

DISCLOSURE SUMMARY PAGE

FORM DR-2 (Rev. 07/2003)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	<u>1533</u>
Logged In	<u>[Signature]</u>
Scanned	_____
Computer	_____
Audited	_____

COMMITTEE NAME (Must be same as on Statement of Organization)
HOWARD SCOTT FOR 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
 (8) Support State of Candidates

CANDIDATE COMMITTEES ONLY:

Candidate Name: HOWARD SCOTT Political Party: DEMOCRAT
 Office Sought: IA STATE REPRE. District (if Senate or House): 6B

MAY 11 2004
 hd

Neil E Leonard
 SIGNATURE OF TREASURER (or person filing this report)

(515) 266-1136
 TELEPHONE

April 8, 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 May 19 2004 REPORT FOR AN/A (1) ELECTION / (2) NON-ELECTION YEAR.
 (report date) covers through May 14 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
POLK

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) 1666.00

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.....\$ _____

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)... 1506.24

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)\$ 159.76

****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

Reset Form

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)
HOWARD SCOTT FOR 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
MAR. 25 04	ID# CK#	ELIZA BETH SCOTT 2714 E 40TH ST DES MOINES, IA 50317	DAUGHTER	\$ 200 ⁰⁰	<input type="checkbox"/>
APR. 4 04	ID# CK#	BEVERLY ANDERSON DES MOINES 664 35TH ST FA. 50312	DAUGHTER	\$ 200 ⁰⁰	<input type="checkbox"/>
3-15-04	ID# CK#	Cecil Leonard 2845 Richmond Ave Des Moines, IA 50317		100.00	<input type="checkbox"/>
3-15-04	ID# CK#	Howard Scott 2714 E. 40th Des Moines, IA 50317	self	400.00	<input type="checkbox"/>
4/10/04	ID# CK#	BECKY LEE 2932 SE 124th St Runnells, IA	DAUGHTER	200 ⁰⁰	<input type="checkbox"/>
4/10/04	ID# CK#	MARY SCOTT 2714 E 40th St. Des Moines, IA 50317	WIFE	200 ⁰⁰	<input type="checkbox"/>
4/15/04	ID# CK#	HILLTOP FUN RAISER unitemized		166 ⁰⁰	<input type="checkbox"/>
5/4/04	ID# CK#	BURT SCOTT 2714 E. 40th Des Moines, IA 50317	SON	200 ⁰⁰	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

\$
\$ 1666.00

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.

FOR INSTRUCTIONS, SEE BACK OF FORM

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

SCHEDULE B (Rev. 09/97)	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)
Howard Scott for Representative

DATE EXPENDED (MM/DD/YY)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
3-19-04	ID# CK#	Howard Scott 2714 E. 40th Des Moines, IA 50317	Polk Cty - Dem. Convention dinner	\$20.00
4-09-04	ID# CK#	Image Maker Guthrie Des Moines, IA	Yard signs	402.98
4/05/04	ID# CK#	CARTER PRINTING 1739 E. Grand DM	FLIERS	673.10
4/27/04	ID# CK#	SIGNS NOW Des Moines, IA	VEHICLE SIGNS	62.02
5/4/04	ID# 9155 CK#	DEMOCRATIC PARTY, POLK, 1650-63rd St, Des Moines, IA	Dinner	25.00
5/11/04	ID# CK#	CARTER PRINTING 1739 E. GRAND, DM.	ENVELOPS	73.14
5/4/04	ID# 9098 CK#	IOWA DEMOCRATIC PARTY 5661 Fleur Drive Des Moines, IA	Dinner at fairgrounds	250.00
	ID# CK#			

SUB-TOTAL \$

TOTAL (if last page of this schedule) \$ 1506.24

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).)