

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

FORM DR-2 (Rev. 01/98)	DISCLOSURE REPORT
For Office Use Only	
Comm. # <u>9555</u>	
Indexed <u>SN</u>	<u>✓</u>
Audited _____	
Computer _____	

COMMITTEE NAME (Must be same as on Statement of Organization)
Marshall County Republican Women

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 State of Candidates

Janice L. Lipe 641-752-1272 7-15-04
 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 REPORT FOR AN/A (1) ELECTION /(2) NON-ELECTION YEAR.
 (report date) Indicate one 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 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.)\$ 2961.54

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) 952.00

Schedule F: Loans Received total (Attach Schedule F) 0

Schedule H: Total Sales of Campaign Property (Attach Schedule H) 0

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL.....\$ 3913.54

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) 465.48

Schedule F: Loan Repayments total (Attach Schedule F) 0

CASH ON HAND at the end of this reporting period (if final report, balance must be zero) (Attach DR-3)\$ 3448.06

UNPAID BILLS (From Schedule D - Attach Schedule D)	\$ <u>0</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) \$ _____

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)
Marshall Co. Republican Women

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
5/26/04	ID# CK#	FREIDA M. MCINROY 1905 KNOLLWOOD DR MARSHALLTOWN IA 50158		\$ 15.00	
6/1/04	ID# CK#	Phyllis Settle 2833 Lafayette Marshalltown IA 50162		15.00	
6/1/04	ID# CK#	Phyllis J. Lane 401 New Salem Marshalltown IA 50158		15.00	
6/1/04	ID# CK#	Jennifer Miller 7401 Emerald Dr Marshalltown IA 50158		15.00	
6/10/04	ID# CK#	Marilyn Egleston 509 Blentibord Rd Marshalltown IA 50158		15.00	
6/17/04	ID# CK#	Dianne Reinhardt 2157 F 230th St Marshalltown IA 50158		15.00	
6/18/04	ID# CK#	Sally Becker PO B 275 Marshalltown IA 50158		100 -	
6/18/04	ID# CK#	Bonnie Harmon Box 64 Alburn IA 50005		15 -	
6/18/04	ID# CK#	Cash redeposited Cash for change		75 -	
6/17/04	ID# CK#	Dianne Reinhardt 2157 F 230th St Marshalltown IA 50158		15 -	
SUB-TOTAL				\$ 295 -	
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.

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CONTRIBUTIONS -- MONEY TAKEN IN
(Including candidate's personal funds)

SCHEDULE A (Rev. 06/97)	MONETARY RECEIPTS
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COMMITTEE NAME (Must be same as on Statement of Organization)
Marshall Co. Republican Women

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6/17/04	ID# CK#	Carol Stanley 2260 140th St Albion IA 50005		\$ 12 -	
6/17/04	ID# CK#	Wanita Button 110 S. 10th St Marshalltown IA 50158		12 -	
6/17/04	ID# CK#	Marlene McLibben 1703 Robertson Dr. Marshalltown IA 50158-3847		25 -	
6/17/04	ID# CK#	Corinne Martin 1215 Glick Ave Union IA 50258		12 -	
6/17/04	ID# CK#	unitemized cash picnic		241 -	
6/17/04	ID# CK#	unitemized cash picnic		225 -	
6/17/04	ID# CK#	Donald Searle 608 E. Olsen #107 Marshalltown IA 50158		25 -	
6/17/04	ID# CK#	Deane Adams 615 Thunderbird Marshalltown IA 50158		30 -	
6/17/04	ID# CK#	Carol Stanley 2260-140th St Albion IA 50005-9604		25 -	
6/17/04	ID# CK#	Wm. Bestmann 1914 Knollwood Marshalltown IA 50158		35 -	
SUB-TOTAL				\$ 642 -	
TOTAL (if last page of this schedule)				\$	

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(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)

Marshall Co. Republican Women

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7/12/04	ID# CK#	<i>Mrs. Naval Masher 201 North St Des Moines IA 50148</i>		\$ 157.00	
	ID# CK#				

SUB-TOTAL

\$157.00

TOTAL (if last page of this schedule)

\$952.00

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

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

Marshall Co. Republican Women

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
5/26	ID# CK# 1083	Postmaster Marshalltown IA 50158	Stamps	\$ 37.00
6/9	ID# CK# 1084	IFW 3717 190th St Farragut IA 51639	Memberships	20.00
6/9	ID# CK# 1085	4th Dist Repub Women 2695 Harris Ave Rockwell City IA 50879	membership	3.50
6/17	ID# CK# 1086	Farmers Sav. Bank 205 W Main Marshalltown IA	Cash for Charge	75.00
6/17	ID# CK# 1087	Glenette Bailey 1905 Gettysburg Marshalltown IA 50158	food for picnic	59.86
6/17	ID# CK# 1088	Marshall County Paul Producers 2226 Summit Rd Marshalltown IA 50158	food for picnic	100.00
7/1	ID# CK# 1089	Barb Huntington 410 Orchard Dr. Marshalltown IA 50158	advertising	29.00
7/12	ID# CK# 1090	Times Republican PO Box 1300 Marshalltown IA 50158	advertising	91.12
SUB-TOTAL				\$
TOTAL (if last page of this schedule)				\$465.48

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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).)