

DISCLOSURE SUMMARY PAGE

Dubouque

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)

Friends + Neighbors for Dan Nicholson

IMPORTANT: Indicate by # type of committee you are reporting for: (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: *Dan Nicholson* Political Party (if applicable): *N/A*

Office Sought: *Council Member AT-L209* District (if Senate or House): *N/A*

JAN 19 2006
UNREADABLE

Late reports are subject to possible civil and criminal penalties.

Dan Nicholson *563-556-5797* *17 Jan 2006*

SIGNATURE OF PERSON FILING REPORT TELEPHONE DATE SIGNED

I AM FILING A *19 Jan 2006* 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 _____

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

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.) \$ 1264.31

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below) 2195.00

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.....\$ 3459.31

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)..... 3248.96

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) \$ 210.35

**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)..... \$ 200.00

CONSULTANT BREAKDOWN (Schedule G Attached?) _____ YES _____ NO

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

Reset 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)
Friends & Neighbors for Dan Nicholson

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
10/31/05	ID# CK# 3563	Bill & Vicky Arnold 2937 Wilderness Road Dubuque, IA, 52001		\$ 250.00	<input type="checkbox"/>
10/31/05	ID# CK# c254	Ron & Mary Brebach 13079 Berby Garage Road 52002		60.00	<input type="checkbox"/>
10/31/05	ID# CK# 9224	Richard Friedman 2910 Katrina Drive 52001		50.00	<input type="checkbox"/>
10/31/05	ID# CK# 14556	Mike & Marveen Wind 1951 South Grandview 52003		100.00	<input type="checkbox"/>
10/31/05	ID# CK# 29167	Ron & Marge White 3197 Highland Park Drive 52001		250.00	<input type="checkbox"/>
10/31/05	ID# CK# 18000	Nick Vannis P.O. Box 3127 52004		200.00	<input type="checkbox"/>
11/01/05	ID# CK# 1174	Mike Finnin 1129 Hunters Ridge 52003		100.00	<input type="checkbox"/>
11/01/05	ID# CK# 4316	Art Gillooly 535 Heritage Drive 52003		50.00	<input type="checkbox"/>
11/01/05	ID# CK# 7830	Dick Hellen 2131 Concord Court 52003		100.00	<input type="checkbox"/>
11/01/05	ID# CK# 3967	Bob Schreiber 40 Devoti Drive 52001		25.00	<input type="checkbox"/>

SUB-TOTAL
\$ 1185.00

TOTAL (if last page of this schedule)

\$ 1185

* 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

Reset 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)

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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
11/04/05	ID# CK# 7002	Tom Bendo 1160 South Grandview Avenue		\$ 25.00	<input type="checkbox"/>
11/04/05	ID# CK# 5789	Pat Cruhan 800 Mount Carmel Road 52003		100.00	<input type="checkbox"/>
11/04/05	ID# CK# 7002	195 Fremont Avenue Dave Kriey 52003		25.00	<input type="checkbox"/>
11/04/05	ID# CK# 5935	Mike Steele 708 Main Street 52001		150.00	<input type="checkbox"/>
11/04/05	ID# CK# 7503	Jeff Strainz 2894 Thornwood Court 52003		250.00	<input type="checkbox"/>
11/06/05	ID# CK# 2491	Matt Horsfield 2942 Fox hollow Road 52001		100.00	<input type="checkbox"/>
11/06/05	ID# CK# 2345	Chip Murry 2200 Clydesdale Court 52001		75.00	<input type="checkbox"/>
11/06/05	ID# CK# 8171	John Mauss 1515 Auburn Street 52001		50.00	<input type="checkbox"/>
11/06/05	ID# CK# 5949	Jim White 295 Southgate Drive 52003		50.00	<input type="checkbox"/>
11/11/05	ID# CK# 7223	Mike Whalen 2140 St. Andrews Circle Bettendorf, IA 52722		200.00	<input type="checkbox"/>
SUB-TOTAL				\$ 975.00	
TOTAL (if last page of this schedule)				\$ 975	

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For Instructions, See Back of Form

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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)
Friends & Neighbors for Dan Nicholson

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/Nov/05	ID# CK# 7033	Tom Uether 32108 Orchard Drive 52001		\$ 25.00	<input type="checkbox"/>
11/11/05	ID# CK# 6872	Dave Hunsel 5550 Sun Valley Drive 52002		10.00	<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"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
SUB-TOTAL				\$ 35.00	
TOTAL (if last page of this schedule)				\$ 2195.00	

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FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
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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.

CHECK THIS BOX IF AMENDING FORM

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

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
10/31/05	ID# CK# 1159	The Stevans Company	Advertising	\$ 1,306. ⁰⁰
10/31/05	ID# CK# 1160	Staples	office supplies	65. ¹⁴
11/01/05	ID# CK# 1161	Project concern	Advertising	210. ⁰⁰
11/02/05	ID# CK# 1162	The Stevans Company	Advertising	597. ⁰⁰
11/03/05	ID# CK# 1163	U.S. Postmaster	Stamps Etc	59. ²⁰
11/04/05	ID# CK# 1164	The Stevans Company	Advertising	494. ⁰⁰
11/06/05	ID# CK# 1165	Lowes	sign material	8. ¹⁵
11/08/05	ID# CK# 1166	Shot Tower	Volunteer Party	125. ⁰⁰

SUB-TOTAL \$ 2864.49

TOTAL (if last page of this schedule) \$

2864.
49

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

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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)

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
01/04/04	ID# CK# 1167	Heuman Photography	Pictures	\$ 150.00
01/04/04	ID# CK# 1168	The Stevens Company	Advertising	150.00
01/04/04	ID# CK# 1169	O'Toole office Supply	office supplies	39.47
04/10/06	ID# CK# 1170	Dubuque County Auditor	Vote Records	45.00
	ID# CK#			

SUB-TOTAL \$384.47 384.47

TOTAL (if last page of this schedule) \$3248.96

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).)

Reset Form

SCHEDULE F (Rev. 07/03)	LOANS RECEIVED & REPAYED
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)
Friends & Neighbors for Dan Nicholson

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

TOTAL UNPAID LOANS FROM LAST REPORTING PERIOD \$ 200.00

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.)

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE (If Applicable*)	AMOUNT OF LOAN
			\$

TOTAL (PART I) \$ _____

PART II - MONETARY LOAN REPAYMENTS MADE THIS REPORTING PERIOD
(Loans forgiven must be reported on Schedule E -- In-kind Contributions.)

DATE PAID (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE* (If Applicable)	AMOUNT REPAYED
			\$

TOTAL CASH REPAYMENTS (PART II) \$ _____

From Schedule E - TOTAL LOANS FORGIVEN \$ _____

TOTAL OUTSTANDING LOANS END OF REPORT PERIOD \$ _____

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