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FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

FORM DR-2 (Rev. 07/2004)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	975
Logged In	SW [initials]
Scanned	
Computer	
Audited	

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

POLLY BUKTA CAMPAIGN #975

IMPORTANT: Indicate by # type of committee you are reporting for: 1
(1)Statewide/Legislative/Judge Standing for Retention Candidate (2)State PAC (3)State Party (4)County Central Committee (5)County Candidate (6)City Candidate (7)School Board or Other Political Subdivision Candidate (8)County PAC (9)City PAC (10)School Board or Other Political Subdivision PAC (11) Local Ballot Issue

CANDIDATE COMMITTEES ONLY:

Candidate Name: POLLY BUKTA Political Party (if applicable): DEMOCRAT
 Office Sought: STATE REPRESENTATIVE District (if Senate or House): HOUSE

Late reports are subject to possible civil and criminal penalties.

Camilla McGuire TELEPHONE 563-243-8460 DATE SIGNED 7-19-04
 SIGNATURE OF PERSON FILING REPORT

I AM FILING A JULY 19, 2004 REPORT FOR (1) ELECTION //(2)NON-ELECTION YEAR. Indicate by # 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 DR-3 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. (Total of all funds 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.)\$ 7,580.05

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below) 1,700.00

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\$ 9,280.05

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below).... 124.75

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)\$ 9,155.90

**UNPAID BILLS (From Schedule D - Attach Schedule D).....\$ -

**IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E).....\$ 50.00

**OUTSTANDING LOANS (From Schedule F - Attach Schedule F).....\$ 1,500.00

CANDIDATE COMMITTEES ONLY:

CONSULTANT BREAKDOWN (Schedule G Attached?) YES NO

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

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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)
POLY BUKTA CAMPAIGN #975

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
6/16/2004	ID# 6036 CK# 2430	ELECTRICAL WORKERS LOCAL 145 1700 52ND AVE SUITE A PAC MOLINE, IL 61265	N/A	\$ 200 ⁰⁰	<input type="checkbox"/>
6/16/2004	ID# 6058 CK# 2388	IOWA CHIROPRACTIC SOCIETY 11005 N. ANKENY BLVD PAC ANKENY, IA 50021-4159 STE 100	N/A	\$ 100 ⁰⁰	<input type="checkbox"/>
6/16/2004	ID# 6046 CK# 3765	JUSTICE FOR ALL PAC 218 60TH AVE STE. 526 DES MOINES IA 50309-4091	N/A	\$ 100 ⁰⁰	<input type="checkbox"/>
6/16/2004	ID# CK#	CECELIA J. TOMLONOVIC 1245 40TH ST DES MOINES IA 50311	N/A	\$ 25 ⁰⁰	<input type="checkbox"/>
6/16/2004	ID# CK#	MARTHA ANDERSON 1717 MARELLA TRAIL DES MOINES IA 50310	N/A	\$ 25 ⁰⁰	<input type="checkbox"/>
6/24/2004	ID# 6429 CK# 1818	HEAVY HIGHWAY PAC 2415 INGERSOLL AVE DES MOINES, IA 50312-5893	N/A	\$ 250 ⁰⁰	<input type="checkbox"/>
7/10/2004	ID# C00370007 CK# 1311	DEMOCRACY FOR AMERICA P.O. BOX 8313 BURLINGTON VT 05402-8313	N/A	\$ 1000 ⁰⁰	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL \$ 1700⁰⁰

TOTAL (If last page of this schedule) \$ 1700⁰⁰

* 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

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. 06/97)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)
POLLY BUKTA CAMPAIGN #975

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
5/31/2004	ID# CK#	U.S. CELLULAR P.O. BOX 0203 PALATINE, IL 60055-0203	CELL-PHONE PMT	\$51.11
6/22/04	ID# CK#	WAL*MART 2415 SOUTH 25TH ST CLINTON, IA 52732	LASER COMPUTER ADDRESS LABELS	\$9.45
7/2/04	ID# CK#	U.S. CELLULAR P.O. BOX 0203 PALATINE, IL 60055-0203	CELL-PHONE PMT	\$64.19
	ID# CK#			

SUB-TOTAL \$124.75
 TOTAL (if last page of this schedule) \$124.75

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)

POLLY BURTA CAMPAIGN #975

SCHEDULE E
(Rev. 06/97) IN KIND CONTRIBUTIONS

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
6/30/04	ISEA PAC 777 3RD ST DES MOINES IA 50009-1301	N/A	DISKETTE LISTING'S ISEA MEMBERSHIP IN BURTA DISTRICT	50 ⁰⁰	<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 \$ 50⁰⁰

TOTAL (if last page of this schedule) \$ 50⁰⁰

*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.

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COMMITTEE NAME (Must be same as on Statement of Organization)
POLLY BURTA CAMPAIGN #975

SCHEDULE F (Rev. 07/03)	LOANS RECEIVED & REPAID
<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 \$ 1500.00

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.)

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

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, if Applicable)	RELATIONSHIP TO CANDIDATE (If Applicable)	AMOUNT OF LOAN
			\$

DATE PAID (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, if Applicable)	RELATIONSHIP TO CANDIDATE (If Applicable)	AMOUNT REPAID
			\$

TOTAL (PART I) \$ _____

TOTAL CASH REPAYMENTS (PART II) \$ _____

From Schedule E - TOTAL LOANS FORGIVEN \$ _____

TOTAL OUTSTANDING LOANS END OF REPORT PERIOD \$ 1,500.00

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