

FOR INSTRUCTIONS, SEE BACK OF FORM

JAN 16 2004

h.d.

DISCLOSURE SUMMARY PAGE

FORM DR-2 (Rev. 01/98)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	<u>1490</u>
Indexed	<u>2</u>
Audited	_____
Computer	_____

COMMITTEE NAME (Must be same as on Statement of Organization)
Senator for Iowa House

IMPORTANT: Indicate type of committee you are reporting for: 1

(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
(8) Support Slate of Candidates

Paul Homelov 712-325-0638
SIGNATURE OF TREASURER (or person filing this report) TELEPHONE

01/16/04
DATE SIGNED

Routine Penalties Due For Late Filed Reports Range from \$20 to \$800

SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE:

I AM FILING A JANUARY 20, 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

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.)\$ 12,707.54

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A)..... 2,850.00

Schedule F: Loans Received total (Attach Schedule F)..... _____

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

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL.....\$ 15,557.54

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B)..... 117.26

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)\$ 15,440.28

UNPAID BILLS (From Schedule D - Attach Schedule D)\$ - 0 -

IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E).....\$ 7.75

OUTSTANDING LOANS (From Schedule F - Attach Schedule F).....\$ - 0 -

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

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 06/97)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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

SHUMSHOR FOR IOWA HOUSE

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
10/20/03	ID# CK# 8796	DRIVE COMMITTEE 25 LOUISIANA AVENUE NW WASHINGTON DC 20001		\$ 2,000.00	
11/03/03	ID# 6096 CK# 1763	MANUFACTURED HOUSING PAC 1400 DEAN AVE DES MOINES IA 50316		250.00	
11/18/03	ID# CK# 2217	IOWA CABLE PAC 8350 HICKMAN ROAD, SUITE 2 CLIVE IA 50325		150.00	
12/02/03	ID# 6046 CK# 3715	JUSTICE FOR ALL PAC 218 -6TH AVE, SUITE 526 DES MOINES IA 50309		100.00	
12/08/03	ID# CK# 8649	CROIG NEILSEN 8620 TITLE 1ST CIRCLE LAS VEGAS, NEVADA 89117		250.00	
12/10/03	ID# 6021 CK# 1679	CREDIT UNION PAC 3737 WESTOWN PARKWAY W. DES MOINES IA 50266		100.00	
	ID# CK#				

SUB-TOTAL \$ 2,850.00

TOTAL (if last page of this schedule) \$ 2,850.00

* 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) (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.

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EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

SCHEDULE B (Rev. 09/97)	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)
SHOMSHOR FOR IOWA HOUSE

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
10/28/03	ID# CK# 1006	PAT MURPHY PUBLIQUE IA	FOOD REZMBYRSEMENT	\$ 125.01
10/28/03	ID# CK# 1004	JENNIE MITCHELL 1106 N. LOCUST GLENWOOD IA 51534	CHECK NOT CASHED - VOTER REGISTRATION REZMBYRSEMENT	< 7.75 >
	ID# CK#			
SUB-TOTAL				\$ 117.26
TOTAL (if last page of this schedule)				\$ 117.26

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 56.6(3)(i).)

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COMMITTEE NAME (Must be same as on Statement of Organization)
SHOMSHOR FOR IOWA HOUSE

SCHEDULE E (Rev. 06/97)	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
10/28/03	JENNIE MITCHELL 1106 N. LOCUST GLENWOOD IA 51534	NONE	PAYMENT FOR VOTER REGISTRATION LIST	\$ 7.75	
SUB-TOTAL				\$ 7.75	
TOTAL (if last page of this schedule)				\$ 7.75	

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