

FOR INSTRUCTIONS, SEE BACK OF FORM

# DISCLOSURE SUMMARY PAGE



*Story*

<b>FORM DR-2</b> (Rev. 12/2005)	DISCLOSURE REPORT
<b>For Office Use Only</b>	
Comm. # _____	
Logged In _____	
Scanned _____	
Computer _____	
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 Mary Mosiman	<b>LOCAL ELECTION BOARD</b>  <b>JAN 13 2006</b> <i>PM</i> <b>FILED 1-12-06</b>	Political Party (if applicable) Republican
Office Sought County Auditor		District (if Senate or House)

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code section 68B.32A(7) the candidate, for a candidate's committee, and the chairperson, for any other type of committee, is the individual responsible for filing timely and accurate reports.

*Mary Mosiman* 615 233-5887 1/11/06  
 SIGNATURE OF PERSON FILING REPORT TELEPHONE DATE SIGNED

I AM FILING A 1/19/06 REPORT FOR (1) ELECTION //(2) NON-ELECTION YEAR.  
 (report date) Indicate by # 2

- 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 Story _____

## 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.) .....	\$ 149.82
<b>ADD TOTAL MONEY TAKEN IN THIS PERIOD</b>	
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below).....	1,075.00
Schedule F: Loans Received total (Attach Schedule F) .....	_____
Schedule H: Total Sales of Campaign Property (Attach Schedule H).....	_____
<b>(Schedule H applies to Candidates' Committees Only)</b>	
<b>SUB-TOTAL</b> .....	\$ 1,224.82
<b>SUBTRACT TOTAL MONEY SPENT THIS PERIOD</b>	
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below) .....	0.00
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) .....	\$ 1,224.82
<b>**UNPAID BILLS</b> (From Schedule D - Attach Schedule D).....	\$ _____
<b>*IN KIND CONTRIBUTIONS</b> (From Schedule E - Attach Schedule E) .....	\$ 340.85
<b>**OUTSTANDING LOANS</b> (From Schedule F - Attach Schedule F) .....	\$ _____
<b>CONSULTANT BREAKDOWN</b> (Schedule G Attached?)	___ YES ___ NO
<b>CANDIDATE COMMITTEES ONLY:</b>	
<b>VALUE OF CAMPAIGN PROPERTY</b> (From Schedule H - Attach Schedule H)	\$ _____

**STATE COMMITTEES:** Submit a reconciled campaign account bank statement in January of each year.

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)  
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
10/20/05	ID# CK# 7813	Iris Jenney 2613 Duff Ave Ames, IA 50010		\$25.00	<input checked="" type="checkbox"/>
10/16/05	ID# CK# 9214	Muriel Lounsberry 64898 160th Street McCallsburg, IA 50154		30.00	<input checked="" type="checkbox"/>
11/8/05	ID# CK# 6872	Margaret Munson 4541 Webster Street Ames, IA 50014		25.00	<input checked="" type="checkbox"/>
11/11/05	ID# CK# 4300	W.Sue Clem 25668 Country Club Rd Nevada, IA 50201		100.00	<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 \$ 180.00

**TOTAL (if last page of this schedule)** \$ 1,075.00

\* 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.

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**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

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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
10/6/05	ID# CK# 1380	Rick Hoenig 1215 25th Street Ames, IA 50010		\$50.00	<input checked="" type="checkbox"/>
10/6/05	ID# CK# 2170	Dennis Freeman 2966 Monroe Dr Ames, IA 50010		25.00	<input checked="" type="checkbox"/>
10/6/05	ID# CK# 10119	Gale Livingston 4738 215th ST Ames, IA 50014		100.00	<input checked="" type="checkbox"/>
10/6/05	ID# CK# 848J	Dorothy Scott 2101 Kellogg Ave Ames, IA 50010		20.00	<input checked="" type="checkbox"/>
10/6/05	ID# CK# 1185	David Jamison 3308 Cameron School Rd Ames, IA 50014		100.00	<input checked="" type="checkbox"/>
10/6/05	ID# CK# 9221	Kevin Kimle 2525 North Dakota Ave Ames, IA 50014		50.00	<input checked="" type="checkbox"/>
10/7/05	ID# CK# 2380	Bill Burke Jr PO Box 209 Nevada, IA 50201		50.00	<input checked="" type="checkbox"/>
10/2/05	ID# CK# 1025	Robert Parks 3308 Foxley Dr. Ames, IA 50010		100.00	<input checked="" type="checkbox"/>
12/21/05	ID# CK# 643	Steve Owen 851 Lakeshore Dr. Nevada, IA 50201		50.00	<input checked="" type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
<b>SUB-TOTAL</b>				\$545.00	
<b>TOTAL (if last page of this schedule)</b>				\$	

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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)

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
10/6/05	ID# CK# 5354	Thomas Stark 2115 Hughes Ave Ames, IA 50010		\$50.00	<input checked="" type="checkbox"/>
10/1/05	ID# CK# 2259	Marvin Walter 2035 Country Club Blvd Ames, IA 50014		25.00	<input checked="" type="checkbox"/>
9/30/05	ID# CK# 6324	Sherri Gray 5614 Thunder Rd Ames, IA 50014		50.00	<input checked="" type="checkbox"/>
10/6/05	ID# CK# 9505	Robert Friedrich 619 E. Lincoln Way Ames, IA 50010		25.00	<input checked="" type="checkbox"/>
10/6/05	ID# CK# 3053	Monte Parrish 1511 Stone Brooke Rd Ames, IA 50010		25.00	<input checked="" type="checkbox"/>
10/6/05	ID# CK# 808	Trace Thunhorst 717 Crawford Ave Ames, IA 50010		50.00	<input checked="" type="checkbox"/>
10/6/05	ID# CK# 1125	Marty Darnell 617 Meadow Pl Ames, IA 50010		25.00	<input checked="" type="checkbox"/>
10/6/05	ID# CK# 2580	Kent Burhenn 800 Pinon Dr Ames, IA 50014		50.00	<input checked="" type="checkbox"/>
10/6/05	ID# CK# 4495	Sue Bjorkgren 1214 Johnson Ames, IA 50010		30.00	<input checked="" type="checkbox"/>
10/6/05	ID# CK# 1254	John Ziegenbusch 1003 Vermont Ct Ames, IA 50014		20.00	<input checked="" type="checkbox"/>
<b>SUB-TOTAL</b>				\$ 350.00	
<b>TOTAL (if last page of this schedule)</b>				\$	

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SCHEDULE <b>E</b> (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
10/6/05	Scott Griffen 125 Main Street Ames, IA 50010		beverages for fundraiser held 10/6/05	\$ 110.00	<input checked="" type="checkbox"/>
9/18/05	Mary Mosiman 3727 Pleasant View Rd Ames, IA 50010	self	computer usage to print invitations and envelopes	40.00	<input checked="" type="checkbox"/>
9/13/05	Mary Mosiman	self	Staples-paper and envelopes for fundraiser	53.02	<input checked="" type="checkbox"/>
9/26/05	Mary Mosiman	self	Stamps for mailing for fundraiser	74.00	<input checked="" type="checkbox"/>
10/5/05	Mary Mosiman	self	cheese and crackers for fundraiser	63.83	<input checked="" type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

SUB-TOTAL \$ 340.85  
 TOTAL (if last page of this schedule) \$ 340.85

\*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.