

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE



| | |
|------------------------------------|--------------------------|
| FORM DR-2 (Rev. 12/2005) | DISCLOSURE REPORT |
| For Office Use Only | |
| Comm. # | 17866 |
| Logged In | SW |
| Scanned | S |
| Computer | |
| Audited | |

COMMITTEE NAME (Must be same as on Statement of Organization)
 Lyness for County Attorney

IMPORTANT: Indicate by # type of committee you are reporting for 2
 (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 Janet Lyness | Political Party (if applicable) Democrat |
| Office Sought County Attorney | District (if Senate or House) |

ETHICS AND CAMPAIGN DISCLOSURE BOARD
 2010 JAN 13 PM 4:28

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.

Rebecca Reiter 319 354-7163 Jan 13, 2010
 SIGNATURE OF PERSON FILING REPORT TELEPHONE DATE SIGNED

I AM FILING A January 19, 2010 REPORT FOR (1) ELECTION (2) NON-ELECTION YEAR.
 (report date) Indicate by # 2

- 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 Johnson |

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.) | \$ 1,508.69 |
| ADD TOTAL MONEY TAKEN IN THIS PERIOD | |
| Schedule A: Cash Contributions total (Attach Schedule A) (**also see in-kind below) | 0.74 |
| Schedule F: Loans Received total (Attach Schedule F) | _____ |
| Schedule H: Total Sales of Campaign Property (Attach Schedule H) | _____ |
| <u>(Schedule H applies to Candidates' Committees Only)</u> | |
| SUB-TOTAL | \$ 1,509.43 |
| SUBTRACT TOTAL MONEY SPENT THIS PERIOD | |
| Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below) | 55.00 |
| 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) | \$ 1,454.43 |
| **UNPAID BILLS (From Schedule D - Attach Schedule D) | \$ 4,183.00 |
| **IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E) | \$ _____ |
| **OUTSTANDING LOANS (From Schedule F - Attach Schedule F) | \$ _____ |
| CONSULTANT BREAKDOWN (Schedule G Attached?) | YES <input checked="" type="checkbox"/> NO |
| CANDIDATE COMMITTEES ONLY: | |
| VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H) | \$ 0.00 |

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

For Instructions, See Back of Form

Reset 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)
Lyness for County Attorney

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 |
|----------------------------------------------|----------------------------------------------------|---------------------------------|--------------------------------------------|-----------------|-----------------------------|
| 1-03-09 | ID# CK# | Interest from Bank | | \$00.07 | <input type="checkbox"/> |
| 2-08-09 | ID# CK# | Interest from Bank | | 00.06 | <input type="checkbox"/> |
| 3-04-09 | ID# CK# | Interest from Bank | | 00.06 | <input type="checkbox"/> |
| 4-04-09 | ID# CK# | Interest from Bank | | 00.07 | <input type="checkbox"/> |
| 5-08-09 | ID# CK# | Interest from Bank | | 00.06 | <input type="checkbox"/> |
| 6-07-09 | ID# CK# | Interest from Bank | | 00.06 | <input type="checkbox"/> |
| 7-07-09 | ID# CK# | Interest from Bank | | 00.06 | <input type="checkbox"/> |
| 8-07-09 | ID# CK# | Interest from Bank | | 00.06 | <input type="checkbox"/> |
| 9-06-09 | ID# CK# | Interest from Bank | | 00.06 | <input type="checkbox"/> |
| 10-09-09 | ID# CK# | Interest from Bank | | 00.06 | <input type="checkbox"/> |
| SUB-TOTAL | | | | \$ 00.62 | |
| 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

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)*
Lyness for County Attorney

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 |
|----------------------------------------------|----------------------------------------------------|---------------------------------|--------------------------------------------|-----------------|-----------------------------|
| 11-06-09 | ID# CK# | Interest from Bank | | \$00.06 | <input type="checkbox"/> |
| 12-05-09 | ID# CK# | Interest from Bank | | 00.06 | <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"/> |
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| | ID# CK# | | | | <input type="checkbox"/> |
| | ID# CK# | | | | <input type="checkbox"/> |
| | ID# CK# | | | | <input type="checkbox"/> |
| | ID# CK# | | | | <input type="checkbox"/> |
| SUB-TOTAL | | | | \$ 00.12 | |
| TOTAL (if last page of this schedule) | | | | \$ 00.74 | |

* 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

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

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

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)
Lyness for County Attorney

| 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 |
|----------------------------------------------|----------------------------------------------------------|----------------------------------------------------------------------------|--------------------------------|-----------------|
| 3-07-09 | ID# CK# 1051 | United States Post Office 400 South Clinton Iowa City, IA 52240-9998 | Post Office Box Fee | \$ 27.00 |
| 9-06-09 | ID# CK# 1052 | United States Post Office 400 South Clinton Iowa City, IA 52240-9998 | Post Office Box Fee | 28.00 |
| | ID# CK# | | | |
| SUB-TOTAL | | | | \$ 55.00 |
| TOTAL (if last page of this schedule) | | | | \$ 55.00 |

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)

Lyness for County Attorney

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* |
|--------------------------------------------------------------------------|---------------------------------------------------------------|--------------------------------------------------------|--------------------------------------------|
| 4-04-06 | Janet Lyness P.O. Box 267 Iowa City, IA 52244 | postage on business reply envelopes | \$ 100.00 |
| 5-10-06 | Janet Lyness P.O. Box 267 Iowa City, IA 52244 | OnMedia TV ads | 4,083.00 |
| | | | |
| | | | |
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| | | | |
| | | | |
| | | | |
| SUB-TOTAL | | | \$ 4,183.00 |
| TOTAL DEBTS OWED BY COMMITTEE AT THE END OF THIS REPORTING PERIOD | | | \$ 4,183.00 |

*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.