

FOR INSTRUCTIONS, SEE BACK OF FORM

# DISCLOSURE SUMMARY PAGE

Reset Form

*Jefferson*

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

**COMMITTEE NAME** (Must be same as on Statement of Organization)  
*Citizens for Educational Excellence and Accountable Taxation*

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**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) \_\_\_\_\_

Late reports are subject to possible civil and criminal penalties.

*Beverly Sprague* 641.919.6077 January 16, 2006  
 SIGNATURE OF PERSON FILING REPORT TELEPHONE DATE SIGNED

I AM FILING A January 19, 2006 REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR.  
 (report date) Indicate by #  1

CHECK IF AMENDMENT TO REPORT DATED PM 1-18-06

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  
*Jefferson County*

## STATEMENT OF CASH ON HAND

<b>CASH ON HAND</b> at the beginning of the reporting period. (Total of all funds held by the committee. This amount <b>MUST</b> 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>
<b>ADD TOTAL MONEY TAKEN IN THIS PERIOD</b>		
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)		<u>956.78</u>
Schedule F: Loans Received total (Attach Schedule F)		_____
Schedule H: Total Sales of Campaign Property (Attach Schedule H)		_____
<b>(Schedule H applies to Candidates' Committees Only)</b>		
SUB-TOTAL	\$	<u>956.78</u>
<b>SUBTRACT TOTAL MONEY SPENT THIS PERIOD</b>		
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)		<u>- 956.78</u>
Schedule F: Loan Repayments total (Attach Schedule F)		_____
<b>CASH ON HAND</b> at the end of this reporting period (if final report balance must be zero) (Attach DR-3)	\$	<u>00.00</u>
<b>**UNPAID BILLS</b> (From Schedule D - Attach Schedule D)	\$	_____
<b>*IN KIND CONTRIBUTIONS</b> (From Schedule E - Attach Schedule E)	\$	<u>300.00</u>
<b>**OUTSTANDING LOANS</b> (From Schedule F - Attach Schedule F)	\$	_____
<b>CONSULTANT BREAKDOWN</b> (Schedule G Attached?)	YES	NO
<b>CANDIDATE COMMITTEES ONLY:</b>		
<b>VALUE OF CAMPAIGN PROPERTY</b> (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

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SCHEDULE <b>A</b> (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)  
*Citizens for Educational Excellence & Accountable Taxation*

**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
08/17/05	ID# CK#	Edward Kelenyi 1402 Windsor Way Fairfield, IA 52556	NA	\$ 100.00	<input type="checkbox"/>
08/17/05	ID# CK#	Beverly Sprague *502 West Jefferson Ave Fairfield, IA 52556	NA	100.00	<input type="checkbox"/>
08/17/05	ID# CK#	Michael McKay 202 South 2nd Street Fairfield, IA 52556	NA	700.00	<input type="checkbox"/>
08/17/05	ID# CK#	Roger Leahy 2090 Nutmeg Avenue Fairfield, IA 52556	NA	200.00	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#	* Moved to 2274 Marigold Blvd. Fairfield, IA 52556			<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
SUB-TOTAL				\$ 1100.00	
<b>TOTAL (if last page of this schedule)</b>				\$ 1100.00	

\* 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.

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SCHEDULE <b>A</b> (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)  
Citizens for Educational Excellence and Accountable Taxation

**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
12/30/05	ID# CK#	Edward Kelenyi 1402 Wonder Way Fairfield, Iowa 52556		\$-10.24	<input type="checkbox"/>
12/30/05	ID# CK#	Beverly Sprague 2274 Marigold Blvd. Fairfield, Iowa 52556		-9.97	<input type="checkbox"/>
12/30/05	ID# CK#	Michael McKay 202 South 2nd Street Fairfield, Iowa 52556		-71.70	<input type="checkbox"/>
12/30/05	ID# CK#	Roger Leahy 2096 Nutmeg Avenue Fairfield, Iowa 52556		-20.49	<input type="checkbox"/>
12/30/05	ID# CK#	Clyde Cleveland c/o 1100 North 4th Street Fairfield, Iowa 52556		-10.24	<input type="checkbox"/>
12/30/05	ID# CK#	Steve Wynn c/o 1100 North 4th Street Fairfield, Iowa 52556		-10.24	<input type="checkbox"/>
12/30/05	ID# CK#	Mark DeLott P.O. Box # 249 Fairfield, Iowa 52556		-10.24	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

\$ -143.22

**TOTAL (if last page of this schedule)**

\$ 956.78

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**EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT**

SCHEDULE <b>B</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)

*CITIZENS for EDUCATIONAL EXCELLENCE and ACCOUNTABLE TAXATION*

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
081705	ID# CK#	<i>Fairfield Ledger 112 East Broadway Fairfield, IA 52556</i>	<i>Newspaper Ads</i>	<i>\$ 241.88</i>
081805	ID# CK#	<i>KMCD Radio 57 1/2 So. Court Fairfield, IA 52556</i>	<i>Radio ADS</i>	<i>144.00</i>
<del>081805</del>	ID# CK#	<i>KMCD Radio 57 1/2 So. Court Fairfield, IA 52556</i>	<i>Radio Ads</i>	<i>180.00</i>
090605	ID# CK#	<i>Seminar Crowds 1100 North 4th St. Fairfield, IA 52556</i>	<i>Printing &amp; Mailing</i>	<i>375.00</i>
083105 thru 123105	ID# CK#	<i>Libertyville Bank P.O. Box 744 Fairfield, IA 52556</i>	<i>Monthly bank fee of \$ 3.18 x 5</i>	<i>15.90</i>
	ID# CK#			
	ID# CK#			
	ID# CK#			

SUB-TOTAL \$ *956.78*  
**TOTAL (if last page of this schedule)** \$ *956.78*

**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).)

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SCHEDULE <b>E</b> (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)

*Citizens for Educational Excellence & Accountable Taxation*

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
09/09/05	Clyde Cleveland 1100 No. 4th St. Fairfield, IA 52556	NA	Offset to printing - mailing cost @ Seminar Crowds	\$ 100.00	<input type="checkbox"/>
09/09/05	Steve Wynn 1100 No. 4th St. Fairfield, IA 52556	NA	Offset to printing + mailing cost @ Seminar Crowds	100.00	<input type="checkbox"/>
09/09/05	Mark DeLott 1976 Libertyville Rd. Fairfield, IA	NA	Offset to printing + mailing cost @ Seminar Crowds	100.00	<input type="checkbox"/>
	P.O. Box #249				<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

SUB-TOTAL \$ 300.00

TOTAL (if last page of this schedule) \$ 300.00

\*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.