

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

COMMITTEE NAME (Must be same as on Statement of Organization)
IOWA SOCIETY OF ANESTHESIOLOGISTS PAC PAC# 6484

IMPORTANT: Indicate type of committee you are reporting for: 2

- (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 Slate of Candidates

CANDIDATE COMMITTEES ONLY:

Candidate Name _____ Political Party _____
 Office Sought _____ District (if Senate or House) _____

FORM DR-2 (Rev. 07/2003)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	<u>10484</u>
Logged In	<u>SW</u> <u>vs</u>
Scanned	_____
Computer	_____
Audited	_____

George Lederhans MD
 SIGNATURE OF TREASURER (or person filing this report)

515-241-5722
 TELEPHONE

7/15/04
 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 7/19/04 REPORT FOR AN (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.)\$ 12,080²⁷

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below) 1,250⁰⁰

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\$ 13,330²⁷

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

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

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).....\$ 13,330²⁷

**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) IOWA SOCIETY OF ANESTHESIOLOGISTS PAC	PAC# 6484
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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-RAISE/ INCOM
5/6/04	ID# CK#	ROBERT BECKMAN, MD 500 E MARKET ST. IOWA CITY, IA 52245		\$ 100	
"	ID# CK#	VISAYA GOTTUMAKALA, MD 200 HAWKINS DR. IOWA CITY, IA 52242		100	
"	ID# CK#	MAURICE HART, MD 411 LAUREL ST. DES MOINES, IA 50314		250	
"	ID# CK#	WEBSTER CLAYTON, MD 999 HOME PLAZA WATERLOO, IA 50704		250	
5/26/04	ID# CK#	ROGER KINKOR, MD 411 LAUREL ST, SUITE 3170 DES MOINES, IA 50314		200	
"	ID# CK#	JOHN SKOOS, MD 411 LAUREL ST, SUITE 3170 DES MOINES, IA 50314		250	
6/4/04	ID# CK#	JOHN SKOONAL 411 LAUREL ST, SUITE 3170 DES MOINES, IA 50314		100	
	ID# CK#				
	ID# CK#				
	ID# CK#				

SUB-TOTAL

\$
\$ 1,250

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.