

Woodbury

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

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

Committee to Re-Elect Cluses

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

FORM DR-2 (Rev. 07/2003)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	<u>17719</u>
Logged In	
Scanned	
Computer	
Account	

CANDIDATE COMMITTEES ONLY:

Candidate Name	Political Party
<u>Larry D. Cluses</u>	<u>Dem</u>
Office Sought	District (if Senate or House)
<u>County Supervisor - Woodbury County</u>	

FILED
STATE & CAMPAIGN DISCLOSURE BOARD
 OCT 15 2004

SIGNATURE OF TREASURER (or person filing this report) _____ **TELEPHONE** 712-252-1866 ext 215 **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 10/14 REPORT FOR AN/A (1) ELECTION //(2) NON-ELECTION YEAR.
(report date) Indicate one

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

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.) \$ 296.70

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below) ~~4275.00~~ 1325.00

Schedule F: Loans Received total (Attach Schedule F)..... 1,000.00

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

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL.....\$ 2,591.70

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below) ... 1,515.04

Schedule F: Loan Repayments total (Attach Schedule F)

CASH ON HAND at the end of this reporting period (if final report, balance must be zero) (Attach DR-3).....\$ 1106.66

**UNPAID BILLS (From Schedule D - Attach Schedule D)	\$ <u>0</u>
*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)	\$ <u>0</u>
**OUTSTANDING LOANS (From Schedule F - Attach Schedule F).....	\$ <u>1000⁰⁰</u>

CANDIDATE COMMITTEES ONLY:

CONSULTANT BREAKDOWN (Schedule G Attached?) _____ YES NO

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H) \$ 0

For Instructions, See Back of 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)

Committee to Re-Elect Abuser

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/YY)	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
7/15/04	ID# CK#	Gale Avery 2441 Puelto Drive Sioux City, IA 51104		\$100 ⁰⁰	
7/15/04	ID# CK# Cash	Bob Severeid 2700 Sunnyside Ct. Sioux City, IA 51106		25 ⁰⁰	
7/20/04	ID# CK#	Jerry Johnson 3919 Sylvia Way Sioux City, IA 51104		\$100 ⁰⁰	
7/21/04	ID# CK#	Fred Deueport 520 Nebraska St. Suite 233 Sioux City, IA 51101-1908		\$50 ⁰⁰	
7/23/04	ID# CK#	AS Stork 1557 Hamilton Blvd Sioux City, IA 51104		\$100 ⁰⁰	
8/2/04	ID# CK#	John Meyer 3715 S. Birch Rk Sioux City, IA 51104		\$100 ⁰⁰	
9/26/04	ID# CK#	Don Drilling 1304 Lincoln Way Sioux City, IA 51106		\$50 ⁰⁰	
9/23/04	ID# 6144 CK# 412	Northwest Iowa Labor Council Cafe Fund 3038 South Lehigh St. Suite 100 Sioux City, Iowa 51106		\$150 ⁰⁰	
9/29/04	ID# CK#	Bill Peters 1900 1/2 McKinley Des Moines, Iowa 50315		500 ⁰⁰	
9/30/04	ID# CK#	Rick Andland 2086 Roundtree Road St. Bluff, Iowa 51054		100 ⁰⁰	
SUB-TOTAL				\$1275.00	
TOTAL (if last page of this schedule)				\$1275.00	

* 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 A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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

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
8/4/04	ID# CK#	Fred A. Biese 1650 160th Street Cresco, IA 51016		\$ 50	
	ID# CK#				

SUB-TOTAL
\$
\$ 1325

TOTAL (if last page of this schedule)

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FOR INSTRUCTIONS, SEE BACK OF FORM

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

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.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
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CHECK THIS BOX IF AMENDING FORM

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

Committee to Re-Elect Clouse

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
9/16/04	ID# CK#	<i>Carter Printing 1739 East Grand Avenue Des Moines, IA 50316</i>	<i>Campaign signs</i>	<i>\$1,255.04</i>
10/13/04	ID# CK#	<i>Maquokette Record 12 S. 2nd Street Maquokette, IA 51039</i>	<i>Ads - Newspaper</i>	<i>\$260.00</i>
	ID# CK#			
SUB-TOTAL				<i>\$ 1515.04</i>
TOTAL (if last page of this schedule)				<i>\$ 1515.04</i>

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).)

10/15/04 FRI 17:59 FAX 7122525822 KCLASS LAW FIRM 005

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)
Committee to Re-Elect Chusen

SCHEDULE F (Rev. 07/03)	LOANS RECEIVED & REPAYED
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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
8/23/04	Larry D. Chusen 1502 Buchanan Sioux City, Iowa 51101	Candidate	\$ 1,000.00

TOTAL (PART I) \$ 1,000.00

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 REPAYED
			\$

TOTAL CASH REPAYMENTS (PART II) \$ _____

From Schedule E - TOTAL LOANS FORGIVEN \$ _____

TOTAL OUTSTANDING LOANS END OF REPORT PERIOD \$ _____

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