Clayton

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

FORM DR-2 (Rev. 07/2003)	DISCLOSURE REPORT

For Office Use Only
Comm. # 21292
Logged In OM
Scanned
Computer OM
Audited

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

Citizens for Enhancement of Strawberry Point

IMPORTANT: Indicate type of committee you are reporting for: 6

(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 JAN 13 2005 Political Party

Office Sought District (if Senate or House)

Jacqueline A. Oppermann, Treas. 563-933-6416 1-17-05
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 JAN. 19, 2005 REPORT FOR AN/A (1) ELECTION /(2)NON-ELECTION YEAR.
(report date) Indicate one 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 Notice of Dissolution is filed.)

Local Committees, enter Date of Election: 2-1-05

County & Local Committees, enter County in which Election is held: Clayton

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) ..... $ .00

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below) 1705.00

Schedule F: Loans Received total (Attach Schedule F) ..... .00

Schedule H: Total Sales of Campaign Property (Attach Schedule H) ..... .00

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL ..... $ 1705.00

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below).... 621.29

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) ..... $ 1083.71

**UNPAID BILLS (From Schedule D - Attach Schedule D) ..... $ 79.16

*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E) ..... $ 330.21

**OUTSTANDING LOANS (From Schedule F - Attach Schedule F) ..... $ .00

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

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)*
Citizens for Enhancement of Strawberry Point

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
11/4/04	ID# CK#	Swales Precast, Inc. PO Box 309 Strawberry Point IA 52076		$500.00	☐
11/11/04	ID# CK#	Jacquelyn J. Opperman 206 W. Mission St. Strawberry Point IA 52076		100.00	☐
11/15/04	ID# CK#	Timmerman Construction, Inc. PO Box 2 Strawberry Point IA 52076		100.00	☐
11/18/04	ID# CK#	Lowell E. Radas 12363 Mission Rd. Strawberry Point IA 52076		100.00	☐
11/19/04	ID# CK#	Rockette Trucking LTD 16553 E Mission Rd Strawberry Point IA 52076		50.00	☐
11/19/04	ID# CK#	Unitemized Contributions		45.00	☐
11/22/04	ID# CK#	Unitemized Contributions		20.00	☐
11/27/04	ID# CK#	Unitemized Contributions		20.00	☐
11/29/04	ID# CK#	Unitemized Contributions		25.00	☐
11/20/04	ID# CK#	Tom L. Roberson Corp. PO Box 7 Strawberry Point IA 52076		40.00	☐
			SUB-TOTAL	$ 1000.00	
			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 A (Rev. 07/03)	MONETARY RECEIPTS
☐ CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME *(Must be same as on Statement of Organization)*
Citizens for Enhancement of Strawberry Point

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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
12/10/04	ID# CK#	Kevin Imoehl DDS PC 11 First Ave NE Delwein IA 50662		$ 100.00	☐
12/10/04	ID# CK#	Ray's Excavating LLC 32801 Echo Ave Strawberry Point IA 52076		50.00	☐
12/10/04	ID# CK#	Unitemized Contributions		35.00	☐
12/14/04	ID# CK#	Bard Concrete PO Box 246 Dyersville IA 52040		100.00	☐
12/17/04	ID# CK#	Unitemized Contributions		20.00	☐
12/20/04	ID# CK#	Strawberry Point Drug PO Box 36 Strawberry Point IA 52076		50.00	☐
12/31/04	ID# CK#	Julie Thompson 405 W. Mission Strawberry Point IA 52076		100.00	☐
12/31/04	ID# CK#	Farmers Savings Bank PO Box 127 Colesburg IA 52035		250.00	☐
	ID# CK#				☐
	ID# CK#				☐

SUB-TOTAL $ 705.00

TOTAL *(if last page of this schedule)* $ 1705.00

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FOR INSTRUCTIONS, SEE BACK OF FORM

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
☐ CHECK THIS BOX IF AMENDING FORM	

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

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 Enhancement of Strawberry Point

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
11/16/04	ID# CK#	Postmaster Strawberry Point IA 52076	postage.	$ 74.00
11/16/04	ID# CK#	Recker Signs 908 E Main St Manchester IA 52076	signs	497.55
12/2/04	ID# CK#	Main Street Checks (ACH debit)	Checks ordered.	9.26
12/13/04	ID# CK#	MBNA America. PO Box 15289 Wilmington DE 19886-5289	mailing seals	7.48
12/17/04	ID# CK#	Clayton Co. Auditor PO Box 416 Elkader IA 52043	copies	33.00
	ID# CK#			
	ID# CK#			
	ID# CK#			

SUB-TOTAL $ 621.29

TOTAL *(If last page of this schedule)* $ 621.29

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).)

FOR INSTRUCTIONS, SEE BACK OF FORM

SCHEDULE D (Rev. 08/98)	INCURRED INDEBTEDNESS
☐ CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME *(Must be same as on Statement of Organization)*
Citizens for Enhancement of Strawberry Point

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

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*
12/30/04	Marge Baise 39972 Hwy 410 Strawberry Point IA 52076	printer cartridges	$ 79.16
		SUB-TOTAL	$ 79.16
		TOTAL DEBTS OWED BY COMMITTEE AT THE END OF THIS REPORTING PERIOD	$ 79.16

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

Page 1 of 1 (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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COMMITTEE NAME (Must be same as on Statement of Organization)
Citizens for Enhancement of Strawberry Point

Reset Form

SCHEDULE E (Rev. 08/97) — IN KIND CONTRIBUTIONS

☐ 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
12/31/04	Dale Fox 302 Commercial St Strawberry Point IA 52076		Envelopes, paper ink, printing, labels, web site, + web page	$ 239.29	☐
12/31/04	Jacquelyn J. Oppermann 206 W. Mission Strawberry Point IA 52076		paper, copies, envelopes	90.92	☐
					☐
					☐
					☐
					☐
					☐
					☐
					☐
					☐
			SUB-TOTAL	$ 330.21	
			TOTAL (If last page of this schedule)	$ 330.21	

*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.

Page 1 of 1 (for Schedule E)