

FOR INSTRUCTIONS, SEE BACK OF FORM

APR 30 2004

DISCLOSURE SUMMARY PAGE

Reset Form

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

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

NETS BUILD 04 KIDS

IMPORTANT: Indicate type of committee you are reporting for:  (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 \_\_\_\_\_

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

David L. Newman 712-580-5906 11-30-04  
 SIGNATURE OF TREASURER (or person filing this report) TELEPHONE 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 \_\_\_\_\_ 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  
4.20.04

County & Local Committees, enter County in which Election is held  
CLAY

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.)

ADD TOTAL MONEY TAKEN IN THIS PERIOD

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

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 .... \$

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

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

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)

\*\*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?)

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

\$ 5959 / 79

~~879~~

~~0~~

~~0~~

SUB-TOTAL .... \$ ~~5959~~

~~3409~~ / 0

~~79~~ / 0

\$ 3429 / 79

\$ 0

\$ 0

\$ 0

YES  NO

\$ \_\_\_\_\_

For instructions, See Back of Form



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)  
**KET'S BUILD O4 KIDS**

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(8), 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.

THIS LINE WAS FAXED

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
4/14/04	ID# CK# 044884	N.W. FEDERAL BANK 101 WEST 5TH ST SPENCER, IA 51301		\$ 500 <sup>00</sup>	<input checked="" type="checkbox"/>
4/20/04	ID# CK# 4225	MRS HERB EILERS 617 W 9TH ST SPENCER, IA 51301		\$ 5 <sup>00</sup>	<input checked="" type="checkbox"/>
4/20/04	ID# CK# 6910	JANET HOYT-BOYENS 1505 - 280TH ST EVERLY, IA 51338		\$ 5 <sup>00</sup>	<input checked="" type="checkbox"/>
4/20/04	ID# CK# 5433	JEANNIE KLATT 1102 4TH AVE. W SPENCER, IA 51301		\$ 5 <sup>00</sup>	<input checked="" type="checkbox"/>
4/20/04	ID# CK# 2854	KAREN CONLON 821 FISHER CT. SPENCER, IA 51301		\$ 5 <sup>00</sup>	<input checked="" type="checkbox"/>
4/20/04	ID# CK# 4149	AMY ILLG 225 SOUTHMOON DR SPENCER, IA 51301		\$ 5 <sup>00</sup>	<input checked="" type="checkbox"/>
4/20/04	ID# CK# 1675	KARLA LABERINK 421 6TH AVE. S.W. SPENCER, IA 51301		\$ 5 <sup>00</sup>	<input checked="" type="checkbox"/>
4/20/04	ID# CK# 3508	ANITA K. PLUCKER 403 S STATE ST TERRIL, IA 51364		\$ 5 <sup>00</sup>	<input checked="" type="checkbox"/>
4/20/04	ID# CK# 8861	DAVID SCHAEFER R.23 6TH ST S.W. SPENCER, IA 51301		\$ 10 <sup>00</sup>	<input checked="" type="checkbox"/>
4/20/04	ID# CK# 10881	GARY KUIPER 1115 W 5TH ST SPENCER, IA 51301		\$ 10 <sup>00</sup>	<input checked="" type="checkbox"/>

SUB-TOTAL

\$ 555<sup>00</sup>

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



**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)  
**HET'S BUILD 04 KIDS**

**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(8), 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
4/20/04	ID# CK# 499	LOREN REIT 2507 WEST 13TH ST SPENCER, IA 51301		\$ 50.00	<input checked="" type="checkbox"/>
4/20/04	ID# CK# 3448	MARLA JACOBSEN 1211 16TH AVE WEST SPENCER, IA 51301		\$ 10.00	<input checked="" type="checkbox"/>
4/20/04	ID# CK# 2825	HOPE BUMGARDNER 910 W 11TH ST SPENCER, IA 51301		\$ 40.00	<input checked="" type="checkbox"/>
4/20/04	ID# CK# 975	SCOTT VAN HOUTAN 712 E 18TH ST SPENCER, IA 51301		\$ 5.00	<input checked="" type="checkbox"/>
4/20/04	ID# CK# 1501	MARIANNE FUCHSEN 2001 24TH AVE. W SPENCER, IA 51301		\$ 5.00	<input checked="" type="checkbox"/>
4/20/04	ID# CK# 1646	MELISSA STELL 220 4TH ST S.W SPENCER, IA 51301		\$ 5.00	<input checked="" type="checkbox"/>
4/20/04	ID# CK# 7425	ANDY MCGAFFIN 305 SOUTHMOOR DR SPENCER, IA 51301		\$ 15.00	<input checked="" type="checkbox"/>
4/20/04	ID# CK# 5587	ANNE JOHNSON 1504 PATRICIA AVE. SPENCER, IA 51301		\$ 5.00	<input checked="" type="checkbox"/>
4/20/04	ID# CK# CASH	PAT CAMPBELL 614 E 5TH ST SPENCER, IA 51301		\$ 5.00	<input checked="" type="checkbox"/>
4/20/04	ID# CK# CASH	TRUDY ELBERT 419 08 AV. W SPENCER, IA 51301		\$ 5.00	<input checked="" type="checkbox"/>
SUB-TOTAL				\$ 145.00	
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



**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)  
**LET'S BUILD FOR KIDS**

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/YY)	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
4/20/04	ID# CK# CASH	JARED DAVIS 1620 3RD AVE SPENCER, IA 51301		\$ 5 <sup>00</sup>	<input checked="" type="checkbox"/>
4/20/04	ID# CK# CASH			\$ 34 <sup>00</sup>	<input checked="" type="checkbox"/>
4/23/04	ID# CK# 2842	KATHY DRUVENGA 413 W 9TH ST SPENCER, IA 51301		\$ 25 <sup>00</sup>	<input checked="" type="checkbox"/>
4/27/04	ID# CK# 7319	PACED AG SERVICE GEO. MORLARTY 300 W 3RD ST SPENCER, IA 51301		\$ 100 <sup>00</sup>	<input checked="" type="checkbox"/>
4/27/04	ID# CK# 4696	RONALD MILLS 1417 FAIRVIEW AVE SPENCER, IA 51301		\$ 100 <sup>00</sup>	<input checked="" type="checkbox"/>
4/27/04	ID# CK# 2281	HEIDI TOBLE 1000 15TH AVE. W SPENCER, IA 51301		\$ 50 <sup>00</sup>	<input checked="" type="checkbox"/>
4/27/04	ID# CK# 511	MACRINA TESCH 308 B 1/2 ST S.W. SPENCER, IA 51301		\$ 5 <sup>00</sup>	<input checked="" type="checkbox"/>
4/27/04	ID# CK# 2738	HUANA NAIR 1209 14TH AVE W SPENCER, IA 51301		\$ 5 <sup>00</sup>	<input checked="" type="checkbox"/>
4/27/04	ID# CK# 3296	LUCAS DEWITT 601 W 11TH ST SPENCER, IA 51301		\$ 10 <sup>00</sup>	<input checked="" type="checkbox"/>
4/27/04	ID# CK# 6887	CONNIE DRAKE 621 E NINTH ST SPENCER, IA 51301		\$ 5 <sup>00</sup>	<input checked="" type="checkbox"/>
SUB-TOTAL				\$ 339 <sup>00</sup>	
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

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



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

**COMMITTEE NAME** (Must be same as on Statement of Organization)  
 LET'S BUILD O4 KIDS

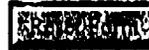
**STATE CANDIDATES NOTE:** IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

**CAUTION:** Section 68B.32A(8), 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
4/27/04	ID# CK# 8327	<del>KATHRYN</del> KATHRYN ROTI 300 13TH AVE W SPENCER, IA 51301		\$ 5.00	<input checked="" type="checkbox"/>
4/27/04	ID# CK# CASH	JO ANNE McCULLOUGH		\$ 10.00	<input checked="" type="checkbox"/>
4/27/04	ID# CK# CASH	JO MERRILL		\$ 5.00	<input checked="" type="checkbox"/>
4/27/04	ID# CK# CASH	LISA ELLIOTT		\$ 5.00	<input checked="" type="checkbox"/>
4/27/04	ID# CK# CASH	NOREEN MEYER		\$ 5.00	<input checked="" type="checkbox"/>
4/27/04	ID# CK# CASH	BOB KIRSCHBAUM		\$ 5.00	<input checked="" type="checkbox"/>
4/27/04	ID# CK# CASH	ROSE FEAR 3165 130TH AVE EVERLY, IA 51338		\$ 5.00	<input checked="" type="checkbox"/>
4/27/04	ID# CK# CASH			5.00	<input checked="" type="checkbox"/>
4/27/04	ID# CK#	VAL SILLIMAN		5.00	<input checked="" type="checkbox"/>
4/27/04	ID# CK# CASH	TODD MASCHINO 1013 W 10TH ST SPENCER, IA 51301		5.00	<input checked="" type="checkbox"/>
SUB-TOTAL				\$ 50.00	
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



**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 or Statement of Organization)

**LET'S BUILD OUR KIDS**

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
4/27/04	ID# CK# 4137	BRUCE TAMISIER 2006 23 <sup>RD</sup> AVE. W SPENCER, IA 51301		\$ 250 <sup>00</sup>	<input checked="" type="checkbox"/>
4/27/04	ID# CK# 2373	TERESA MARTINDALE 701 3 <sup>RD</sup> AVE S.E. SPENCER, IA 51301		\$ 10 <sup>00</sup>	<input checked="" type="checkbox"/>
4/27/04	ID# CK# 1998	TRISHA BRUNING 1816 S GRAND PLAZA DR SPENCER, IA		\$ 30 <sup>00</sup>	<input checked="" 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				\$ 290 <sup>00</sup>	
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



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

<b>SCHEDULE</b> <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)  
 LET'S BUILD OUR KIDS

DATE EXPENDED (MM/DD/YYR)	CANDIDATE ID NUMBER (If applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
4/20/04	ID# CK#1008	STANDARD PRINTING 112 WEST 8TH ST SPENCER, IA 51201	ELECTION SIGNS	\$100 <sup>00</sup>
4/25/04	ID# CK#1009	CLAY CO. AUDITOR	VOTER ADDRESS LISTING	\$112 <sup>00</sup>
4/28/04	ID# CK#1010	TOP GRADE INC 1900 GRAND AVE SPENCER, IA 51201	TELEMARKETING	\$1592 <sup>00</sup>
4/29/04	ID# CK#1011	STANDARD PRINTING 112 WEST 8TH ST SPENCER, IA 51201	BROCHURES 7000	1605 <sup>00</sup>
	ID# CK#			
SUB-TOTAL				\$ 3409
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 68A.402(3)(i).)