

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

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

CHRISTENSEN for Mayor

IMPORTANT: Indicate by # type of committee you are reporting for: 6
(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: ROBERT Q. CHRISTENSEN Political Party (if applicable):
Office Sought: Mayor District (if Senate or House):

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

NOV - 3 2005

Late reports are subject to possible civil and criminal penalties.

Signature of Fred J. DeLoach

TELEPHONE 712-792-4324

DATE SIGNED 11-3-05

I AM FILING A 11-3-05 REPORT FOR (1) ELECTION (2) NON-ELECTION YEAR. 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 11-3-05 County & Local Committees, enter County in which Election is held CARROLL

STATEMENT OF CASH ON HAND

Table with columns for description and amount. Rows include: CASH ON HAND at the beginning of the reporting period (\$0), ADD TOTAL MONEY TAKEN IN THIS PERIOD (Schedule A: 1.105), SUB-TOTAL (\$1.105), SUBTRACT TOTAL MONEY SPENT THIS PERIOD (Schedule B: 467.32), CASH ON HAND at the end of this reporting period (\$637.68), **UNPAID BILLS (\$300), **IN KIND CONTRIBUTIONS (\$-), **OUTSTANDING LOANS (\$-), CONSULTANT BREAKDOWN (YES/NO), CANDIDATE COMMITTEES ONLY: VALUE OF CAMPAIGN PROPERTY (\$-)

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

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CONTRIBUTIONS -- MONEY TAKEN IN
(Including candidate's personal funds)

SCHEDULE
A
(Rev. 07/03) MONETARY RECEIPTS

CHECK THIS BOX IF AMENDING FORM

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

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
10-17-05	ID# CK#	ART Neu CARROLL, IA 51401		\$100	<input type="checkbox"/>
10-17-05	ID# CK#	MYRON JOHNSON CARROLL, IA 51401		\$25	<input type="checkbox"/>
10-17-05	ID# CK#	T BRENT GRONSTAL CARROLL, IA 51401		\$50	<input type="checkbox"/>
10-20-05	ID# CK#	DENNIS L. ANDERSON CARROLL, IA 51401		\$25	<input type="checkbox"/>
10-21-05	ID# CK#	D.W. OR S.A. SEAMAN CARROLL, IA 51401		\$50	<input type="checkbox"/>
10-26-05	ID# CK#	PAUL S. SCHECHINGER CARROLL, IA 51401		\$50	<input type="checkbox"/>
10-25-05	ID# CK#	JAMES J. WHITE PEGGY WHITE CARROLL, IA 51401		\$150	<input type="checkbox"/>
10-16-05	ID# CK#	GARY RIEDMANN CARROLL, IA 51401		\$25	<input type="checkbox"/>
9-30-05	ID# CK#	DR. ROBERT CHRISTENSEN CARROLL, IA 51401		\$100	<input type="checkbox"/>
10-30-05	ID# CK#	UNITIZED CONTRIBUTIONS		\$530	<input type="checkbox"/>
SUB-TOTAL				\$1105	
TOTAL (if last page of this schedule)				\$1105	

* 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.

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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)
CHRISTENSEN FOR MAYOR

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
10-27-05	ID# CK#	10 TY CARROLL IA 51401	TV ADVERTISING	\$15.00
10-27-05	ID# CK#	CARROLL BROADCASTING CARROLL IA 51401	RADIO ADVERTISING	\$210.00
10-31-05	ID# CK#	STONE PRINTING CARROLL IA 51401	Letter PRINTING	242.32
	ID# CK#			
SUB-TOTAL				\$467.32
TOTAL (if last page of this schedule)				\$467.32

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)(l).)

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

Christensen for Mayor

NOTE: Debts previously reported that remain unpaid must be included on this Schedule, as well as any new obligations Incurred in this period.

Reset Form

SCHEDULE D (Rev. 08/98)	INCURRED INDEBTEDNESS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**DEBTS/OBLIGATIONS REMAINING THIS REPORTING PERIOD
(DO NOT INCLUDE LOANS - SHOW LOANS ON SCHEDULE F)**

An "Incurred debt" is a debt for goods or services ordered or received, but not paid for by the end of the reporting period., regardless of whether an invoice has been received

DATE INCURRED (MM/DD/YR)	NAME AND ADDRESS OF PERSON TO WHOM DEBT OR OBLIGATION IS OWED	DESCRIPTION OF GOODS OR SERVICES PROVIDED OR PURCHASED	BALANCE OWED AT CLOSE OF REPORTING PERIOD*
11-5-05	CARROLL TIMES MAZOLD CARROLL, IA. 51401	Newspaper Ads.	\$ 300 Est.
SUB-TOTAL			\$ 300
TOTAL DEBTS OWED BY COMMITTEE AT THE END OF THIS REPORTING PERIOD			\$ 300

*If actual figure is unknown, show "estimated" beside the figure.

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(for Schedule D)

CANDIDATE COMMITTEES NOTE:

*Incurred indebtedness also includes each person/entity with whom the candidate's committee has entered into a contract during the reporting period for future or continuing performance. Enter the name of the consultant who provides or procures services for items such as advertising, fund-raising, polling, managing, or organizing services. Report on Schedule G the nature of performance and the estimated performance reasonably expected of the consultant.

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SCHEDULE F (Rev. 07/03)	LOANS RECEIVED & REPAID
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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

NOTE: This schedule reports money loaned to the committee which is deposited in the committee account.

TOTAL UNPAID LOANS FROM LAST REPORTING PERIOD \$ _____

PART I - MONETARY LOANS RECEIVED THIS REPORTING PERIOD
(Original source of loan, such as a bank, must be shown if a third party is involved. Include loans from candidate's personal funds.)

PART II - MONETARY LOAN REPAYMENTS MADE THIS REPORTING PERIOD
(Loans forgiven must be reported on Schedule E - In-kind Contributions.)

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE (If Applicable*)	AMOUNT OF LOAN
			\$
		None	

DATE PAID (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE* (If Applicable)	AMOUNT REPAID
			\$
		None	

TOTAL (PART I) \$ _____

TOTAL CASH REPAYMENTS (PART II) \$ _____

From Schedule E - TOTAL LOANS FORGIVEN \$ _____

TOTAL OUTSTANDING LOANS END OF REPORT PERIOD \$ _____

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