

DISCLOSURE SUMMARY PAGE

Reset Form

FORM DR-2 (Rev. 07/2003)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	1580
Logged In	9
Scanned	
Computer	WRS DB
Audited	6-28-04

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

Committee to Elect Bill Agan

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

CANDIDATE COMMITTEES ONLY:

Candidate Name	Political Party
Bill Agan	Republican
Office Sought	District (if Senate or House)
state legislator	98

FILING BOARD
JUN 28 2004
PM 6-24
6/25/04
DATE SIGNED

[Signature] (712) 527-9184 6/25/04
SIGNATURE OF TREASURER (or person filing this report) TELEPHONE 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 dissolution (June 8 7-19) REPORT FOR AN/A (1) **ELECTION** /(2)NON-ELECTION YEAR.
(report date) primary) Indicate one 1

CHECK IF AMENDMENT TO REPORT DATED _____

Local Committees, enter Date of Election _____
County & Local Committees, enter County in which Election is held _____

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.)

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.)	\$	937.70
ADD TOTAL MONEY TAKEN IN THIS PERIOD		
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)		285.00
Schedule F: Loans Received total (Attach Schedule F)		-0-
Schedule H: Total Sales of Campaign Property (Attach Schedule H)		-0-
(Schedule H applies to Candidates' Committees Only)		
	SUB-TOTAL	1,222.70
SUBTRACT TOTAL MONEY SPENT THIS PERIOD		
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)		264.64
Schedule F: Loan Repayments total (Attach Schedule F)		958.06
CASH ON HAND at the end of this reporting period (if final report, balance must be zero) (Attach DR-3)	\$	-0-
**UNPAID BILLS (From Schedule D - Attach Schedule D)	\$	-0-
*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)	\$	541.94
**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)	\$	-0-
CANDIDATE COMMITTEES ONLY:		
CONSULTANT BREAKDOWN (Schedule G Attached?)		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)	\$	-0-

For Instructions, See Back of Form

Reset 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)

Committee to Elect Bill Agan

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
6/5/04	ID# CK#	James Hafer P. O. Box 15 Silver City, IA 51571		\$ 15.00	<input type="checkbox"/>
6/5/04	ID# CK#	Raylinn & Jeff Bianchi 1783 Sattler Drive Concord, CA 94519	daughter and son-in-law	100.00	<input type="checkbox"/>
6/5/04	ID# CK#	C. W. McManigal P. O. Box 1567 Mason City, IA 50402-1567		100.00	<input type="checkbox"/>
6/8/04	ID# CK#	Margaret McKee 313 Fairview Drive Glenwood, IA 51534		20.00	<input type="checkbox"/>
6/8/04	ID# CK#	Jim & Connie Blietz 211 Wildwood Road Council Bluffs, IA 51503		50.00	<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

\$
\$ 285.00

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.

Reset Form

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

SCHEDULE 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)
Committee to Elect Bill Agan

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
6/4/04	ID# CK#	Glenwood Technology 430 First Street Glenwood, IA 51534	copying of report filed for state ethics board	\$ 5.84
6/4/04	ID# CK#	Post Office Glenwood, IA 51534	certified mailing for disclosure report to ethics board	4.88
6/16/04	ID# CK#	Opinion Tribune 116 S. Walnut Street Glenwood, IA 51534	thank you ad in newspaper after election	65.92
6/16/04	ID# CK#	Nonpareil 117 Pearl Street Council Bluffs, IA 51503	thank you ad in newspaper after election	188.00
	ID# CK#			
SUB-TOTAL				\$
TOTAL (if last page of this schedule)				\$ 264.64

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).)

FOR INSTRUCTIONS, SEE BACK OF FORM

SCHEDULE E (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)
 Committee to Elect Bill Agan

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
6/24/04	Bill Agan 57204 240th Street Glenwood, IA 51534	self	forgiveness of loan	\$ 541.94	<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
SUB-TOTAL				\$	
TOTAL (if last page of this schedule)				\$ 541.94	

*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.

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

COMMITTEE NAME (Must be same as on Statement of Organization)
Committee to Elect Bill Agan

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 \$ 1,500.00

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
	-0-		\$

TOTAL (PART I) \$ -0-

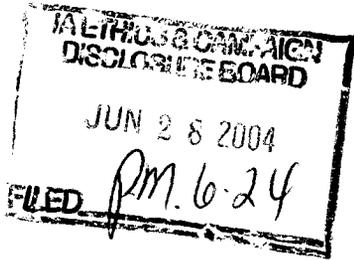
PART II - MONETARY LOAN REPAYMENTS MADE THIS REPORTING PERIOD
 (Loans forgiven must be reported on Schedule E -- In-kind Contributions.)

DATE PAID (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE* (If Applicable)	AMOUNT REPAYED
6/24/04	Bill Agan 57204 240th Street Glenwood, Ia 51534	self	\$ 958.06

TOTAL CASH REPAYMENTS (PART II) \$ 958.06
 From Schedule E -- TOTAL LOANS FORGIVEN \$ 541.94
 TOTAL OUTSTANDING LOANS END OF REPORT PERIOD \$ -0-

*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 when it applies.

Notice of Dissolution



Reset Form

FORM	(Rev. 07/03)
DR-3 NOTICE OF DISSOLUTION	
For Office Use Only	
Comm. #	<u>1580</u>
Indexed	
Audited	<u>6-28-04</u>
Computer	<u>DB + WRS</u>
Certified Date of Dissolution	<u>6-29-04</u>

COMMITTEE NAME

Committee to Elect Bill Agan
Official Name of Committee
56717 Deacon Road
Street
Pacific Junction, Ia 51561
City, State, Zip Code
(712) 527-9184
Area Code Telephone

WHEN TO FILE:

The Notice of Dissolution must be filed within thirty (30) days of completion of all the following:

1. All debts, loans and obligations have been paid or transferred;
2. All campaign funds have been spent;
3. All campaign property sold or transferred (candidates only); and
4. A final report disclosing all transactions closing the committee.

For state candidates and state PACs, a final bank statement must be filed with the Notice of Dissolution or as soon as possible if the bank statement is not available at the time the Notice of Dissolution is filed.

Signature of Candidate or Treasurer (if candidate's committee)/Signature of Chair or Treasurer (if PAC)

June 25, 2004

Date Signed

FOR INSTRUCTIONS, SEE BACK OF FORM

This form is not applicable to statutory political committees.