

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

Rec'd Form

LATE

FORM DR-2 (Rev. 01/2003)	DISCLOSURE REPORT
For Office Use Only	
Comm. # <u>SW</u>	<u>9624</u>
Indexed	
Audited	
Computer	

COMMITTEE NAME (Must be same as on Statement of Organization)
Republican Women of Blaine Co.

IMPORTANT: Indicate type of committee you are reporting for: 2

(1) Statewide/Legislative Candidate (2) Statewide PAC (3) State Party (4) County/Local Candidate
(5) County PAC (6) Ballot Issue/Franchise/Referendum (7) County/City Central Committee
(8) Support State of Candidates

CANDIDATE COMMITTEES ONLY:

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

FILED Yak OCT 21 2004

Sonia Johanssen
SIGNATURE OF TREASURER (or person filing this report)

(319) 291-8522
TELEPHONE

10/20/04
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 7/14/04 - 10/14/04 REPORT FOR AN/A (1) ELECTION / (2) NON-ELECTION YEAR.
(report date) Indicate one

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 _____

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.) \$ 1866.71

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below) 1853.00

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 \$ 3718.71

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (*also see debts and loans below).... 2038.84

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)..... \$ 1679.87

**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



SCHEDULE A (Rev. 06/97)	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)
Republican Women of Beck-Hart Co.

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
7/30/04	ID# CK#	Donations 290.00 Dues 255.00	--	\$ 545.00	<input type="checkbox"/>
8/9/04	ID# CK#	2 memberships meals		288.00	<input type="checkbox"/>
8/16/04	ID# CK#	240.00 Dues 160.00 Donations		400.00	<input type="checkbox"/>
8/24/04	ID# CK#	Billings for Supervisor for mailing list		50.00	<input type="checkbox"/>
9/9/04	ID# CK#	Bill for Supervisor mailing list		50.00	<input type="checkbox"/>
9/2/04	ID# CK#	Donations 80.00 Dues 105.00		185.00	<input type="checkbox"/>
10/6/04	ID# CK#	Meals 184.00 + 5.00 Cash on hand for chgrp		189.00	<input type="checkbox"/>
9/22/04	ID# CK#	Dues + Donations		145.00	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

\$
\$1852.00

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) (See Page 2 of form 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

Regist Form

SCHEDULE B (Rev. 09/87)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

EXPENDITURES - MONEY SPENT FROM COMMITTEE ACCOUNT

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)
Legislative Women's Black Hawk Co.

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
7/24/04	ID# CK# 1589	Parade Primitives Cedar Falls, Ia.	envelopes	\$ 140.15
7/23	ID# CK# 1600	Postmarked Writings	bulk mail envelopes	421.63
7/25	ID# CK# 1601	1st Unit Insurance Exp. Women	dues	3.45
7/25	ID# CK# 1602	IFCW Insurance	dues	70.00
7/26	ID# CK# 1603	Carolee Haberman	Paper, labels + envelopes	71.21
7/26	ID# CK# 1604	Black Hawk Co. Central Committee	1900 copies	51.30
7/30/04	ID# CK# 1605	The Brown Factory Cedar Falls	35 lunches	380.11
8/9/04	ID# CK# 1606	Black Hawk County Central Committee	3800 copies	182.60
SUB-TOTAL				\$ 1139.45
TOTAL (if last page of this schedule)				\$

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 detailed 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 56.8(2)(j).)

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)

Republican Women & Youth Fund, Co.

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
7/27/04	ID# CK# —	US Bank Checks	check printing charge	\$ 31.90
8/23/04	ID# CK# 1607	Carmen Harrison	postage	29.90
9/8/04	ID# CK# 1608	1st district Republican Women	dues	10.50
9/8/04	ID# CK# 1609	IFRW	dues	300.00
9/15/04	ID# CK# 1610	Postmaster	postage	69.00
9/16/04	ID# CK# 1611	Civil for Supervisor	donation for Campaign	50.02
9/16/04	ID# CK# 1612	Knizik for Auditor	donation for Campaign	50.00
9/23/04	ID# CK# 1613	Postmaster	Postage	32.20
SUB-TOTAL				\$ 572.50
TOTAL (if last page of this schedule)				\$

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 56.8(3)(i).)

FOR INSTRUCTIONS, SEE BACK OF FORM

Receipt 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)
Republican Women's Black Hawk Co.

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
10/1/04	ID# CK# 1614	The Broom Factory Cedar Falls	meals	\$200.01
9/30/04	ID# CK# -	U.S. Bank	Income tax	.59
9/30/04	ID# CK# -	U.S. Bank	Analysis charge	8.50
10/14/04	ID# CK# 1615	Kry-Tee Cotton	Balloons & Candles	42.80
10/14/04	ID# CK# 1616	Kry-Tee	Bubba Grubbs's Cafe	35.99
10/14/04	ID# CK# 1617	Postmaster	P.O. Box fee	38.00
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$325.89
TOTAL (if last page of this schedule)				\$2038.84

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 58.6(3)(i).)