

Des Moines

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

Reset Form

FORM DR-2 (Rev. 07/2004)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	<u>17685</u>
Logged In	<u>pm</u>
Scanned	
Computer	<u>pm</u>
Audited	

Late reports are subject to possible civil and criminal penalties.

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

COMMITTEE TO ELECT BOB BECK

IMPORTANT: Indicate by # type of committee you are reporting for: 5
 (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)
BOB BECK	Democratic
Office Sought	District (if Senate or House)
County Supervisor	

ETHICS & CAMPAIGN DISCLOSURE BOARD
 JAN 19 2005
 FAX
 FILED

SIGNATURE OF PERSON FILING REPORT

Carol Beck

319-392-4445
TELEPHONE

01/19/05
DATE/SIGNED

I AM FILING A 01/19/05 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
County & Local Committees, enter County in which Election is held Des Moines

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.)	\$ 179.82
ADD TOTAL MONEY TAKEN IN THIS PERIOD	
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)	3,332.00
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	\$ 3,511.82
SUBTRACT TOTAL MONEY SPENT THIS PERIOD	
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)	842.80
Schedule F: Loan Repayments total (Attach Schedule F)	2,400.00
CASH ON HAND at the end of this reporting period (if final report balance must be zero) (Attach DR-3)	\$ 269.02
**UNPAID BILLS (From Schedule D - Attach Schedule D)	\$ 156.50
*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)	\$ 125.00
**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)	\$
CANDIDATE COMMITTEES ONLY:	
CONSULTANT BREAKDOWN (Schedule G Attached?)	<input type="checkbox"/> YES <input type="checkbox"/> 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
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)
 COMMITTEE TO ELECT BOB BECK

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
10/15/04	ID# CK#	DMC PAC		\$250.00	<input type="checkbox"/>
10/15/04	ID# CK#	A. G. Stevenson 118 Concord Drive Burlington, IA 52601		100.00	<input type="checkbox"/>
10/15/04	ID# CK#	Christina Moore 2000 S. 16th Burlington, IA 52601	Sister-In-Law	50.00	<input checked="" type="checkbox"/>
10/15/04	ID# CK#	Peggy Kleinkopf 406 S. Main Street Danville, IA 52623		50.00	<input checked="" type="checkbox"/>
10/15/04	ID# CK#	Carroll Oberman 21108 195th Avenue Yarmouth, IA 52660		50.00	<input checked="" type="checkbox"/>
10/15/04	ID# CK#	Floyd Carden 11279 180th Avenue Middletown, IA 52638		30.00	<input checked="" type="checkbox"/>
10/23/04	ID# CK#	Sally McAleer 2829 Hillhaven Ct., SE Cedar Rapids, IA 52403	Sister	250.00	<input checked="" type="checkbox"/>
10/23/04	ID# CK#	Sally Parrott 14384 Danville Road Danville, IA 52623		50.00	<input checked="" type="checkbox"/>
10/23/04	ID# CK#	Brenda Oliver 11234 Lakecrest Drive West Burlington, IA 52655		200.00	<input checked="" type="checkbox"/>
10/23/04	ID# CK#	Dan Denney 20495 Chestnut Street Yarmouth, IA 52660		75.00	<input checked="" type="checkbox"/>
SUB-TOTAL				\$ 1,105.00	
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



SCHEDULE A (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)
COMMITTEE TO ELECT BOB BECK

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
10/23/04	ID# CK#	Jack Cross 17012 Kingwood Estates Drive Middletown, IA 52638		\$100.00	<input checked="" type="checkbox"/>
10/15/04	ID# CK#	Don LaRue P. O. Box 814 Burlington, IA 52601		100.00	<input checked="" type="checkbox"/>
10/15/04	ID# CK#	Joyce Cross 17012 Kingwood Estates Drive Middletown, IA 52638		100.00	<input checked="" type="checkbox"/>
10/15/04	ID# CK#	Donald Chicken 12651 127th Avenue Burlington, IA 52601		50.00	<input checked="" type="checkbox"/>
10/16/04	ID# CK#	David Behne Highway 61 West Ft. Madison, IA 52627	Brother-In-Law	50.00	<input checked="" type="checkbox"/>
10/18/04	ID# CK#	Oscar White 1513 Mt. Pleasant Burlington, IA 52601		50.00	<input checked="" type="checkbox"/>
10/19/04	ID# CK#	Larry Beck 19268 110th Street Danville, IA 52623	Brother	75.00	<input checked="" type="checkbox"/>
10/19/04	ID# CK#	Wm. Fortin 12279 Des Moines Henry Danville, IA 52623		100.00	<input checked="" type="checkbox"/>
10/19/04	ID# CK#	Ron Powell 4000 W. Mt. Pleasant Street West Burlington, IA 52655		75.00	<input checked="" type="checkbox"/>
10/22/04	ID# CK#	Jeffrey Fischer 19504 220th Avenue New London, IA 52645		100.00	<input checked="" type="checkbox"/>
SUB-TOTAL				\$ 800.00	
TOTAL (if last page of this schedule)				\$	

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For Instructions, See Back of Form



SCHEDULE A (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)*
 COMMITTEE TO ELECT BOB BECK

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
10/30/04	ID# CK#	Dean Taeger 13612 170th Street, Box 110 Sperry, IA 52650		\$100.00	<input checked="" type="checkbox"/>
10/30/04	ID# CK#	Unitemized Contributions		1,327.00	<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
 \$ 1,427.00
TOTAL (if last page of this schedule)
 \$ 3,332.00

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FOR INSTRUCTIONS, SEE BACK OF FORM

Reset 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)
COMMITTEE TO ELECT BOB BECK

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
10/22/04	ID# CK#	Clear Channel Radio 1411 N. Roosevelt Avenue Burlington, IA 52601	Radio/TV Advertising	\$ 135.00
11/27/04	ID# CK#	The Hawkeye 800 S. Main Burlington, IA 52601	Newspaper Advertising	436.00
11/3/04	ID# CK#	The Hawkeye 800 S. Main Burlington, IA 52601	Newspaper Advertisement	61.80
10/29/04	ID# CK#	Clear Channel Radio 1411 N. Roosevelt Avenue Burlington, IA 52601	Radio/TV Advertising	210.00
	ID# CK#			
SUB-TOTAL				\$
TOTAL (if last page of this schedule)				\$ 842.80

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).)

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)
 COMMITTEE TO ELECT BOB BECK

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*
10/15/04	Carole Beck 19371 Roosevelt Street Danville, IA 52623	Food, Paper Products, Drinks for Fund Raiser and Office Supplies for Advertising for Fund Raiser	\$ 156.50
SUB-TOTAL			\$
TOTAL DEBTS OWED BY COMMITTEE AT THE END OF THIS REPORTING PERIOD			\$ 156.50

*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.

FOR INSTRUCTIONS, SEE BACK OF FORM

SCHEDULE E (Rev. 06/97)	IN-KIND CONTRIBUTIONS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)
 COMMITTEE TO ELECT BOB BECK

Reset 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
10/15/04	Kenny Garrels 8935 Sycamore Danville, IA 52623		Beer, Desserts for Fund Raiser	\$ 50.00	<input checked="" type="checkbox"/>
10/22/04	Mike Fesler 11301 Danville Road Danville, IA 52623		Food, Paper Products, Drinks for Fund Raider	75.00	<input checked="" type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
SUB-TOTAL				\$	
TOTAL (if last page of this schedule)				\$	125.00

*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.

Reset 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)
 COMMITTEE TO ELECT BOB BECK

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

TOTAL UNPAID LOANS FROM LAST REPORTING PERIOD \$ 2,400.00

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
11/27/04	Bob Beck 19371 Roosevelt Street Danville, IA 52623	Self	\$ 2,400.00

TOTAL (PART I) \$ _____

TOTAL CASH REPAYMENTS (PART II) \$ 2,400.00
 From Schedule E - TOTAL LOANS FORGIVEN \$ _____
 TOTAL OUTSTANDING LOANS END OF REPORT PERIOD \$ 00.00

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