

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

Reset Form

Woodbury

FORM DR-2 (Rev. 07/2003)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	<u>17632</u>
Logged In	<u>sb</u>
Scanned	
Computer	<u>sb</u>
Audited	
FILED	
ETHICS & CAMPAIGN DISCLOSURE BOARD	
MAY 17 2004	
DATE SIGNED <u>5/14/05</u>	

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

PRUEHS FOR COUNTY SUPERVISOR

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
DICK PRUEHS	REPUBLICAN
Office Sought	District (if Senate or House)
WOODBURY COUNTY SUPERVISOR	

John Safford
 SIGNATURE OF TREASURER (or person filing this report)

412-276-3072
 TELEPHONE

5/14/05
 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 JAN 01 - MAY 14, 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
County & Local Committees, enter County in which Election is held
WOODBURY

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.)	\$ 0.00
ADD TOTAL MONEY TAKEN IN THIS PERIOD	
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)	2,243.00
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>	
SUB-TOTAL	\$ 2,243.00
SUBTRACT TOTAL MONEY SPENT THIS PERIOD	
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)	0.00
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)	\$ 2,243.00
**UNPAID BILLS (From Schedule D - Attach Schedule D)	\$ 988.42
*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)	
**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)	
CANDIDATE COMMITTEES ONLY:	
CONSULTANT BREAKDOWN (Schedule G Attached?)	<input type="checkbox"/> YES <input type="checkbox"/> NO
VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)	\$ _____

For Instructions, See Back of Form

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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)
 PRUEHS FOR COUNTY SUPERVISOR

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
4/24/04	ID# CK#	JEFFREY D ARNETT 2442 - 7TH ST SIOUX CITY, IA 51105		\$25.00	<input type="checkbox"/>
4/26/04	ID# CK#	MRS DARRELL HUNT 7104 MORNINGSIDE AVENUE SIOUX CITY, IA 51106		10.00	<input type="checkbox"/>
4/26/04	ID# CK#	MRS. DON STONE 2525 S LAKEPORT SIOUX CITY, IA 51106		25.00	<input type="checkbox"/>
4/26/04	ID# CK#	DONALD C RHEBB 4030 LINCOLN WAY SIOUX CITY, IA 51106		25.00	<input type="checkbox"/>
4/26/04	ID# CK#	VIRGINIA PRUEHS 6120 MORNINGSIDE AVE SIOUX CITY, IA 51106	MOTHER	100.00	<input type="checkbox"/>
4/27/04	ID# CK#	WW ANDERL 3213 S HENNEPIN ST SIOUX CITY, IA 51106		25.00	<input type="checkbox"/>
4/27/04	ID# CK#	DICK R LUDWIG 6012 GARRETSON AVE SIOUX CITY, IA 51106		100.00	<input type="checkbox"/>
4/27/04	ID# CK#	BILL O'CONNELL 2290 O'BRIEN ANTHON, IA 51004		20.00	<input type="checkbox"/>
4/27/04	ID# CK#	NORMA J COON 2616 S MAGNOLIA ST SIOUX CITY, IA 51106	SISTER-IN-LAW	50.00	<input type="checkbox"/>
4/27/04	ID# CK#	ELGERD L ARNETT 1603 S ST AUBIN ST SIOUX CITY, IA 51106		10.00	<input type="checkbox"/>
SUB-TOTAL				\$ 390.00	
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.

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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)
PRUEHS FOR COUNTY SUPERVISOR

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4/27/04	ID# CK#	DICK PRUEHS 5517 STONE AVE SIOUX CITY, IA 51106		\$550.00	<input type="checkbox"/>
4/27/04	ID# CK#	WAYNE C JOHNSON 2915 S OLIVE ST SIOUX CITY, IA 51106		25.00	<input type="checkbox"/>
4/27/04	ID# CK#	MARGARET L MILLARKE 2304 S NICOLLET ST SIOUX CITY, IA 51106	SISTER-IN-LAW	50.00	<input type="checkbox"/>
4/27/04	ID# CK#	DALE B HILL 3416 - 6TH AVE SIOUX CITY, IA 51106		20.00	<input type="checkbox"/>
4/27/04	ID# CK#	BETTY CORRIE 2067 - 190TH ST BRONSON, IA 51007		100.00	<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				\$ 745.00	
TOTAL (if last page of this schedule)				\$	

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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)
 PRUEHS FOR COUNTY SUPERVISOR

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
04/28/04	ID# CK#	CHARLES A KNOEPFLER 501 BUCKWALTER DR SIOUX CITY, IA 51104		\$75.00	<input type="checkbox"/>
04/29/04	ID# CK#	LYNNETTE K HOFFMAN 325 LAKESHORE DR MC COOK LAKE, SD 57049		100.00	<input type="checkbox"/>
04/29/04	ID# CK#	ADRIAN C LARSEN 32176 C-70 HINTON, IA 51024		50.00	<input type="checkbox"/>
04/29/04	ID# CK#	DAVID L PRUEHS 801 BROOKSIDE DR, APT 106 LANSING, MI 48917	BROTHER	8.00	<input type="checkbox"/>
04/30/04	ID# CK#	JOHN D DANIELS 25138 C-60 HINTON, IA 51024		25.00	<input type="checkbox"/>
05/01/04	ID# CK#	ROBERT K DAVIS 801 S ST MARYS SIOUX CITY, IA 51106		10.00	<input type="checkbox"/>
05/01/04	ID# CK#	RONALD E RUNGE 1322 PIERCE ST SIOUX CITY, IA 51104		50.00	<input type="checkbox"/>
05/01/04	ID# CK#	MORTON L MULFORD 215 W 25TH SIOUX CITY, IA 51104		25.00	<input type="checkbox"/>
05/01/04	ID# CK#	JOHN HOLLENBECK 1459 - 240TH ST SALIX, IA 51052		25.00	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
SUB-TOTAL				\$ 368.00	
TOTAL (if last page of this schedule)				\$	

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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)
 PRUEHS FOR COUNTY SUPERVISOR

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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
05/03/04	ID# CK#	JUDI SIMONI 240 FIRETHORN TRAIL DAKOTA DUNES, SD 57049		\$50.00	<input type="checkbox"/>
05/03/04	ID# CK#	COLLETTA AUEN PO BOX 348 LAKE VIEW, IA 51450		25.00	<input type="checkbox"/>
05/03/04	ID# CK#	UNITEMIZED CONTRIBUTIONS DURING PERIOD		10.00	<input type="checkbox"/>
05/04/04	ID# CK#	CATHY COREY 1505 AZTEC CIRCLE SIOUX CITY, IA 51104		25.00	<input type="checkbox"/>
05/04/04	ID# CK#	KENNETH ACKERMAN 4605 GRAYHAWK RIDGE DR SIOUX CITY, IA 51106		100.00	<input type="checkbox"/>
05/04/04	ID# CK#	JEFF LOFFSWOLD 2616 S ROSWELL SIOUX CITY, IA 51106		30.00	<input type="checkbox"/>
05/04/04	ID# CK#	HERBERT HARRIS JR 5211 WELLINGTON CT SIOUX CITY, IA 51106		25.00	<input type="checkbox"/>
05/05/04	ID# CK#	ROGER BENSON 2918 GLENN AVENUE SIOUX CITY, IA 51106		10.00	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
SUB-TOTAL				\$ 275.00	
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)
PRUEHS FOR COUNTY SUPERVISOR

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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
05/08/04	ID# CK#	DAVID CROSTON 17 DORCHESTER RD. SIOUX CITY, IA 51106		\$100.00	<input type="checkbox"/>
05/08/04	ID# CK#	LARRY SEVEREIDE 2828 S LYON ST SIOUX CITY, IA 51106		20.00	<input type="checkbox"/>
05/08/04	ID# CK#	SHIRLEY PATRICK 3526 STRAWBERRY LANE SIOUX CITY, IA 51106		100.00	<input type="checkbox"/>
05/07/04	ID# CK#	BRENT PRUEHS 4855 BRADFORD LANE SIOUX CITY, IA 51106	SON	100.00	<input type="checkbox"/>
05/13/04	ID# CK#	JOSEPH GORDON 5630 SEGER COURT SIOUX CITY, IA 51106		100.00	<input type="checkbox"/>
05/14/04	ID# CK#	ERIC O'CONNELL 3287 - 190TH STREET ANTHON, IA 51004		25.00	<input type="checkbox"/>
05/14/04	ID# CK#	DELORES MC CUDDIN 2300 INDIAN HILLS DRIVE, 1-225 SIOUX CITY, IA 51104		20.00	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
SUB-TOTAL				\$ 465.00	
TOTAL (if last page of this schedule)				\$ 2243.00	

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SCHEDULE D (Rev. 08/98)	INCURRED INDEBTEDNESS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)
 PRUEHS FOR COUNTY SUPERVISOR

NOTE: Debts previously reported that remain unpaid must be included on this Schedule, as well as any new obligations incurred in this period.



**DEBTS/OBLIGATIONS REMAINING THIS REPORTING PERIOD
 (DO NOT INCLUDE LOANS -- SHOW LOANS ON SCHEDULE F)**

An "incurred debt" is a debt for goods or services ordered or received, but not paid for by the end of the reporting period., regardless of whether an invoice has been received.

DATE INCURRED (MM/DD/YR)	NAME AND ADDRESS OF PERSON TO WHOM DEBT OR OBLIGATION IS OWED	DESCRIPTION OF GOODS OR SERVICES PROVIDED OR PURCHASED	BALANCE OWED AT CLOSE OF REPORTING PERIOD*
4/19/04	DICK PRUEHS 5517 STONE AVENUE SIOUX CITY, IA 51106	INK CARTRIDGE FOR PRINTER	\$ 66.30
4/20/04	DICK PRUEHS 5517 STONE AVENUE SIOUX CITY, IA 51106	BLANK LABELS	23.88
4/20/04	DICK PRUEHS 5517 STONE AVENUE SIOUX CITY, IA 51106	POSTAGE STAMPS	148.00
4/16/04	DICK PRUEHS 5517 STONE AVENUE SIOUX CITY, IA 51106	POST CARDS FOR YARD SIGNS & PRIMARY CARDS	87.74
5/06/04	DICK PRUEHS 5517 STONE AVENUE SIOUX CITY, IA 51106	COROPLAST YARD SIGNS	662.50
SUB-TOTAL			\$ 988.42
TOTAL DEBTS OWED BY COMMITTEE AT THE END OF THIS REPORTING PERIOD			\$ 988.42

*If actual figure is unknown, show "estimated" beside the figure.

CANDIDATE COMMITTEES NOTE:
 *Incurred indebtedness also includes each person/entity with whom the candidate's committee has entered into a contract during the reporting period for future or continuing performance. Enter the name of the consultant who provides or procures services for items such as advertising, fund-raising, polling, managing, or organizing services. Report on Schedule G the nature of performance and the estimated performance reasonably expected of the consultant.