

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

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

Vitamvas 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

CANDIDATE COMMITTEES ONLY:

Candidate Name Sally Vitamvas	Political Party Democrat
Office Sought Representative, Iowa House	District (if Senate or House) 98

Reset Form

IA ETHICS & CAMPAIGN DISCLOSURE BOARD

FILED

AUG 12 2004

pm 8:06

FORM DR-2 (Rev. 07/2003)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	1566
Logged In	
Scanned	
Computer	WRS
Audited	8-25-04

Sally Vitamvas
SIGNATURE OF TREASURER (or person filing this report,

712/525-9137
TELEPHONE

08/05/04
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 _____ REPORT FOR AN/A (1) ELECTION / (2) NON-ELECTION YEAR
(report date) 15 Indicate one

CHECK IF AMENDMENT TO REPORT DATED 07/19/2004

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.)	\$	<u>510.00</u>
ADD TOTAL MONEY TAKEN IN THIS PERIOD		
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)		<u>2850.00</u>
Schedule F: Loans Received total (Attach Schedule F)		<u>0</u>
Schedule H: Total Sales of Campaign Property (Attach Schedule H)		<u>0</u>
<u>(Schedule H applies to Candidates' Committees Only)</u>		
SUB-TOTAL	\$	<u>3360.00</u>
SUBTRACT TOTAL MONEY SPENT THIS PERIOD		
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)		<u>10.20</u>
Schedule F: Loan Repayments total (Attach Schedule F)		<u>0</u>
CASH ON HAND at the end of this reporting period (if final report, balance must be zero) (Attach DR-3)	\$	<u>3349.80</u>

**UNPAID BILLS (From Schedule D - Attach Schedule D)	\$	<u>827.00</u>
*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)	\$	<u>0</u>
**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)	\$	<u>0</u>

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

Reset Form

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)
Vitamvas 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
5/25/04	ID# CK# 2604	Lora Swanson	none	\$ 50 ⁰⁰	<input type="checkbox"/>
5/25/04	ID# CK# 1373	R. Vitamvas	son	\$ 200 ⁰⁰	<input type="checkbox"/>
7/9/04	ID# CK# 4620	Verna E. Van Sickle	mother	\$ 500 ⁰⁰	<input type="checkbox"/>
7/9/04	ID# CK# 5662	Helen Ceci	none	\$ 50 ⁰⁰	<input type="checkbox"/>
7/9/04	ID# CK# 553	J. D. + S. K. Young	none	\$ 1000 ⁰⁰	<input type="checkbox"/>
7/9/04	ID# CK# 1176	Mills County Democratic Comm.	none	\$ 300 ⁰⁰	<input type="checkbox"/>
7/14/04	ID# CK# 2138	Jan Van Sickle	brother	\$500.00	<input type="checkbox"/>
7/10/04	ID# CK# 1506	Pottawattamie County Democratic Party	none	\$250.00	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
SUB-TOTAL				\$ 2850.00	
TOTAL (if last page of this schedule)				\$ 2850.00	

See Amended 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.

For Instructions, See Back of Form

Reset Form

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input checked="" 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)
Vitamvas 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 IDWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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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
5/25/04	ID# CK# 2604	Lara Swanson 210 E. Florence Glenwood, IA 51534	none	\$ 50 ⁰⁰	<input type="checkbox"/>
5/25/04	ID# CK# 1373	R. Vitamvas 6945 Grand Prairie Dr. Co. Spgs., CO 80918	son	\$ 200 ⁰⁰	<input type="checkbox"/>
7/9/04	ID# CK# 4620	Verna E. Van Sickle 312 Pearl Street Silver City, IA 51571	mother	\$ 500 ⁰⁰	<input type="checkbox"/>
7/9/04	ID# CK# 5662	Helen Ceci 3049 N. Maryland Ave. Milwaukee, Wisconsin 53211	none	\$ 50 ⁰⁰	<input type="checkbox"/>
7/9/04	ID# CK# 553	J. D. & S. K. Young 114 Pearl Street, Silver City, Iowa 51571	none	\$ 1000 ⁰⁰	<input type="checkbox"/>
7/9/04	ID# CK# 1176	Mills County Democratic Comon. 210 E. Florence, Glenwood, IA 51534	none	\$ 300 ⁰⁰	<input type="checkbox"/>
7/14/04	ID# CK# 2138	Jan Van Sickle 1623 Steele Denver, CO 80206	brother	\$500.00	<input type="checkbox"/>
7/10/04	ID# CK# 1506	Pottawattamie County Democratic Party 500 W. Broadway, Council Bluffs, IA 51503	none	\$250.00	<input type="checkbox"/>
	ID# CK#	<div style="border: 1px solid black; padding: 5px; display: inline-block;"> RECEIVED AUG 26 2004 </div>			<input type="checkbox"/>
	ID# CK#				
SUB-TOTAL				\$ 2850.00	
TOTAL (if last page of this schedule)				\$ 2850.00	

* 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). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

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.

CHECK THIS BOX IF AMENDING FORM

COMMITTEE NAME (Must be same as on Statement of Organization)
Vitamvas 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
5/24/04	ID# CK#	Checks	checks	\$ 7.95
5/28/04	ID# CK#	Maintenance fee & sales tax	bank fees	\$ 1.18
6/30/04	ID# CK#	Maintenance fee & sales tax	bank fees	\$ 1.07
	ID# CK#			
SUB-TOTAL				\$ 10.20
TOTAL (if last page of this schedule)				\$ 10.20

See amended schedule

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

Reset Form

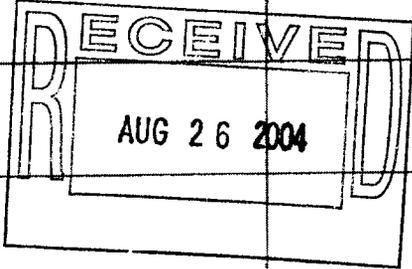
EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

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. 07/03)	MONETARY EXPENDITURES
<input checked="" type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)
Vitamvas 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
5/24/04	ID# CK#	Glenwood State Bank 32 North Walnut Glenwood, Iowa 51534	Checks	\$ 7.95
5/28/04	ID# CK#	Glenwood State Bank 32 North Walnut Glenwood, Iowa 51534	Maintenance fee and sales tax Bank fees	\$ 1.18
6/30/04	ID# CK#	Glenwood State Bank 32 North Walnut Glenwood, Iowa 51534	Maintenance fee and sales tax Bank fees	\$ 1.07
	ID# CK#			
SUB-TOTAL				\$ 10.20
TOTAL (if last page of this schedule)				\$ 10.20



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

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

Reset Form

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
07/09/04	Sally Vitamvas, PO Box 198, Silver City, IA	self	VAN fee paid	\$ 500.00	<input type="checkbox"/>
6/04-07/14/04	Sally Vitamvas, PO Box 198, Silver City, IA	self	ink and paper for temporary brochures	65.00	<input type="checkbox"/>
June 2004	Sally Vitamvas, PO Box 198, Silver City, IA	self	stamps	37.00	<input type="checkbox"/>
06/22/04	Sally Vitamvas PO Box 198, Silver City, IA	self	website fees	225.00	<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

SUB-TOTAL \$ 827.00
TOTAL (if last page of this schedule) \$ 827.00

*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.

7003 2268 0003 9997 2679

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

Reset Form

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

Vitamvas 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

FORM DR-2 (Rev. 07/2003)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	1566
Logged In	fr SW
Scanned	
Computer	WKS
Audited	8-25-04

CANDIDATE COMMITTEES ONLY:

Candidate Name: **Sally Vitamvas** Political Party: **Democrat**

Office Sought: **Representative, Iowa House** District (if Senate or House): **98**

Mary D. Renge 76527915 07/15/04
 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 7-19-2004 REPORT FOR AN/A (1) ELECTION / (2) NON-ELECTION YEAR
 (report date) Indicate one

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.)	\$	<u>510.00</u>
ADD TOTAL MONEY TAKEN IN THIS PERIOD		
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)		<u>2850.00</u>
Schedule F: Loans Received total (Attach Schedule F)		<u>0</u>
Schedule H: Total Sales of Campaign Property (Attach Schedule H)		<u>0</u>
(Schedule H applies to Candidates' Committees Only)		
SUB-TOTAL	\$	<u>3360.00</u>
SUBTRACT TOTAL MONEY SPENT THIS PERIOD		
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)		<u>10.20</u>
Schedule F: Loan Repayments total (Attach Schedule F)		<u>0</u>
CASH ON HAND at the end of this reporting period (if final report, balance must be zero) (Attach DR-3)	\$	<u>3349.80</u>
**UNPAID BILLS (From Schedule D - Attach Schedule D)	\$	<u>602.00</u>
*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)	\$	<u>0</u>
**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)	\$	<u>0</u>
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)	\$	<u>0</u>

For Instructions, See Back of Form

Reset Form

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)
Vitamvas for Iowa House

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	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
SUB-TOTAL				\$ 2850.00	
TOTAL (if last page of this schedule)				\$ 2850.00	

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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.

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	ID# CK#			
SUB-TOTAL				\$ 10.20
TOTAL (If last page of this schedule)				\$ 10.20

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