

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

Read Form

FORM DR-2 (Rev. 07/2003)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	1510
Logged In	
Scanned	
Computer	
Audited	

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

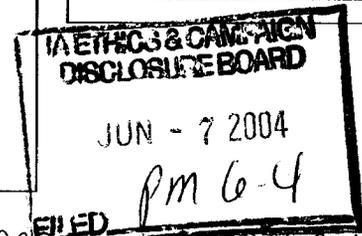
Citizens for Crowley

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
Cory Crowley	Republican
Office Sought	District (if Senate or House)
State Representative	36



[Signature]
SIGNATURE OF TREASURER (or person filing this report)

319-362-2897
TELEPHONE

6-4-04
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 June 4th REPORT FOR AN/A (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
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.)	453.75
ADD TOTAL MONEY TAKEN IN THIS PERIOD	
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)	1,425.00
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	\$ 1,425.00
SUBTRACT TOTAL MONEY SPENT THIS PERIOD	
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)	840.11
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)	\$ 1,038.64
**UNPAID BILLS (From Schedule D - Attach Schedule D)	\$ 0.00
**IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)	\$ 170.71
**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)	\$ 0.00
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)	\$ 0.00

For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS – MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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

Citizens for Crowley

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
5/20/04	ID# CK#	Tex Petecost 1591 Gran Ave. Independence, IA 50644		\$50.00	<input type="checkbox"/>
5/20/04	ID# CK#	Ida Rooks 3093 C. Ave. Marion, IA 52302		50.00	<input type="checkbox"/>
5/20/04	ID# CK#	Kathleen Klouse 3131 Mountain Creek Rd. Apt. 1A7 Chattanooga, TN 37415		100.00	<input type="checkbox"/>
5/20/04	ID# CK#	Terry Ebaugh 1045 Indian Creek Cir. Marion, IA 52302		50.00	<input type="checkbox"/>
5/20/04	ID# CK#	Kathy Croy 2436 J St. SW Cedar Rapids, IA 52404		50.00	<input type="checkbox"/>
5/20/04	ID# CK#	Shirley Hill 6201 Lakeside Rd. Marion, IA 52302		50.00	<input type="checkbox"/>
5/20/04	ID# CK#	Steve Marshall 2510 Windy Way Louisville, KY 40207		250.00	<input type="checkbox"/>
5/22/04	ID# CK#	David Graeff 51 29th Ave. Dr. SW Cedar Rapids, IA 52404		100.00	<input checked="" type="checkbox"/>
5/22/04	ID# CK#	Joan Scotter 180 School St. Marion, IA 52302		100.00	<input checked="" type="checkbox"/>
5/22/04	ID# CK#	Arlette M. Quinn 105 Stoney Point Rd. NW Cedar Rapids, IA 52405		50.00	<input checked="" type="checkbox"/>
SUB-TOTAL				\$ 850.00	
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



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)
Citizens for Crowley

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.

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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
5/22/04	ID# CK#	Karen Balderston 3978 Sutton Rd. Central City, IA 52214		\$35.00	<input checked="" type="checkbox"/>
5/22/04	ID# CK#	Barbara Ann Grassley 31705 Westbrook St. Cedar Falls, IA 50613-9511		50.00	<input checked="" type="checkbox"/>
5/22/04	ID# CK#	Kathy Pearson 150 Thompson Dr. SE Cedar Rapids, IA 52403		25.00	<input checked="" type="checkbox"/>
5/22/04	ID# CK#	Sandy Bandfield 1420 40th St. NE Cedar Rapids, IA 52402		30.00	<input checked="" type="checkbox"/>
5/24/04	ID# CK#	Dixie Gray 1805 5th Ave. SE Cedar Rapids, IA 52403		50.00	<input type="checkbox"/>
5/24/04	ID# CK#	Dan Barkley 2235 Clark Ave. Marion, IA 52302		50.00	<input type="checkbox"/>
5/24/04	ID# CK#	Melody Graham 347 Brentwood Dr. NE Cedar Rapids, IA 52402		25.00	<input type="checkbox"/>
5/27/04	ID# CK#	Curt Hames PO Box 217 Marion, IA 52302		300.00	<input type="checkbox"/>
	ID# CK#	Total Unitemized Contributions		10.00	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
SUB-TOTAL				\$ 575.00	
TOTAL (if last page of this schedule)				\$ 1,425.00	

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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)
Citizens for Crowley

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
5/19/04	ID# CK# 520	United States Post Office 526 1st Ave. Cedar Rapids, IA 52349	Postage and envelope to mail 5/19/04 report	\$ 2.78
5/21/04	ID# CK#521	Tess Putnam 1700 Concord DR Marion, IA 52302	Marion High School Citizens for Crowley scholarship recipient	\$250.00
5/21/04	ID# CK#522	Verizon Wireless 777 Big Timber Rd. Elgin, IL 60123	Campaign cell phone bill	73.40
5/26/04	ID# CK#519	Emily Raeside 3640 Jonquil Ct. Marion, IA 52302	Reimbursement for purchase of scholarship certificates & card stock for door knocking flyers	30.42
5/26/04	ID# CK# 523	Cory Crowley 1135 Elm Street Marion, IA 52302	Reimbursement for payment made to Kinkos for printing door knocking flyers	53.51
5/26/04	ID# CK#524	Marion Times 306 6th St. Marion, IA 52302	Campaign ads on 5/27/04 and 6/3/04 for Primary	180.00
5/26/04	ID# CK# 525	Manis Aggarwal 990 Hampshire DR Marion, IA 52302	Lin-Mar High School Citizens for Crowley scholarship recipient	250.00
	ID# CK#			
SUB-TOTAL				\$ 840.11
TOTAL (if last page of this schedule)				\$ 840.11

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)(i).)

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

Citizens for Crowley

Recall 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
5/15/04	Eileen Crowley 121 Rollingwood Dr. NW Cedar Rapids, IA 52405		Food for Coffee with Mrs. Grassley	\$ 48.98	<input checked="" type="checkbox"/>
5/18/04	Jan Crowley 240 S. Blairsferry Crossing Hiawatha, IA 52233		Two ink cartridges and a reem of paper	103.10	<input type="checkbox"/>
5/21/04	Eileen Crowley 121 Rollingwood Dr. Cedar Rapids, IA 52405		Paint & brushes for large yard signs	18.63	<input 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				\$ 170.71	
TOTAL (if last page of this schedule)				\$ 170.71	

*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.