

File with:
Iowa Ethics and Campaign
Disclosure Board
510 E. 12th St. 1A
Des Moines, Iowa 50319
Fax: 515-281-4073



IOWA ETHICS AND
CAMPAIGN DISCLOSURE BOARD

FOR INSTRUCTIONS SEE BACK OF FORM
DISCLOSURE SUMMARY PAGE

Forgot to fill
in the date on
The previous SAT.
Sorry.
Ted

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

Committee for the Progressive Future of Hampton

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) _____
Office Sought _____ District (if Senate or House) _____

FORM DR-2 (Rev. 07/2007)	DISCLOSURE REPORT
For Office Use Only	
Comm. # _____	Logged In _____
Scanned _____	Computer _____
Audited _____	

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a

Ted Dredley
SIGNATURE OF PERSON FILING REPORT

641-456-3484
TELEPHONE

7-15-09
DATE SIGNED

I AM FILING A May 22, 2009 - July 14, 2009 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 <u>Aug. 4 2009</u>
County & local Committees, enter County in which Election is held <u>FRANKLIN</u>

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>0.00</u>
ADD TOTAL MONEY TAKEN IN THIS PERIOD		
Schedule A: Cash Contributions total (Attach Schedule A) ("also see in-kind below)		<u>3265.00</u>
Schedule F: Loans Received total (Attach Schedule F)		<u>1600.00</u>
Schedule H: Total Sales of Campaign Property (Attach Schedule H)		<u>0.00</u>
<u>(Schedule H applies to Candidates' Committees Only)</u>		
SUB-TOTAL	\$	<u>4865.00</u>
SUBTRACT TOTAL MONEY SPENT THIS PERIOD		
Schedule B: Expenditures total (Attach Schedule B) ("also see debts and loans below)		<u>4299.86</u>
Schedule F: Loan Repayments total (Attach Schedule F)		<u>0.00</u>
CASH ON HAND at the end of this reporting period (if final report balance must be zero)	\$	<u>565.14</u>
**UNPAID BILLS (From Schedule D - Attach Schedule D)	\$	<u>N/A</u>
**IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)	\$	<u>46.00</u>
**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)	\$	<u>1600.00</u>
CONSULTANT BREAKDOWN (Schedule G Attached?)		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
CANDIDATE COMMITTEES ONLY:		
VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)	\$	<u>0-</u>
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)
COMMITTEE for The Progressive Future of Hampton

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(9), 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
5-13-09	ID# CK# 4803	Ted Goldberg 114 1 ST AVENUE SE. HAMPTON IA HAMPTON		\$1,000.-	<input type="checkbox"/>
5-13-09	ID# CK# 1544	JAY Brock 105 3 RD ST SE. HAMPTON, IA HAMPTON		1,000.-	<input type="checkbox"/>
5-13-09	ID# CK# 4358	RICK Brock 920 4 TH AVENUE SE. HAMPTON, IA HAMPTON		500.-	<input type="checkbox"/>
5-21-09	ID# CK# 1171	JAMES RENT 107 1 ST AVE N.E. HAMPTON		250.-	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
7-6-09	ID# CK# 7773	CONTINENTAL Wholesale Co. 15-5 TH AVENUE SE. HAMPTON		250.00	<input type="checkbox"/>
7-7-09	ID# CK# 630	Eda ELLA Butler 13-4 TH ST SE.		200.00	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
Various	ID# CK#	UNITEMIZED CONTRIBUTIONS		65.00	<input type="checkbox"/>

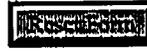
SUB-TOTAL

TOTAL (if last page of this schedule)

\$
\$ 3265.00

* 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



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 for The Professor Sutoros Hampton

DATE EXPENDED (MM/DD/YY)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
5-21-09	ID# CK# 700	<i>Goppin head Consulting Service PO Box 188 Ocheyedan, IA 51354</i>	<i>Consulting Services</i>	<i>\$2500.-</i>
6-4-09	ID# CK# 701	<i>Goppin head Consulting Service PO Box 188 Ocheyedan, IA 51354</i>	<i>" "</i>	<i>1075.00</i>
6-30-09	ID# CK# 702	<i>Alex Donn Ocheyedan, IA 51354</i>	<i>E-MAIL Mining</i>	<i>60.00</i>
6-30-09	ID# CK# 703	<i>PAUL DORR 632 Poplar St Ocheyedan, IA 51354</i>	<i>MILWAUKEE TO SNOW Ocheyedan to Hampton & back.</i>	<i>90.00</i>
6-30-09	ID# CK# 716	<i>CITY OF HAMPTON</i>	<i>Goppins & Labor</i>	<i>69.30</i>
6-30-09 5-31-09	ID# CK#	<i>UNITED BANK & TRUST HAMPTON, IA</i>	<i>BANKING SERVICE CHG</i>	<i>2.62</i>
6-30-09	ID# CK#	<i>UNITED BANK & TRUST HAMPTON, IA.</i>	<i>" " "</i>	<i>2.95</i>
	ID# CK#			
SUB-TOTAL				\$
TOTAL (if last page of this schedule)				\$ <i>4299.86</i>

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



SCHEDULE F (Rev. 02/08)	LOANS RECEIVED & REPAID
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)
Committee for the Progressive Future of Hampton

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

TOTAL UNPAID LOANS FROM LAST REPORTING PERIOD \$ 0.00

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
6-2-09	Jay Brower 165 3rd St SE Hampton IA	Chair	\$ 1600.00

TOTAL (PART I) \$ 1600.00

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 REPAID
	N/A		\$

TOTAL CASH REPAYMENTS (PART II) \$ N/A

From Schedule E - TOTAL LOANS FORGIVEN \$ N/A

TOTAL OUTSTANDING LOANS END OF REPORT PERIOD \$ 1600.00

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FOR INSTRUCTIONS, SEE BACK OF FORM



COMMITTEE NAME (Must be same as on Statement of Organization)
Committee for the Progressive Future of Hampton

SCHEDULE G (Rev. 02/08)	BREAKDOWN OF MONETARY EXPENDITURES BY CONSULTANT
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

PART I - NAME AND ADDRESS OF CONSULTANT

Name of Consultant <i>Copperhead Consulting Services</i>			
Mailing Address <i>Po Box 188</i>			
City <i>Dakeyedan</i>	State <i>IA</i>	Zip Code <i>51354</i>	

CONTRACT PERIOD (MM/DD/YR)	TOTAL ANTICIPATED COMPENSATION FOR PERFORMANCE
From <u>5-22-2009</u>	\$ <u>4500.00</u>
To <u>8-4-2009</u>	

ESTIMATES OF PERFORMANCE

PART II - ITEMIZED BREAKDOWN OF UNREIMBURSED EXPENSES PAID BY CONSULTANT TO OTHERS IN PERFORMING SERVICES OF CONTRACT (These expenses should NOT be reported on Schedule B, as they are direct payment from the consultant.)

DATE EXPENDED (MM/DD/YR)	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE	AMOUNT EXPENDED
	<i>N/A</i>		\$
SUB-TOTAL			\$
TOTAL (If last page of this schedule)			\$