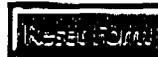


FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE



FORM DR-2 (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)

Chapman for Council

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 Garry Chapman	Political Party (If applicable)
Office Sought City Council 1st Ward	District (if Senate or House)

NOV - 2 2005

Late reports are subject to possible civil and criminal penalties.

Patricia Chapman (712) 263-3735 11-2-05
 SIGNATURE OF PERSON FILING REPORT TELEPHONE DATE SIGNED

I AM FILING A October 29, 2005 REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR.
 (report date) Indicate by # 1

CHECK IF AMENDMENT TO REPORT DATED _____

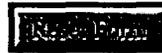
Check if this is final (termination) report and attach Notice of Dissolution Form DR-3. (You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election November 8, 2005
County & Local Committees, enter County in which Election is held Crawford

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.)	\$ 0.00
ADD TOTAL MONEY TAKEN IN THIS PERIOD	
Schedule A: Cash Contributions total (Attach Schedule A) (**also see in-kind below)	1,564.00
Schedule F: Loans Received total (Attach Schedule F)	200.00
Schedule H: Total Sales of Campaign Property (Attach Schedule H)	0.00
<u>(Schedule H applies to Candidates' Committees Only)</u>	
SUB-TOTAL	\$ 1,724.00
SUBTRACT TOTAL MONEY SPENT THIS PERIOD	
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)	1,528.44
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) (Attach DR-3)	\$ 235.56
**UNPAID BILLS (From Schedule D - Attach Schedule D)	\$ 0.00
*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)	\$ 105.00
**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)	\$ 0.00
CONSULTANT BREAKDOWN (Schedule G Attached?)	YES NO
CANDIDATE COMMITTEES ONLY:	
VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)	\$ 0.00
STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.	

For Instructions, See Back of Form



CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

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

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

Chapman for Council

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
10-3-05	ID# CK#	Garry or Patricia Chapman 505 Friendly Lane Denison, Iowa 51442	Candidate	\$1,000.00	<input type="checkbox"/>
10-5-05	ID# CK#	Scott Ferguson 1030 N. 20th Street Denison, Iowa 51442		\$50.00	<input type="checkbox"/>
10-10-05	ID# CK#	Jay Ford 202 N. 26th Street Denison, Iowa 51442		\$50.00	<input type="checkbox"/>
10-13-05	ID# CK#	Denny Neppl 308 Elm Schleswig, Iowa 51461		\$50.00	<input type="checkbox"/>
10-14-05	ID# CK#	Clarence Hoffman 616 Park View Drive Denison, Iowa 51442		\$100.00	<input type="checkbox"/>
10-16-05	ID# CK#	Tim Stuart 710 Parkview Drive Denison, Iowa 51442		\$50.00	<input type="checkbox"/>
10-20-05	ID# CK#	Steve Brownmiller 1004 Ridge Road Denison, Iowa 51442		\$25.00	<input type="checkbox"/>
10-20-05	ID# CK#	Scott Bowker 1618 Northwood Drive Denison, Iowa 51442		\$15.00	<input type="checkbox"/>
10-20-05	ID# CK#	David Pauling 1413 Idlewood Drive Denison, Iowa 51442		\$25.00	<input type="checkbox"/>
10-20-05	ID# CK#	Dan Pfannebecker 1425 Broadway Denison, Iowa 51442		\$24.00	<input type="checkbox"/>

SUB-TOTAL
\$ 1,389.00

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)

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

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

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.

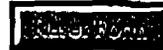
CAUTION: Section 68B.32A(6), Iowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

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
10-20-05	ID# CK#	Judy Gustafson 1002 N. 24th Street Denison, Iowa 51442		\$25.00	<input type="checkbox"/>
10-20-05	ID# CK#	Deb Bean 830 S. Park Drive Denison, Iowa 51442		\$100.00	<input type="checkbox"/>
10-20-05	ID# CK#	Kent Hollrah 1121 Settlers Lane Denison, Iowa 51442		\$25.00	<input type="checkbox"/>
10-24-05	ID# CK#	Thomas Gustafson 2405 Frontier Road Denison, Iowa 51442		\$25.00	<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
 \$ 175.00
TOTAL (if last page of this schedule)
 \$ 1,564.00

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FOR INSTRUCTIONS, SEE BACK OF FORM



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)
Chapman for Council

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
10-3-05	ID# CK#	Denison Bulletin 1410 Broadway Denison, Iowa 51442	Political ads	\$ 598.00
10-8-05	ID# CK#	Norelius Community Library 1403 1st Avenue Sout Denison, Iowa 51442	Printing - Campaign brochures	\$22.60
10-13-05	ID# CK#	KDSN Radio 1530 Ridge Road Denison, Iowa 51442	Political ads	\$600.00
10-20-05	ID# CK#	City of Denison - City Hall 111 N. Main Denison, Iowa 51442	Rent - Community Meeting Room	\$50.00
10-21-05	ID# CK#	Channel 18 2712 K Avenue Denison, Iowa 51442	Political ads - Cable TV	\$160.00
10-28-05	ID# CK#	Frehse Manufacturing 1311 2nd Avenue South Denison, Iowa 51442	Frame for campaign signs	\$13.38
10-28-05	ID# CK#	The Office Stop 18 N. Main Street Denison, Iowa 51442	Campaign signs	\$69.46
10-28-05	ID# CK#	Norelius Community Library 1403 1st Avenue South Denison, Iowa 51442	Printing - Campaign brochures	\$15.00
SUB-TOTAL				\$ 1,528.44
TOTAL (if last page of this schedule)				\$ 1,528.44

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 88A.402(3)(i).)

FOR INSTRUCTIONS, SEE BACK OF FORM



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)

Chapman for Council

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

TOTAL UNPAID LOANS FROM LAST REPORTING PERIOD \$ 0

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
10-13-05	Garry Chapman 505 Friendly Lane Denison, Iowa 51442	Candidate	\$ 200.00

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) \$ 200.00

TOTAL CASH REPAYMENTS (PART II) \$ 0

From Schedule E - TOTAL LOANS FORGIVEN \$ 0

TOTAL OUTSTANDING LOANS END OF REPORT PERIOD \$ 200.00

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