

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

FORM DR-2 (Rev. 07/2003)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	1536
Logged In	9
Scanned	
Computer	WRS
Audited	WRS 7-1-04

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

Fellows for State Representative

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
Brent Fellows	Republican
Office Sought	District (If Senate or House)
House of Representative	92

ETHICS & CAMPAIGN DISCLOSURE BOARD

MAY 17 2004

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FILE DATE SIGNED

SIGNATURE OF TREASURER (or person filing this report) _____ **TELEPHONE** _____

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 REPORT FOR ANA (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
November 2nd, 2004

County & Local Committees, enter County in which Election is held
Lee

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 committees. 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)		1925.00
Schedule F: Loans Received total (Attach Schedule F)		392.78
Schedule H: Total Sales of Campaign Property (Attach Schedule H)		0
<u>(Schedule H applies to Candidates' Committees Only)</u>		
SUB-TOTAL	\$	2317.78
SUBTRACT TOTAL MONEY SPENT THIS PERIOD		
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)		375.84
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)	\$	1941.91
UNPAID BILLS (From Schedule D - Attach Schedule D)	\$	0
IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)	\$	0
OUTSTANDING LOANS (From Schedule F - Attach Schedule F)	\$	392.78
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)	\$	0

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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)
 Fellows 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.

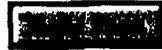
CAUTION: Section 68B.32A(6), Iowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YY)	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
4/26/04	ID# CK# 14023	Gate City Seed 824 Main Street Keokuk, Iowa 52632		\$100.00	<input checked="" type="checkbox"/>
05/04/2004	ID# CK# 1339	Scott and Susan Carrell 8034 Cooper River Drive Colorado Springs, CO 80920	Friends	50.00	<input checked="" type="checkbox"/>
05/04/2004	ID# CK# 1350	Dan and Paty Rungc 205 South 9th Street Warsaw, IL 62379	Friends	50.00	<input checked="" type="checkbox"/>
05/04/2004	ID# CK# 1341	Laryc J. Schevers 58 Bel Air Keokuk, Iowa 52632	Friends	500.00	<input checked="" type="checkbox"/>
05/05/2004	ID# CK# 3479	Larry and Joyce Schevers 3490 Argyle Road Keokuk, Iowa 52632	Friends	500.00	<input checked="" type="checkbox"/>
05/14/2004	ID# CK# 6230	Valerie and Kim Much 1530 Winsor Drive Quincy, IL 62305	Friends	25.00	<input checked="" type="checkbox"/>
05/14/2004	ID# CK# 2762	Rick Bryant 629 Main Street Keokuk, Iowa 52632	Friends	100.00	<input checked="" type="checkbox"/>
05/14/2004	ID# CK# 1235	Jud Miller 1609 Broadsword Lane Lake St. Louis, MO 63367	Friends	200.00	<input checked="" type="checkbox"/>
05/14/2004	ID# CK# 7857	James and Diane Hanks #7 Carriage Greens Keokuk, Iowa 52632	Friends	100.00	<input checked="" type="checkbox"/>
05/14/2004	ID# CK# 12995	James and Betty Brown 1908 Fulton Street Keokuk, Iowa 52632	Friends	25.00	<input checked="" type="checkbox"/>
SUB-TOTAL				\$ 1650.00	
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.

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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)
 Fellows 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
05/14/2004	ID# CK# 1625	Lync and Jane Fellows 3570 270th Ave Keokuk, Iowa 52632	Brother and Fam	\$250.00	<input checked="" type="checkbox"/>
05/14/2004	ID# CK# cash	Martha Barclift 2511 Middle Road Keokuk, Iowa 52632	Friend	25.00	<input checked="" type="checkbox"/>
05/14/2004	ID# CK# 6558	Dan and Brenda McNamara 607 Messenger Road Keokuk, Iowa 52632	Friends	50.00	<input checked="" 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				\$ 275.00	
TOTAL (if last page of this schedule)				\$ 1925.00	

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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)
 Fellows for State Representative

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
04/15/2004	ID# CK#001	Hill Printing 111 North 5th Street Keokuk, Iowa 52632	Business Cards	\$ 85.60
04/26/2004	ID# CK#002	Deluxe Check (per internet at deluxe.com)	Checks for checking account	105.24
05/05/2004	ID# CK#1001	Keokuk United States Post Office 214 South 2nd Keokuk, Iowa 52632	stamps	185.00
	ID# CK#			
SUB-TOTAL				\$ 375.84
TOTAL (if last page of this schedule)				\$ 375.84

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)(f).)

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

Fellows for State Representative

Reset Form

SCHEDULE E (Rev. 06/97)	IN KIND CONTRIBUTIONS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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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
01/08/04	Republican Party of Iowa 621 East 9th Des Moines, IA 50309		Friends & Family Letter	\$ 110.00	<input checked="" type="checkbox"/>
04/20/04	Hill Printing 111 N. 5th Keokuk, IA 52632		Letterhead	267.50	<input checked="" type="checkbox"/>
04/23/04	Betty Fellows 2210 Grand Keokuk, IA 52632	Blood Relative	Stamps	37.00	<input checked="" 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"/>

SUB-TOTAL \$
 TOTAL (if last page of this schedule) \$ 414.50

Page 1 of 1 (for Schedule E)

*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.

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COMMITTEE NAME (Must be same as on Statement of Organization)
 Fellows 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 \$ 0

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.)

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

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE (If Applicable)	AMOUNT OF LOAN
03/16/04	Brent Fellows 2300 Grand Ave Keokuk, IA 52632		\$ 100.00
03/26/04	Brent Fellows 2300 Grand Ave Keokuk, IA 52632		137.01
4/26/04	Brent Fellows 2300 Grand Ave Keokuk, IA 52632		120.00
05/06/04	Brent Fellows 2300 Grand Ave Keokuk, IA 52632		35.77

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

TOTAL (PART I) \$ 392.78

TOTAL CASH REPAYMENTS (PART II) \$ _____

From Schedule E - TOTAL LOANS FORGIVEN \$ _____

TOTAL OUTSTANDING LOANS END OF REPORT PERIOD \$ 392.78

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