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FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

Reset Form

FORM DR-2 (Rev. 07/2004)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	1490
Logged In	SW JF
Scanned	
Computer	
Audited	

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

SHOMSHOR FOR IOWA HOUSE

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	Political Party (if applicable)
PAUL SHOMSHOR	DEMOCRAT
Office Sought	District (if Senate or House)
IOWA HOUSE	100

Late reports are subject to possible civil and criminal penalties.

PM 7-19
JUL 21 2004

07/19/04
DATE SIGNED

Paul Shomshor
SIGNATURE OF PERSON FILING REPORT

712-325-0638
TELEPHONE

I AM FILING A JULY 19, 2004 REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR.
(report date) 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.)	\$	19,880.28
ADD TOTAL MONEY TAKEN IN THIS PERIOD		
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)		3,503.73
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	\$	22,384.01
SUBTRACT TOTAL MONEY SPENT THIS PERIOD		
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)		3,000.00
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)	\$	19,384.01
**UNPAID BILLS (From Schedule D - Attach Schedule D)	\$	
**IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)	\$	66.97
**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)	\$	
CANDIDATE COMMITTEES ONLY:		
CONSULTANT BREAKDOWN (Schedule G Attached?)		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)	\$	-0-

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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)
SHOMSHOR 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
05/17/04	ID# 6027 CK# 2197	DEERE PAC IOWA 666 GRAND AVENUE-SUITE 1707 DES MOINES IA 50309		\$ 500.00	<input type="checkbox"/>
06/04/04	ID# 6070 CK# 3025	IOWA LAWPAC 521 EAST LOCUST ST-FL 3RD DES MOINES IA 50309		150.00	<input type="checkbox"/>
07/06/04	ID# CK# 4626	PATRICIA MULLIN 1205 CLOYTON RD. CRESTON IA 50801		25.00	<input type="checkbox"/>
07/06/04	ID# CK# 3444	EMIL PAVICH 1706 - 15TH AVE COUNCIL BLUFFS IA 51501		50.00	<input type="checkbox"/>
07/07/04	ID# CK# 1550	EMILY REED 2241-165TH ST. SPIRIT LAKE IA 51360		50.00	<input type="checkbox"/>
07/07/04	ID# CK# 1161	JOEL LERNABRS 5159 A AVE. DANBURY IA 51019		25.00	<input type="checkbox"/>
07/07/04	ID# CK# 4675	JAY SCHABEN 805 REMSEN ST. DUNLAP IA 51529		100.00	<input type="checkbox"/>
07/07/04	ID# CK# 8357	JANET ROSENBURY 4559 HAMILTON BLVD SIOUX CITY IA 51104		100.00	<input type="checkbox"/>
07/08/04	ID# CK# 1124	JAMES THORN 310 KANESVILLE BLVD. COUNCIL BLUFFS IA 51503		100.00	<input type="checkbox"/>
07/08/04	ID# CK# 3654	JOHN FISHEY 4750 WILLIAM OMAHA NE 68105		100.00	<input type="checkbox"/>
SUB-TOTAL				\$ 1,200.00	
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
<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)
SHOMSHOR FOR IOWA HOUSE

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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
07/09/04	ID# CK# 8640	PATRICK HOUSTON 822 N. 24TH ST. DENISON IA 51442		\$ 50.00	<input type="checkbox"/>
07/10/04	ID# CK# 1869	BARNCY MURPHY 307 N. 11TH ST. DUNLAP IA 51529		100.00	<input type="checkbox"/>
07/10/04	ID# CK# 6662	RON TEKIPPE 5 HORIZON DRIVE COUNCIL BLUFFS IA 51503		50.00	<input type="checkbox"/>
07/10/04	ID# CK# 1776	MARVIN ARMPIESTER 11 S. FIRST ST. COUNCIL BLUFFS IA 51503		50.00	<input type="checkbox"/>
07/12/04	ID# 9659 CK# 1261	FEDERATION OF IA INSURERS PAC PO BOX 1756 DES MOINES IA 50306		250.00	<input checked="" type="checkbox"/>
07/12/04	ID# CK# 6230	ROBERT WHITTENBURG PO BOX 941 SPENCER IA 51301		100.00	<input type="checkbox"/>
07/12/04	ID# CK# 8508	DON COATS 12574 DEERFIELD COURT COUNCIL BLUFFS IA 51503		100.00	<input type="checkbox"/>
07/12/04	ID# CK# 1878	JAMES SCHABEN JR. 3819 HWY 37 DUNLAP IA 51529		35.00	<input type="checkbox"/>
07/13/04	ID# CK# 5871	DICK CHRISTIE 233 TURLEY AVE. COUNCIL BLUFFS IA 51503		25.00	<input type="checkbox"/>
07/13/04	ID# 6107 CK# 3406	QWEST IPAC 925 HIGH STREET 959 DES MOINES IA 50309		250.00	<input checked="" type="checkbox"/>
SUB-TOTAL				\$ 1,010.00	
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)
SHOMSHOR 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
07/14/04	ID# CK# 6133	JIM SCHABEN DUNLAP IA 51529		\$ 200.00	<input checked="" type="checkbox"/>
07/14/04	ID# CK# 5119	UNITED TRANSPORTATION UNION PAC 14600 DETROIT AVENUE CLEVELAND OH 44107		1,000.00	<input checked="" type="checkbox"/>
07/14/04	ID# CK# INTEREST INCOME	PEOPLES NATIONAL BANK BOX 557 COUNCIL BLUFFS IA 51502		93.73	<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"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL \$ 1,293.73

TOTAL (if last page of this schedule) \$ 3,503.73

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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)
 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
06/28/04	ID# CK# 1012	IOWA DEMOCRATIC PARTY 5661 FLEUR DRIVE DES MOINES IA 50321	CONTRIBUTION	\$ 3,000.00
	ID# CK#			
SUB-TOTAL				\$ 3,000.00
TOTAL (if last page of this schedule)				\$ 3,000.00

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

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

SHOMSHOR FOR IOWA HOUSE

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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
05/04	MONA BOND 2818 W. 157 ST. ANKENY IA 50021		FOOD POSTAGE	\$ 48.47 18.50	<input checked="" 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"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

SUB-TOTAL	\$ 66.97
TOTAL (if last page of this schedule)	\$ 66.97

*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.