

07003 3110 0005 4323 9304

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

Reset Form

FORM DR-2 (Rev. 07/2003)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	1580
Logged In	
Scanned	
Computer	
Audited	

COMMITTEE NAME (Must be same as on Statement of Organization)
Committee to Elect Bill Agan

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	Political Party
Bill Agan	Republican
Office Sought	District (if Senate or House)
state legislature	98

IA ETHICS & CAMPAIGN DISCLOSURE BOARD
MAY 20 2004
pm 5:18
FILED 05/19/04

SIGNATURE OF TREASURER (or person filing this report)
Dennis G. Knotted

TELEPHONE (712) 527-9112

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 May 19, 2004 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.) \$ -0-

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)	<u>2,705.00</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>2,705.00</u>

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)....	<u>1,945.27</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) \$ 759.73

****UNPAID BILLS** (From Schedule D - Attach Schedule D)..... \$ -0-

***IN KIND CONTRIBUTIONS** (From Schedule E - Attach Schedule E) \$ 100.00

****OUTSTANDING LOANS** (From Schedule F - Attach Schedule F)..... \$ -0-

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

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CONTRIBUTIONS – MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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

Committee to Elect Bill Agan

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
04/16/04	ID# CK#	Bill Agan 57204 240th Street Glenwood, Ia 51534	self	\$ 1,000.00	<input type="checkbox"/>
04/16/04	ID# CK#	Jack & Nancy Krogstad 56717 Deacon Road Pacific Junction, IA 51561		400.00	<input type="checkbox"/>
05/10/04	ID# CK#	Carol Dean 111 Golf View Glenwood, IA 51534		20.00	<input type="checkbox"/>
05/11/04	ID# CK#	Keith & Retha McGinnis 309 E. Florence Glenwood, IA 51534		25.00	<input type="checkbox"/>
05/12/04	ID# CK#	Doug & Jan Beckman 55375 260th Street Glenwood, IA 51534		25.00	<input type="checkbox"/>
05/12/04	ID# CK#	Paul & Jeanna Massman 117 Rosebud Lane Council Bluffs, IA 51503-8711		50.00	<input type="checkbox"/>
05/12/04	ID# CK#	Larry & Martha Winum 56250 221st Street Glenwood, IA 51534		50.00	<input type="checkbox"/>
05/13/04	ID# CK#	Mark Christensen 15039 Pinehurst Drive Council Bluffs, IA 51503		50.00	<input type="checkbox"/>
05/13/04	ID# CK#	John & Valerie Ware 51027 Ashton Road Glenwood, IA 51534		25.00	<input type="checkbox"/>
05/13/04	ID# CK#	Grant & Kate Dean 56082 221st Street Glenwood, IA 51534		50.00	<input type="checkbox"/>
SUB-TOTAL				\$ 1,695	
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.

For Instructions, See Back of Form

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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)

Committee to Elect Bill Agan

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
05/14/04	ID# CK#	John & Mary Ann Gregory 214 Hawley Road Glenwood, IA 51534		\$ 10.00	<input type="checkbox"/>
05/14/04	ID# CK#	Bill Agan 57204 240th Street Glenwood, IA 51534	self	1,000.00	<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

\$ 1,010.00

TOTAL (if last page of this schedule)

\$ 2,705.00

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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)
Committee to Elect Bill Agan

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
04/16/04	ID# CK#	Mills County Bank 102 S. Locust St. Glenwood, IA 51534	printing of checks for new campaign account	\$ 7.50
04/19/04	ID# CK# 1001	Office Max 505 30th Avenue Council Bluffs, IA 51501	Receipt book and personalized stamp	25.45
04/28/04	ID# CK# 1051	Sam's 3221 Manawa Dr. Council Bluffs, IA 51501	mailing labels and computer disks	58.44
04/29/04	ID# CK# 1052	Sam's (same as above)	envelopes for campaign mailing	80.38
05/04/04	ID# CK# 1053	Office Max (same as above)	Ink Jet Cartridges	38.51
05/05/04	ID# CK# 1054	Buttonz By Design %Christina Andray 31188 Jahnke Ave. Malvern, IA 51551	Campaign buttons	75.00
05/06/04	ID# CK# 1055 1056	Post Office Silver City, IA 51571	stamps for mailing of letters	199.80 7.40
05/06/04	ID# CK# 1057	JoDon's Signs 4 N. Walnut Street Glenwood, IA 51534	Campaign signs for yards	722.79
SUB-TOTAL				\$ 1,215.27
TOTAL (if last page of this 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).)

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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)
Committee to Elect Bill Agan

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
05/14/04	ID# CK# 1058	Jensen Printing 1446 S. 13th Street Omaha, NE 68108	Deposit for printing of brochures for campaign	\$730.00
	ID# CK#			
SUB-TOTAL				\$ 730.00
TOTAL (if last page of this schedule)				\$ 1,945.27

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)
 Committee to Elect Bill Agan

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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
05/03/04	Jim Tucker Glenwood Sports.com 102 S. Walnut Glenwood, IA 51534		sorting by precinct & printing of labels for mailing	\$ 100.00	<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
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					<input type="checkbox"/>
					<input type="checkbox"/>

SUB-TOTAL	\$ 100.00
TOTAL (if last page of this schedule)	\$ 100.00

*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.