

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

DISCLOSURE SUMMARY PAGE

FORM DR-2 (Rev. 07/2004)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	9694
Logged In	SW
Scanned	
Computer	
Audited	

COMMITTEE NAME (Must be same as on Statement of Organization)
Cedar Rapids Physician-Hospital Political Action Committee

IMPORTANT: Indicate by # type of committee you are reporting for: 2
 (1)Statewide/Legislative/Judge Standing for Retention Candidate (2)State PAC (3)State Party
 (4)County Central Committee (5)County Candidate (6)City Candidate (7)School Board or Other
 Political Subdivision Candidate (8)County PAC (9)City PAC (10)School Board or Other Political
 Subdivision PAC (11) Local Ballot Issue

CANDIDATE COMMITTEES ONLY:

Candidate Name: JCF 2004 Political Party (if applicable): _____
 Office Sought: FILED pm 10-18 District (if Senate or House): _____

Late reports are subject to possible civil and criminal penalties.

Craig R. Schoenfeld 515/283-1801 10/16/04
 SIGNATURE OF PERSON FILING REPORT TELEPHONE DATE SIGNED

I AM FILING A October 19, 2004 REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR.
 (report date) Indicate by # 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 DR-3 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. (Total of all funds 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.) \$ 2,000.00

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below) 750.00

Schedule F: Loans Received total (Attach Schedule F) 0.00

Schedule H: Total Sales of Campaign Property (Attach Schedule H) 0.00

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL \$ 2,750.00

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below).... 0.00

Schedule F: Loan Repayments total (Attach Schedule F)..... 0.00

CASH ON HAND at the end of this reporting period (if final report balance must be zero) (Attach DR-3) \$ 2,750.00

****UNPAID BILLS** (From Schedule D - Attach Schedule D)..... \$ 0.00

****IN KIND CONTRIBUTIONS** (From Schedule E - Attach Schedule E) \$ 0.00

****OUTSTANDING LOANS** (From Schedule F - Attach Schedule F)..... \$ 0.00

CANDIDATE COMMITTEES ONLY:

CONSULTANT BREAKDOWN (Schedule G Attached?) YES NO

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H) \$ N/A

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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)*
Cedar Rapids Physician-Hospital Political Action Committee

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
7/31/04	ID# CK#	Dean H. Gesme, Jr. 4365 Fox Meadow Dr. SE Cedar Rapids, IA 52403		\$250.00	<input type="checkbox"/>
7/31/04	ID# CK#	Mark J. Tyler 7 High Ridge CT SE Cedar Rapids, IA 52403		100.00	<input type="checkbox"/>
8/15/04	ID# CK#	Jeanette Werling 2533 Blue Ridge Dr NE Cedar Rapids, IA 52402		300.00	<input type="checkbox"/>
8/15/04	ID# CK#	Cindy Roehr 320 McKinsie CT NE Cedar Rapids, IA 52402		100.00	<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"/>
SUB-TOTAL				\$ 750.00	
TOTAL (if last page of this schedule)				\$ 750.00	

* 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.