

DISCLOSURE SUMMARY PAGE

Reset Form

FORM DR-2 (Rev. 07/2004)	DISCLOSURE REPORT
For Office Use Only	
Comm. # <u>SW 264</u>	
Logged In <u>SW 264</u>	
Scanned _____	
Computer _____	
Audited _____	

COMMITTEE NAME (Must be same as on Statement of Organization)
 IOWA AUTO RECYCLERS PAC 6264

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 Subdivision PAC (10) School Board or Other Political
 Subdivision PAC (11) Local Ballot Issue

CANDIDATE COMMITTEES ONLY:

Candidate Name _____ Political Party (if applicable) _____
 Office Sought _____ District (if Senate or House) _____

FILED pm 10-13
ETHICS & CAMPAIGN DISCLOSURE
 OCT 15 2004

Late reports are subject to possible civil and criminal penalties.

Dianne Van Gorp 641-673-7864 10/13/04
 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 #

- 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.)	\$ 5999.32
ADD TOTAL MONEY TAKEN IN THIS PERIOD	
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)	1820.34
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	\$ 7819.66
SUBTRACT TOTAL MONEY SPENT THIS PERIOD	
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)....	_____
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)	\$ 7819.66
**UNPAID BILLS (From Schedule D - Attach Schedule D)	\$ _____
*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)	\$ 450.00
**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)	\$ _____
CANDIDATE COMMITTEES ONLY:	
CONSULTANT BREAKDOWN (Schedule G Attached?)	<input type="checkbox"/> YES <input type="checkbox"/> 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)
 Iowa Auto Recyclers PAC 6264

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
08/05/04	ID# CK#	Tom Snyder 1526 E Washington St. Clarinda, IA 51632		\$200.00	<input type="checkbox"/>
08/06/04	ID# CK#	Greg O'Leary 1601 31st Des Moines, IA 50311		10.00	<input checked="" type="checkbox"/>
08/06/04	ID# CK#	Garry Stuber 275 Rampart Lane Waterloo, IA 50707		65.00	<input checked="" type="checkbox"/>
08/06/04	ID# CK#	Norman Bernstein 377 W. Sawgrass Trail Dakota Dunes, SD 57049		50.00	<input checked="" type="checkbox"/>
08/06/04	ID# CK#	Scott Frank 207 North St. Zearing, IA 50275		10.00	<input checked="" type="checkbox"/>
08/06/04	ID# CK#	Pat Williams 2413 Ashland Cedar Falls, IA 50613		130.00	<input checked="" type="checkbox"/>
08/06/04	ID# CK#	Kendig Kneen 10629 Bladensburg Rd Ottumwa, IA 52501		60.00	<input checked="" type="checkbox"/>
08/06/04	ID# CK#	Dave Wood Box 1007 Oskaloosa, IA 52577		122.00	<input checked="" type="checkbox"/>
08/06/04	ID# CK#	Jodi Kunde 10323 Maple St. Zwingle, IA 52079		35.00	<input checked="" type="checkbox"/>
08/06/04	ID# CK#	Frank Regnerus 133 1st St. SW Sioux Center, IA 51250		150.00	<input checked="" type="checkbox"/>
SUB-TOTAL				\$ 832.00	
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

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)
Iowa Auto Recyclers PAC 6264

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
08/06/04	ID# CK#	Ruth Vander Haag Box 550 Sanborn, IA 51248		\$55.00	<input checked="" type="checkbox"/>
08/06/04	ID# CK#	Scott Kunde 10323 Maple St. Zwingle, IA 52079		125.00	<input checked="" type="checkbox"/>
08/06/04	ID# CK#	Tracy Hurst 4019 4th Ave West Spencer, IA 51301		80.00	<input checked="" type="checkbox"/>
08/06/04	ID# CK#	John M. Vander Haag 3809 4th Ave W Spencer, IA 51301		150.00	<input checked="" type="checkbox"/>
08/21/04	ID# CK#	Jeff Smid 10330 Hwy 65 N Iowa Falls, IA 50126		50.00	<input checked="" type="checkbox"/>
08/21/04	ID# CK#	Jami Schnoebelen 3440 Valley View Dr West Des Moines, IA 50265		175.00	<input checked="" type="checkbox"/>
09/07/04	ID# CK#	Clyde Lems 402 Barton Ave Doon, IA 51235		200.00	<input checked="" type="checkbox"/>
09/21/04	ID# CK#	Dennis Osborn 1351 W. Marquis Rd Janesville, IA 50647		100.00	<input type="checkbox"/>
July--Sept	ID# CK# interest	Bank Iowa P.O. Box 1130 Oskaloosa, IA 52577		3.34	<input type="checkbox"/>
08/06/04	ID# CK#	Dan Wyckoff P.O. Box 737 Spencer, IA 51301		50.	<input checked="" type="checkbox"/>
SUB-TOTAL				\$ 988.34	
TOTAL (if last page of this schedule)				\$ 1820.34	

* 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

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

Iowa Auto Recyclers PAC 6264

Reset Form

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
08/06/04	Pat Williams 2413 Ashland Cedar Falls, IA 50613		shirts	\$ 50.00	<input checked="" type="checkbox"/>
08/06/04	Greg O'Leary 1601 31st Des Moines, IA 50311		shirts	50.00	<input checked="" type="checkbox"/>
08/06/04	Marion Van Gorp, Jr. Box 1007 Oskaloosa, IA 52577		Mustang model	20.00	<input checked="" type="checkbox"/>
08/06/04	Dirk Van Gorp Box 1051 Oskaloosa, IA 52577		TV companion	40.00	<input checked="" type="checkbox"/>
08/06/04	Jodi & Scott Kunde 10323 Maple St. Zwingle, IA 52079		Salsa basket	15.00	<input checked="" type="checkbox"/>
08/06/04	Jodi & Scott Kunde 10323 Maple St. Zwingle, IA 52079		wooden plaque	15.00	<input checked="" type="checkbox"/>
08/06/04	Jodi & Scott Kunde 10323 Maple St. Zwingle, IA 52079		wind chime	20.00	<input checked="" type="checkbox"/>
08/06/04	Garry Stuber 275 Rampart Lane Waterloo, IA 50707		Earnhardt birdhouse	50.00	<input checked="" type="checkbox"/>
08/06/04	John C. Vander Haag PO Box 550 Sanborn, IA 51218		4 toy cars	60.00	<input checked="" type="checkbox"/>
08/06/04	Scott Frank 207 North St. Zearing, IA 50278		auto parts	20.00	<input checked="" type="checkbox"/>
SUB-TOTAL				\$ 340.00	
TOTAL (if last page of this schedule)				\$	

*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.

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)
Iowa Auto Recyclers PAC 6264

Reset Form

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
08/06/04	Frank Regnerus 133 1st St. SW Sioux Center, IA 51250		antique toy truck	\$ 40.00	<input checked="" type="checkbox"/>
08/06/04	Frank Regnerus 133 1st St. SW Sioux Center IA 51250		wooden yard sign	40.00	<input checked="" type="checkbox"/>
08/06/04	Dianne Van Gorp Box 1051 Oskaloosa, IA 52577		plants	30.00	<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				\$ 110.00	
TOTAL (if last page of this schedule)				\$ 450.00	

*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.