

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

Reset Form

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

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

Allamakee Pride Committee

RECEIVED  
FAX  
JAN 17 2006

IMPORTANT: Indicate by # type of committee you are reporting for:   
( 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 \_\_\_\_\_ Political Party (if applicable) \_\_\_\_\_

Office Sought \_\_\_\_\_ District (if Senate or House) \_\_\_\_\_

Late reports are subject to possible civil and criminal penalties.

  
SIGNATURE OF PERSON FILING REPORT

563-568-4110  
TELEPHONE

1/17/06  
DATE SIGNED

I AM FILING A 1/19/06 REPORT FOR (1) ELECTION //(2)NON-ELECTION YEAR.  
(report date) Indicate by #  2

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 <u>12/13/05</u>
County & Local Committees, enter County in which Election is held <u>Allamakee</u>

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 <b>MUST</b> 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.)	\$ <u>918.69</u>
<b>ADD TOTAL MONEY TAKEN IN THIS PERIOD</b>	
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)	<u>8,407.35</u>
Schedule F: Loans Received total (Attach Schedule F)	<u>.00</u>
Schedule H: Total Sales of Campaign Property (Attach Schedule H)	<u>.00</u>
<u>(Schedule H applies to Candidates' Committees Only)</u>	
<b>SUB-TOTAL</b> .....	\$ <u>9,326.04</u>
<b>SUBTRACT TOTAL MONEY SPENT THIS PERIOD</b>	
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)....	<u>9,326.04</u>
Schedule F: Loan Repayments total (Attach Schedule F).....	<u>.00</u>
CASH ON HAND at the end of this reporting period (if final report balance must be zero) (Attach DR-3).....	\$ <u>.00</u>

**UNPAID BILLS (From Schedule D - Attach Schedule D).....	\$ <u>.00</u>
**IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E) .....	\$ <u>470.88</u>
**OUTSTANDING LOANS (From Schedule F - Attach Schedule F).....	\$ <u>.00</u>

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



<b>SCHEDULE</b> <b>A</b> (Rev. 07/03)	<b>MONETARY</b> <b>RECEIPTS</b>
<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)

Allamakee Pride 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 88B.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
12/05/05	ID# CK# 673	Dennis Lyons 214 5th St SE Waukon, IA 52172	N/A	\$ 5.00	<input type="checkbox"/>
12/05/05	ID# CK# 4258	Waukon Chamber of Commerce 101 West Main Waukon, IA 52172	N/A	\$300.00	<input type="checkbox"/>
12/29/05	ID# CK# 1525	Waukon Economic Development 101 West Main Waukon, IA 52172	N/A	\$6,500.00	<input type="checkbox"/>
1/9/06	ID# 28011 CK#	Farmers & Merchants Savings Bank 201 W Main Waukon, IA 52172	N/A	\$175.49	<input type="checkbox"/>
1/9/06	ID# 36175 CK#	Waukon State Bank 22 W Main Waukon, IA 52172	N/A	\$175.49	<input type="checkbox"/>
1/9/06	ID# 25498 CK#	Citizens State Bank 820 11 Av SW Waukon, IA 52172	N/A	\$175.49	<input type="checkbox"/>
1/17/06	ID# CK# 46313	Veterans Memorial Hospital Waukon, IS 52172	N/A	261.60	<input type="checkbox"/>
1/17/06	ID# CK# 682	Dennis Lyons 214 5th St SE Waukon, IA 52172	N/A	203.57	<input type="checkbox"/>
1/17/06	ID# CK# 7030	John or Anne Speer 607 Cedar Lane Waukon, IA 52172	N/A	203.57	<input type="checkbox"/>
1/17/06	ID# CK# 10796	Michael Myers 359 West Ridge Rd Waukon, IA	N/A	203.57	<input type="checkbox"/>
<b>SUB-TOTAL</b>				<b>\$ 203.78</b>	
<b>TOTAL (if last page of this schedule)</b>				<b>\$</b>	

\* 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

**CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

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

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

Allamakee Pride 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
1/17/06	ID# CK# 4725	David Martin 507 5th Ave SW P.O. Box 59 Waukon, IA 52172	N/A	\$ 203.57	<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"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
SUB-TOTAL				\$203.57	
<b>TOTAL (if last page of this schedule)</b>				\$8,407.35	

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**EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT**

SCHEDULE <b>B</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)**  
Allamakee Price Committee

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
12/9/05	ID# CK# 513	KNEI 14 W Main Waukon, IA 52172	Radio Ads	\$421.50
12/9/05	ID# CK# 514	Wennes Comm 203 E Water St Decorah, IA 52101	Radio Ads	\$331.25
12/29/05	ID# CK# 515	Larry Murphy L & L 531 Sixth St NW Oelwein, IA 50662	Cordingated the campaign	\$3000.00
12/29/05	ID# CK#516	Victory Enterprises 5200 SW 30th St St. 7 Davenport, IA 52802	Survey & Vote ID	\$3,865.15
1/17/06	ID# CK# 517	Northeast Iowa Printers 26 Spring Av. Waukon, IA 52172	Printing	\$673.35
1/17/06	ID# CK# 518	News Publishing P.O. Box 286 Waukon, IA 52172	Inserts and Ads	\$1,034.79
	ID# CK#			
	ID# CK#			
<b>SUB-TOTAL</b>				\$
<b>TOTAL (if last page of this schedule)</b>				\$ 9,326.04

**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)(f).)

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COMMITTEE NAME (Must be same as on Statement of Organization)  
**Allamakee Pride Committee**

<b>SCHEDULE E</b> (Rev. 08/97)	IN-KIND CONTRIBUTIONS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

DATE RECEIVED (MM/DD/YYR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
12/7/05	Waukon State Bank 22 W Main Waukon, IA 52172		Ad in paper	\$ 156.96	<input type="checkbox"/>
12/7/05	Citizen State Bank 820 11 Av SW Waukon, IA 52172		Ad in paper	156.96	<input type="checkbox"/>
12/7/05	Farmers & Merchants Savings Bank 201 W Main Waukon, IA		Ad in paper	156.96	<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				\$	
TOTAL (if last page of this schedule)				\$	470.88

\*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.