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>4,042.55</u>
<b>ADD TOTAL MONEY TAKEN IN THIS PERIOD</b>	
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)	<u>645.00</u>
Schedule F: Loans Received total (Attach Schedule F)	_____
Schedule H: Total Sales of Campaign Property (Attach Schedule H)	_____
<u>(Schedule H applies to Candidates' Committees Only)</u>	
<b>SUB-TOTAL</b> ....	\$ <u>4,687.55</u>
<b>SUBTRACT TOTAL MONEY SPENT THIS PERIOD</b>	
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)	<u>1,107.65</u>
Schedule F: Loan Repayments total (Attach Schedule F)	_____
<b>CASH ON HAND</b> at the end of this reporting period (If final report balance must be zero) (Attach DR-3)	\$ <u>3,579.90</u>
<b>**UNPAID BILLS</b> (From Schedule D - Attach Schedule D)	\$ _____
<b>**IN KIND CONTRIBUTIONS</b> (From Schedule E - Attach Schedule E)	\$ <u>198.14</u>
<b>**OUTSTANDING LOANS</b> (From Schedule F - Attach Schedule F)	\$ _____
<b>CANDIDATE COMMITTEES ONLY:</b>	
<b>CONSULTANT BREAKDOWN</b> (Schedule G Attached?)	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>VALUE OF CAMPAIGN PROPERTY</b> (From Schedule H - Attach Schedule H)	\$ _____

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)  
 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/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
6/16/04	ID# CK#	Lorotta Parker 1107 Grand Ave Story City, IA 50248		\$25.00	<input type="checkbox"/>
6/17/04	ID# CK#	William Burke 57113 250th St Ames, IA 50010		25.00	<input type="checkbox"/>
6/18/04	ID# CK#	Mary Clark 3805 Mathews Rd Ames, IA 50014		20.00	<input type="checkbox"/>
6/20/04	ID# CK#	Margaret Wilson 314 NE Eaglewood Dr Ankeny, IA 50201		100.00	<input type="checkbox"/>
7/13/04	ID# CK#	Mary Ann Johnson 1115 South K Avenue Nevada, IA 50201		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"/>

SUB-TOTAL  
 \$ 195.00  
**TOTAL (if last page of this schedule)**  
 \$ 645.00

\* 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

**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)

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 88B.32A(5), 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
5/25/04	ID# CK#	Jon Strom 3822 Columbine Ave Ames, IA 50010		\$25.00	<input type="checkbox"/>
5/26/04	ID# CK#	Robert Friedrich 619 E. Lincoln Way Ames, IA 50010		25.00	<input type="checkbox"/>
5/26/04	ID# CK#	Mary Fitch 3819 Deer Run Ln Ames, IA 50014		25.00	<input type="checkbox"/>
5/25/04	ID# CK#	Max Wortman 3010 Kellogg Ave Ames, IA 50010		100.00	<input type="checkbox"/>
5/20/04	ID# CK#	Linda Divine 2812 Torrey Pines Rd Ames, IA 50014		25.00	<input type="checkbox"/>
5/20/04	ID# CK#	Karen Shirk 3201 Bayberry Rd Ames, IA 50014		50.00	<input type="checkbox"/>
5/20/04	ID# CK#	Janice Johansen 2128 Quail Ridge Rd Ames, IA 50010		50.00	<input type="checkbox"/>
6/2/04	ID# CK#	Sherry Sargent 1932 Buchanan Dr Ames, IA 50010		50.00	<input type="checkbox"/>
6/10/04	ID# CK#	Tom Stark 2115 Highes Ave Ames, IA 50014		50.00	<input type="checkbox"/>
6/14/04	ID# CK#	Donald Powers 2538 Eisenhower Ave Ames, IA 50010		50.00	<input type="checkbox"/>

SUB-TOTAL

\$ 450.00

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



**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)  
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
6/3/04	ID# CK# 703	First Class Signs 720 E. Lincoln Way Ames, IA 50010	political yard signs	\$ 1067.65
6/14/04	ID# CK# 704	Iowa Republican County Official Assoc Des Moines, IA 50309	candidate school	40.00
	ID# CK#			
SUB-TOTAL				\$ 1107.65
TOTAL (If last page of this schedule)				\$ 1107.65

**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 88A.402(3)(f).)

FOR INSTRUCTIONS, SEE BACK OF FORM

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

Mosiman for Auditor

SCHEDULE <b>E</b> (Rev. 06/07)	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
5/20/04	Mary Mosiman 3727 Pleasant View Rd Ames, IA 50014	self	parade entry fee	\$ 25.00	<input type="checkbox"/>
variou	Mary Mosiman	self	parade candy	148.14	<input type="checkbox"/>
6/8/04	Mary Mosiman	self	parade entry fee	25.00	<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 \$ 198.14  
 TOTAL (if last page of this schedule) \$ 198.14

\*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.