

File with:  
Iowa Ethics and Campaign  
Disclosure Board  
510 E. 12<sup>th</sup>, Ste. 1A  
Des Moines, Iowa 50319  
Fax: 515-281-4073

Reset Form

FOR INSTRUCTIONS, SEE BACK OF FORM  
**DISCLOSURE SUMMARY PAGE**

IA ETHICS AND  
CAMPAIGN DISCLOSURE BOARD  
2007 SEP 18 PM 1:03

MD

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

NoLocalOption.com

IMPORTANT: Indicate by # type of committee you are reporting for: 11  
( 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) \_\_\_\_\_

<b>FORM DR-2</b> (Rev. 07/2007)	DISCLOSURE REPORT
<b>For Office Use Only</b>	
Comm. # _____	
Logged In _____	
Scanned _____	
Computer _____	
Audited _____	

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a

George O  
SIGNATURE OF PERSON FILING REPORT

558-6155  
TELEPHONE

9/16/07  
DATE SIGNED

I AM FILING A September 15, 2007 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 <u>9-25-07</u>
County & Local Committees, enter County in which Election is held <u>Clarke</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 **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.) ..... \$ 5,583.17

**ADD TOTAL MONEY TAKEN IN THIS PERIOD**

Schedule A: Cash Contributions total (Attach Schedule A) (\*also see in-kind below) ..... 2,189.00

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.....\$ 7,772.17

**SUBTRACT TOTAL MONEY SPENT THIS PERIOD**

Schedule B: Expenditures total (Attach Schedule B) (\*\*also see debts and loans below) ..... 6,461.87

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) ..... \$ 1,310.30

\*\*UNPAID BILLS (From Schedule D - Attach Schedule D) ..... \$ 919.51

\*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E) ..... \$ 344.00

\*\*OUTSTANDING LOANS (From Schedule F - Attach Schedule F) ..... \$ 1,000.00

CONSULTANT BREAKDOWN (Schedule G Attached?) \_\_\_\_\_ YES  NO

**CANDIDATE COMMITTEES ONLY:**

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H) \$ \_\_\_\_\_

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

For Instructions, See Back of Form

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SCHEDULE <b>A</b> (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)

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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.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), 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
7-17-07	ID# CK#	Robert Sherlock 1429 NW 93rd Court Des Moines IA 50325		\$ 100.00	<input type="checkbox"/>
7-17-07	ID# CK#	Karen Tegetmeyer 5542 Boston Court Johnston IA 50131		100.00	<input type="checkbox"/>
7-17-07	ID# CK#	Mark White		100.00	<input type="checkbox"/>
7-17-07	ID# CK#	Richard Rogers 2417 Fuller Road West Des Moines IA 50265		50.00	<input type="checkbox"/>
8-13-07	ID# CK#	George Barber III 1527 170th Ave Osceola IA 50213		333.00	<input type="checkbox"/>
8-21-07	ID# CK#	Jim Oswald 1426 Truro Pavement Osceola IA 50213		100.00	<input type="checkbox"/>
8-21-07	ID# CK#	Jim Oswald 1426 Truro Pavement Osceola IA 50213		200.00	<input type="checkbox"/>
8-21-07	ID# CK#	George Barber III 1527 170th Ave Osceola IA 50213		200.00	<input type="checkbox"/>
8-21-07	ID# CK#	George Barber III 1527 170th Ave Osceola IA 50213		81.00	<input type="checkbox"/>
8-21-07	ID# CK#	Cindy Sanford 1405 Truro Pavement Osceola IA 50213		50.00	<input type="checkbox"/>
SUB-TOTAL				\$1314.00	
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

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SCHEDULE <b>A</b> (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)  
*NoLocalOption.com*

**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
8-21-07	ID# CK#	Cindy Sanford 1405 Truro Pavement Osceola IA 50213		\$ 50.00	<input type="checkbox"/>
8-21-07	ID# CK#	Kathy Kelly 1459 205th Ave Osceola IA 50213		100.00	<input type="checkbox"/>
8-21-07	ID# CK#	Kathy Kelly 1459 205th Ave Osceola IA 50213		100.00	<input type="checkbox"/>
8-21-07	ID# CK#	Doug Robbins 1689 Osage Street Murray IA 50174		100.00	<input type="checkbox"/>
9-4-07	ID# CK#	Jim Oswald 1426 Truro Pavement Osceola IA 50213		100.00	<input type="checkbox"/>
9-4-07	ID# CK#	Carla Black 1472 180th Ave Osceola, IA 50213		100.00	<input type="checkbox"/>
9-4-07	ID# CK#	Cindy Sanford 1405 Truro Pavement Osceola IA 50213		100.00	<input type="checkbox"/>
9-12-07	ID# CK#	Judy Newlin 2471 270th Ave Osceola IA 50213		100.00	<input type="checkbox"/>
	ID# CK#	Unitemized		125.00	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

\$ 875.00

TOTAL (if last page of this schedule)

\$2189.00

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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)  
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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
7-27-07	ID# CK#	George Davey 620 72nd Street West Des Moines IA 50266	Reimbursement - Banners, signs, t-shirts, answering service, paper + Hotel	\$5,187.87
8-22-07	ID# CK#	Clarke County Publishing 111 East Washington Osceola IA 50213	Ads	300.00
8-31-07	ID# CK#	Bank of the West	Bank Service Charge	7.00
9-4-07	ID# CK#	George Davey 620 72nd Street West Des Moines IA 50266	Reimbursement - Signs	667.00
9-5-07	ID# CK#	Clarke County Publishing 111 East Washington Osceola IA 50213	Ads	300.00
	ID# CK#			
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$
<b>TOTAL (if last page of this schedule)</b>				<b>\$6461.87</b>

**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).)

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

COMMITTEE NAME (Must be same as on Statement of Organization)  
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NOTE: Debts previously reported that remain unpaid must be included on this Schedule, as well as any new obligations incurred in this period.

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**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*
7-3-07	George Davey 620 72nd Place West Des Moines IA 50266	Candy Supplies for parade	\$ 49.36
7-9-07	George Davey 620 72nd Place West Des Moines IA 50266	Message Delivery Service	400.00
7-14-07	George Davey 620 72nd Place West Des Moines IA 50266	Google Ad Words	54.30
7-6-07	George Davey 620 72nd Place West Des Moines IA 50266	Press Release fee	120.05
7-31-07	George Davey 620 72nd Place West Des Moines IA 50266	Message Delivery Service	101.15
8-3-07	George Davey 620 72nd Pl West Des Moines IA 50266	Toll free number Service	99.95
8-22-07	George Davey 620 72nd Place West Des Moines IA 50266	Banners	94.70
SUB-TOTAL			\$
<b>TOTAL DEBTS OWED BY COMMITTEE AT THE END OF THIS REPORTING PERIOD</b>			<b>\$ 919.51</b>

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

**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 <b>F</b> (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)  
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NOTE: This schedule reports money loaned to the committee which is deposited in the committee account.

TOTAL UNPAID LOANS FROM LAST REPORTING PERIOD \$ 1,000.00

**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
			\$

DATE PAID (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE* (If Applicable)	AMOUNT REPAID
			\$

TOTAL (PART I) \$ \_\_\_\_\_

TOTAL CASH REPAYMENTS (PART II) \$ \_\_\_\_\_

From Schedule E -- TOTAL LOANS FORGIVEN \$ \_\_\_\_\_

TOTAL OUTSTANDING LOANS END OF REPORT PERIOD \$ 1,000.00

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