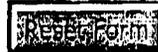


Des Moines

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FOR INSTRUCTIONS, SEE BACK OF FORM



DISCLOSURE SUMMARY PAGE

COMMITTEE NAME (Must be same as on Statement of Organization)
KISS - Keep Improving District Schools

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) _____
RECEIVED
 Office Sought _____ District (if Senate or House) _____
AUG - 2 2006

FORM
DR-2
 (Rev 12/2005) DISCLOSURE REPORT

For Office Use Only
 Comm. # 21409
 Logged In _____
 Scanned DM
 Computer DM
 Audited DM

File with:
 Iowa Ethics and Campaign
 Disclosure Board
 510 E. 12th, Ste. 1A
 Des Moines, Iowa 50319
 Fax: 515-281-3701

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code section 68B.32A(7) the candidate, for a candidate's committee, and the chairperson, for any other type of committee, is the individual responsible for filing timely and accurate reports.

Todd J. Stedky Todd J. Stedky 319-753-0764 7/31/06
 SIGNATURE OF PERSON FILING REPORT TELEPHONE DATE SIGNED

I AM FILING A 5 day prior to Election 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
8-8-06
 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.)	\$	<u>-0-</u>
ADD TOTAL MONEY TAKEN IN THIS PERIOD		
Schedule A: Cash Contributions total (Attach Schedule A) (**also see in-kind below)		<u>5275.00</u>
Schedule F: Loans Received total (Attach Schedule F)		<u>0</u>
Schedule H: Total Sales of Campaign Property (Attach Schedule H)		<u>0</u>
<u>(Schedule H applies to Candidates' Committees Only)</u>		
SUB-TOTAL	\$	<u>5275.00</u>
SUBTRACT TOTAL MONEY SPENT THIS PERIOD		
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)		<u>341.32</u>
Schedule F: Loan Repayments total (Attach Schedule F)		<u>0</u>
CASH ON HAND at the end of this reporting period (if final report balance must be zero) (Attach DR-3)	\$	<u>4933.68</u>
**UNPAID BILLS (From Schedule D - Attach Schedule D)	\$	<u>4040.70</u>
**IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)	\$	<u>0</u>
**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)	\$	<u>0</u>
CONSULTANT BREAKDOWN (Schedule G Attached?)	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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



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)
KIDS Keep Improving District Schools

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/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
5/24/06	ID# CK#	Rad C. Bell 621 Manningside Dr. Burlington IA 52601		\$ 500.00	<input type="checkbox"/>
6/8/06	ID# CK#	Sandy Sublett 2511 Quail Ridge Dr Burlington IA 52601		50.00	<input type="checkbox"/>
6/8/06	ID# CK#	Todd Sladky 2633 Cliffwood Dr Burlington IA 52601		100.00	<input type="checkbox"/>
6/8/06	ID# CK#	Dennis Hinkle 11941 42nd St Burlington IA 52601		100.00	<input type="checkbox"/>
6/8/06	ID# CK#	Heritage Park Pharmacies 1223 S. Gear Ave Suite 105 West Burlington IA 52655		250.00	<input type="checkbox"/>
6/8/06	ID# CK#	Great River Medical Center 1221 S. Gear Ave West Burlington IA 52655		500.00	<input type="checkbox"/>
6/19/06	ID# CK#	John Arledge 6124 N. Korha Pl. Burlington IA 52601		75.00	<input type="checkbox"/>
6/19/06	ID# CK#	Jim Olson 2709 Bittersweet Pl Burlington IA 52601		100.00	<input type="checkbox"/>
6/19/06	ID# CK#	Jerry Derby 2518 Quail Ridge Dr Burlington IA 52601		100.00	<input type="checkbox"/>
6/19/06	ID# CK#	Tim Seibert 132 Golf Ln. Burlington IA 52601		100.00	<input type="checkbox"/>

SUB-TOTAL

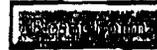
\$ 1875.00

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)
KIDS Keep Improving District Schools

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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
	ID# CK#			\$	<input type="checkbox"/>
6/19/06	ID# CK#	Steve Van Zant 1013 Monticello Dr. Burlington IA 52601		100.00	<input type="checkbox"/>
6/19/06	ID# CK#	Thomas Blackwood 152 Golf Ln. Burlington IA 52601		100.00	<input type="checkbox"/>
6/19/06	ID# CK#	ISC 1731 N. Roosevelt St E Burlington IA 52601		100.00	<input type="checkbox"/>
6/19/06	ID# CK#	Mann's McDonalds PO Box 523 West Burlington IA 52655		100.00	<input type="checkbox"/>
6/19/06	ID# CK#	Sherwood Co 1302 Broadway West Burlington IA 52655		100.00	<input type="checkbox"/>
6/20/06	ID# CK#	Burlington Glass 1501 Mt. Pleasant Burlington IA 52601		200.00	<input type="checkbox"/>
6/19/06	ID# CK#	Burlington Bank + TRUST 222 N. Main St. Burlington IA 52601		350.00	<input type="checkbox"/>
6/19/06	ID# CK#	Farmers Savings Bank Weaver IA		350.00	<input type="checkbox"/>
6/19/06	ID# CK#	US BANK 4000 West Broadway Robbinsdale MN 55422		350.00	<input type="checkbox"/>
SUB-TOTAL				\$ 1750.00	
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)

KIDS Keep Improving District Schools

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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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/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
6/26/06	ID# CK#	Chris Van Meter 14708 Rosebud Dr W. Burlington IA 52605		\$ 100.00	<input type="checkbox"/>
6/26/06	ID# CK#	Frank Millard Co Po Box 278 Burlington IA		200.00	<input type="checkbox"/>
6/27/06	ID# CK#	First Federal Savings Bank 825 Central Ave Fort Dodge IA 50501		350.00	<input type="checkbox"/>
6/27/06	ID# CK#	Midwest Federal Burlington IA		350.00	<input type="checkbox"/>
7/6/06	ID# CK#	Cady Insurance 214 N Main Burlington IA 52601		250.00	<input type="checkbox"/>
7/5/06	ID# CK#	F+M Bank 221 Jefferson ST Burlington IA 52601		350.00	<input type="checkbox"/>
7/17/06	ID# CK#	JD Elmer 620 Iowa ST Burlington IA 52601		50.00	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

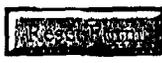
\$ 1650.00

TOTAL (if last page of this schedule)

\$ 5275.00

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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)
KIDS KEEP Improving District Schools

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
7/11/06	ID# CK# 1001	Des Moines County Aurora Burlington IA	Voter List	\$ 22.10
7/11/06	ID# CK# 1002	Burlington Community Schools Burlington Iowa	Photocopies @ 10¢ Postage Meals at Meetings	102.30 10.92 150.00
7/24/06	ID# CK# 1003	Burlington Community Schools Burlington Iowa	Facility use for Public forums	42.00
6/6/06	ID# CK#	F+M BANK Burlington	Check Printing	14.00
	ID# CK#			
SUB-TOTAL				\$ 341.32
TOTAL (if last page of this schedule)				\$ 341.32

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.)

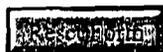
Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(f).)

FOR INSTRUCTIONS, SEE BACK OF FORM

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

COMMITTEE NAME (Must be same as on Statement of Organization)
KIDS Keep Improving District Schools

NOTE: Debts previously reported that remain unpaid must be included on this Schedule, as well as any new obligations incurred in this period.



**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*
7/28/06	Double A Marketing 722 Jefferson ST. Burlington IA 52601	250 yard Signs	\$ 736.02
7/21/06	Doran + Ward Printing 2811 Mount Pleasant ST Burlington IA 52601	Postcards and Business Cards	643.80
7/28/06	Local Radio Stations	Radio Ads Estimated	1107.00
7/28/06	The HawkEye	Print Advertising Estimated	1244.28
7/28/06	Great River Medical Center West Burlington IA 52655	Postage Costs of Mailing Cards	309.60
SUB-TOTAL			\$ 4040.70
TOTAL DEBTS OWED BY COMMITTEE AT THE END OF THIS REPORTING PERIOD			\$ 4040.70

*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.