

FOR INSTRUCTIONS, SEE BACK OF FORM

# DISCLOSURE SUMMARY PAGE

Reset Form

*Woodbury*

**COMMITTEE NAME** (Must be same as on Statement of Organization)  
Friends and Supporters of Pat Gill

**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

<b>FORM DR-2</b> (Rev. 07/2003)	<b>DISCLOSURE REPORT</b>
<b>For Office Use Only</b>	
Comm. #	<u>17437</u>
Logged In	<u>AM</u>
Scanned	
Computer	<u>am</u>
Audited	

**CANDIDATE COMMITTEES ONLY:**

Candidate Name: Patrick F. Gill Political Party: Democrat

Office Sought: County Auditor/Recorder District (if Senate or House): \_\_\_\_\_

**ETHICS & CAMPAIGN DISCLOSURE BOARD**

JAN 19 2005

FILED HJ

1-17-05

DATE SIGNED

SIGNATURE OF TREASURER (or person filing this report) Pat Gill TELEPHONE 712-255-6039

Late filed reports are subject to possible civil and criminal penalties.

**SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE:**

I AM FILING A January 19th 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

<b>CASH ON HAND</b> at the beginning of the reporting period. (This is the total of all monies 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>3074.08</u>
<b>ADD TOTAL MONEY TAKEN IN THIS PERIOD</b>		
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)		<u>1920.00</u>
Schedule F: Loans Received total (Attach Schedule F)		<u>0.00</u>
Schedule H: Total Sales of Campaign Property (Attach Schedule H)		<u>0.00</u>
<b>(Schedule H applies to Candidates' Committees Only)</b>		
<b>SUB-TOTAL</b> .....	\$	<u>4994.08</u>
<b>SUBTRACT TOTAL MONEY SPENT THIS PERIOD</b>		
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)		<u>4683.51</u>
Schedule F: Loan Repayments total (Attach Schedule F)		<u>0.00</u>
<b>CASH ON HAND</b> at the end of this reporting period (if final report, balance must be zero) (Attach DR-3)	\$	<u>310.57</u>
<b>**UNPAID BILLS</b> (From Schedule D - Attach Schedule D)	\$	<u>0.00</u>
<b>**IN KIND CONTRIBUTIONS</b> (From Schedule E - Attach Schedule E)	\$	<u>0.00</u>
<b>**OUTSTANDING LOANS</b> (From Schedule F - Attach Schedule F)	\$	<u>500.00</u>
<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

Reset 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)

**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
10-16-04	ID# CK#	IRVING JENSEN JR. 4320 PARKWAY SIoux CITY IA		\$ 100.00	<input type="checkbox"/>
10-14-04	ID# CK#	STEW HUFF SIoux CITY IA		50.00	<input type="checkbox"/>
10-18-04	ID# CK#	Donna Vandehaar 4917 SINGING HILLS SIoux CITY IA		100.00	<input type="checkbox"/>
10-19-04	ID# CK#	David Gill 1330 120th St. Jackson Mo		100.00	<input type="checkbox"/>
10-20-04	ID# CK#	SUE BOOEN 4528 MANOR CIRCLE SIoux CITY		50.00	<input type="checkbox"/>
10-22-04	ID# CK#	WILL FORKER 505 6th SIoux CITY IA		50.00	<input type="checkbox"/>
10-23-04	ID# CK#	LEONARD GILL 121 MUNDANA BLVD Jackson Mo		1000.00	<input type="checkbox"/>
10-27-04	ID# CK#	STAN MUMBER 600 4th SIoux CITY IA		25.00	<input type="checkbox"/>
10-28-04	ID# CK#	John MUGAN 3715 S. BOTIAR PATH SIoux CITY IA		100.00	<input type="checkbox"/>
10-28-04	ID# CK#	TED KARPVIC 1031 LAFAYETTE SIoux CITY		25.00	<input type="checkbox"/>
SUB-TOTAL				\$ 1600	
<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

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)

**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
10-29-07	ID# CK#	WILL BULL 494 210th HUMER, NE		\$ 25.00	<input type="checkbox"/>
11-2-07	ID# CK#	ELIZABETH A ROW 719 NEBRASKA ST. SIOUX CITY		50.00	<input type="checkbox"/>
11-2-07	ID# CK#	LEE GOODWIN  SIOUX CITY		100.00	<input type="checkbox"/>
11-2-07	ID# CK#	FRANK BAYON  SIOUX CITY		20.00	<input type="checkbox"/>
11-2-07	ID# CK#	UNIDENTIFIED		125.00	<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				\$ 320	
<b>TOTAL (if last page of this schedule)</b>				\$ 1920	

\* 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

Reset 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
10-18-04	ID# CK#	Sioux City Journal 515 PAVANIA SIOUX CITY IA	NEWSPAPER ADVERTISING	\$2465.90
10-20-04	ID# CK#	Mail House 1805 4th St. SIOUX CITY IA	ABSENTEE MAILING	311.62
10-22-04	ID# CK#	STAPLES 890 GORDON DR SIOUX CITY IA	Fundraising letter mailing supplies	21.81
10-25-04	ID# CK#	Bass Advertising 815 NEBRASKA ST. SIOUX CITY IA	Radio Advertising	1080.00
10-27-04	ID# CK#	MAIL HOUSE 1805 4th St. SIOUX CITY IA	ABSENTEE MAILING	269.23
10-27-04	ID# CK#	Sioux City Journal 515 PAVANIA SIOUX CITY IA	NEWSPAPER ADVERTISING	396.24
11-17-04	ID# CK#	WALGREENS 1208 IOWA SIOUX CITY IA	Thank you notes	25.61
11-13-04	ID# CK#	Pet Gill 3948 Fieldcrest SIOUX CITY	Reimbursement for postage	74.00
SUB-TOTAL				\$ 4679.47
<b>TOTAL (if last page of this schedule)</b>				\$

**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).)

