

FORM DR-2: Disclosure Summary PageStatus: **Filed**ID #: **1587**Committee: **Lyman Bailey for State Representative**Comm Type: **State House**Date Due: **05/19/2004**Report Year: **2004**Treasurer: **Eric Newton**

Primary Ph. (563)872-5028 Secondary Ph. (-)

Chair: **Dixie Bailey**

Primary Ph. (563)872-3407 Secondary Ph. (-)

County: **NA**

Amended:

Statutory Due Date	05/19/2004
Adjusted Due Date	/ /
Received Date	05/19/2004
Postmark Date	/ /
Amended	/ /

Statement of Cash on Hand

Cash on Hand at Start of Period	\$0.00
Schedule A: Cash contributions Total	\$525.00
Schedule F: Loans Received Total	\$10,000.00
Schedule H: Campaign Property Sales	\$0.00
SUB-TOTAL	\$10,525.00
Schedule B: Expenditure Total	\$1,395.28
Schedule F: Cash Loan Repayments	
Cash on Hand At End of Period	9,129.72

Additional Assets and Liabilities

Loans in Place at Start of Period	\$0.00
Schedule D: UnPaid Bills	\$0.00
Schedule E: In-Kind Contributions	\$110.00
Schedule F: Forgiven Loans	
Schedule F: Outstanding Loans	\$10,000.00
Schedule G: Consultant Breakdown?	No
Schedule H: Campaign Property Value	\$0.00

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)
Lyman Bueky for State Representative

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
05-10-04	ID# CK#	Mary Agers 2467 Widgeonwood Estates Pl. Charles City Ia. 50616	friend	\$ 25.00	<input type="checkbox"/>
05-11-04	ID# CK#	Richard Steinos 407 S 3rd St Bellevue Iowa 52031	friend	\$ 100.00	<input type="checkbox"/>
05-11-04	ID# CK#	Boo Wing Highway 2 East Mount Air Iowa 50854	friend	\$ 100.00	<input type="checkbox"/>
05-12-04	ID# CK#	David Garrison 300 Hampton Williamsburg Iowa 52361	friend	\$ 35.00	<input type="checkbox"/>
05-13-04	ID# CK#	Michael Shirley 1006 N. Miller St. West Liberty Iowa 52776	friend	\$ 50.00	<input type="checkbox"/>
05-16-04	ID# CK#	Mary Pals 204 S 3rd St Bellevue Iowa 52031	friend	\$ 100.00	<input type="checkbox"/>
5-17-04	ID# CK#	Margaret Stickley 4572 Maureen Dr. SE Center Rapids Iowa 52403	friend	\$ 15.00	<input type="checkbox"/>
05-18-04	ID# CK#	James Long 100 E. Dorchester Bellevue Iowa 52031	friend	\$ 100.00	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

MAY 18 2004
 fax
 SUB-TOTAL \$
 TOTAL (If last page of this schedule) \$525.00

* 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.

FOR INSTRUCTIONS, SEE BACK OF FORM



EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

SCHEDULE B (Rev. 07/03) MONETARY EXPENDITURES

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) Lyman Bailey for State Representative

Table with 5 columns: 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. Includes entry for Victory Store.com on 05-04-04 for \$1,395.28.

SUB-TOTAL \$ TOTAL (if last page of this schedule) \$1395.28

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)(1).)

FOR INSTRUCTIONS. SEE BACK OF FORM

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

Lyman Bailey for State Representative

SCHEDULE E
(Rev. 06/97) IN KIND CONTRIBUTIONS

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
04-21-04	Republican Party of Iowa 621 East 9th St. Des Moines Iowa 50307	NA	Reed copywriting	\$ 110.00	<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

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SUB-TOTAL \$
TOTAL (if last page of this schedule) \$ 110.00

*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.

COMMITTEE NAME (Must be same as on Statement of Organization)
Lyman Bailey for State Representative



SCHEDULE F (Rev. 07/03)	LOANS RECEIVED & REPAID
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

NOTE: This schedule reports money loaned to the committee which is deposited in the committee account.

TOTAL UNPAID LOANS FROM LAST REPORTING PERIOD \$ _____

PART I - MONETARY LOANS RECEIVED THIS REPORTING PERIOD
 (Original source of loan, such as a bank, must be shown if a third party is involved. Include loans from candidate's personal funds.)

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE (If Applicable)	AMOUNT OF LOAN
05-04-04	Lyman Bailey 100 Duval Ct. Bellevue Iowa 52031	self	\$ 10,000 ⁰⁰

TOTAL (PART I) \$ 10,000⁰⁰

PART II - MONETARY LOAN REPAYMENTS MADE THIS REPORTING PERIOD
 (Loans forgiven must be reported on Schedule E - In-kind Contributions.)

DATE PAID (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE* (If Applicable)	AMOUNT REPAID
			\$

TOTAL CASH REPAYMENTS (PART II) \$ _____

From Schedule E - TOTAL LOANS FORGIVEN \$ _____

TOTAL OUTSTANDING LOANS END OF REPORT PERIOD \$ _____

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