

DISCLOSURE SUMMARY PAGE

FORM DR-2 (Rev. 01/98)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	1408
Indexed	SW Jr
Audited	
Computer	

COMMITTEE NAME (Must be same as on Statement of Organization)
Citizens for Bill Schickel 7-17

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 State of Candidates

Dennis A. Wilson 641-423-5328 7/16/04
 SIGNATURE OF TREASURER (or person filing this report) TELEPHONE 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 July 19, 2004 REPORT FOR AN/A (1) ELECTION /(2) NON-ELECTION YEAR.
 (report date) 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.)\$ 19,064.73

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A)..... 4,405.73

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.....\$ 23,470.46

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B)..... 2,491.73

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)\$ 20,978.73

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

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?) _____ YES _____ NO

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

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)

Citizens for Bill Schickel

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
6/4/04	ID# CK#	Herb + Sandy Ohrt 11 Valley View Pl. NE Iowa City, IA. 52240-9139		\$ 100.	
6/4/04	ID# CK#	Dick Kelly 407 20th St. SW Mason City, IA. 50401		50.	
6/5/04	ID# CK#	Bob + Debbie Friedrichs 940 N. Tyler Mason City, IA. 50401		25.	
6/5/04	ID# CK#	Alan Carstens 11636 Lark Ave. Rockwell, IA. 50469		100.	
6/5/04	ID# CK#	Tel Pappajohn 321 Willowbrook Dr. Mason City, IA. 50401		100.	
6/8/04	ID# CK#	Ross + Maureen Caniglia 55 Ridge Rd NE Mason City, IA. 50401		100.	
6/8/04	ID# CK#	Carl Grupp 2233 Springview Dr. Mason City, IA. 50401		50.	
6/9/04	ID# CK#	Terry Carpenter 12 Sumac Rd. Mason City, IA. 50401		100.	
6/10/04	ID# 6070 CK# 3035	Iowa LAWPAAC 521 E. Locust St, 2nd Floor Des Moines, IA. 50309-1439		200.	
6/12/04	ID# CK#	Waldo Sneyb 2315 Country Club Dr. Mason City, IA. 50401		100.	
SUB-TOTAL				\$ 925.	
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) (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

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)

Citizens for Bill Schickel

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
6/14/04	ID# CK#	Joseph LeValley 3216 Ute Ave Waukee, IA 50263		\$ 50.	
6/14/04	ID# CK#	Doug & Ann Morse 12 Quarry Rd. Mason City, IA 50401		250.	
6/22/04	ID# CK#	Anne Cameron 56 Country Circle Mason City, IA 50401		50.	
6/22/04	ID# CK#	John & Patricia Michel 7 Arrowwood Mason City, IA 50401		25.	
6/23/04	ID# CK#	Karl Griffith 402 Prairie View Ln. NE Mason City, IA 50401		20.	
6/24/04	ID# CK#	Denny & Mary Carmody 15 S. 19th St. Clear Lake, IA 50428		10.	
6/29/04	ID# CK#	Robert Zinnel 1415 E. State Mason City, IA 50401		50.	
6/28/04	ID# 6073 CK# 657	IA. Medical PAC 1001 Grand Ave. W. Des Moines, IA 50265		250.	
6/28/04	ID# 6069 CK# 2121	IA. Industry PAC 904 Walnut, Suite 100 Des Moines, IA 50309		100.	
6/28/04	ID# CK#	Craig Walter 14862 Lakeriew Dr. Clive, IA 50325		50.	
SUB-TOTAL				\$ 855.	
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) (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

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)
Citizens for Bill Schickel

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
6/28/04	ID# 6059 CK# 2475	IA. Comm. of Auto. Retailers 1111 Office Park Rd. W. Des Moines, IA. 50265		\$ 100.	
6/28/04	ID# 6118 CK# 2057	IA. Optometric Ass'n PAC 1454 30th St, Ste. 204 W. Des Moines, IA. 50266		200.	
6/28/04	ID# 6146 CK# 1579	Homebuilders Ass'n PAC 4201 Westlawn Pkwy, Ste 250 W. Des Moines, IA. 50266		200.	
6/28/04	ID# 6056 CK# 3232	IA. Bankers Assoc. PAC 8800 NW 62nd Ave Johnston, IA. 50131		200.	
6/28/04	ID# 6063 CK# 1698	IA. Dental Ass'n PAC 505 5th Ave, Ste. 333 Des Moines, IA. 50309		500.	
6/28/04	ID# CK#	Cal Hultman 1200 57th St. W. Des Moines, IA. 50266		100.	
6/28/04	ID# 6046 CK# 3785	Justice for ALL PAC 218 6th Ave, Ste. 526 Des Moines, IA. 50309		100.	
6/28/04	ID# CK#	Christine Hensley 753 55th St. Des Moines, IA. 50312		100.	
7/3/04	ID# 8251 CK# 1297	Art PAC 711 High St. Des Moines, IA. 50392		300.	
7/6/04	ID# C00347641 CK# 1080	IA. Priorities Action Comm. Po Box 35 Manchester, IA. 52057		500.	
SUB-TOTAL				\$ 2300	
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) (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

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)

Citizens for Bill Schickel

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
7/7/04	ID# CK#	Steve & Ann Weiss 704 S. Tenn. Pl. Mason City, IA - 50401		\$ 100.	
7/7/04	ID# CK#	Ann Mac Gregor 1409 Birch Dr. Mason City, IA 50401		25.	
7/8/04	ID# 6058 CK# 2393	IA. Chiropractic Society PAC 1605 N. Ankeny Blvd, Ste 100 Ankeny, IA. 50021-4159		100.	
7/10/04	ID# CK#	Clarence & Lynn Hoffman Po Box 83 Charter Oak, IA. 51439		100.	
6/14/04	ID# CK#	US Bank Mason City, IA. 50401 (interest on account)		.73	
	ID# CK#				

SUB-TOTAL

\$ 325.73

TOTAL (if last page of this schedule)

\$ 4,405.73

* 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.

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. 09/97)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)
 Citizens for Bill Schickel

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
6/13/04	ID# CK#	Staples 3440 4th St. SW Mason City, IA. 50401	Copies	\$ 13.38
6/18/04	ID# CK#	Post office Mason City, IA. 50401	Postage	1,604.16
6/22/04	ID# CK#	PSI 1915 4th SW. Mason City, IA. 50401	Printing	761.43
6/25/04	ID# CK#	PSI 1915 4th SW, Mason City, IA. 50401	name tags sharpie marker	3.60
6/28/04	ID# CK#	Club Car Restaurant 13435 Univ. Ave. Clive, IA. 50325	reception food & beverages	57.49
6/29/04	ID# CK#	K mart Hwy 122 Mason City, IA. 50401	parade candy	49.05
7/12/04	ID# CK#	PSI 1915 4th SW Mason City, IA. 50401	copies	2.62
	ID# CK#			
SUB-TOTAL				\$ 2491.73
TOTAL (if last page of this schedule)				\$ 2,491.73

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).)