

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

Reset Form

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)

Committee to Elect Chris Greenwald

IMPORTANT: Indicate by # type of committee you are reporting for: 6

(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 Chris Greenwald	Political Party (if applicable)
Office Sought Second Ward City Council, Fort Madison, Iowa	District (if Senate or House)

NOV - 2 2005

Late reports are subject to possible civil and criminal penalties.

Sandra J Greenwald 319-463-7204 11-2-05
 SIGNATURE OF PERSON FILING REPORT TELEPHONE DATE SIGNED

I AM FILING A 11-2-05 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.)	\$ 0.00
ADD TOTAL MONEY TAKEN IN THIS PERIOD	
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)	1,165.00
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	\$ 1,165.00
SUBTRACT TOTAL MONEY SPENT THIS PERIOD	
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)	622.86
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)	\$ 542.14
**UNPAID BILLS (From Schedule D - Attach Schedule D)	\$
*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)	\$ 200.00
**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)	\$
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)
Committee to Elect Chris Greenwald

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
10/7/05	ID# CK#	W. Archie Logan 1013 Avenue F, Fort Madison, IA 52627	None	\$25.00	<input type="checkbox"/>
10/20/05	ID# CK#	William Meardon PO Box 366, Fort Madison, IA 52627	None	\$750.00	<input checked="" type="checkbox"/>
10/20/05	ID# CK#	Russell & Michele Young 3375 Country Club Lane, Fort Madison, IA 52627	None	\$40.00	<input checked="" type="checkbox"/>
10/20/05	ID# CK#	Robert & Erica Huffman 1220 Avenue B, Fort Madison, IA 52627	None	\$50.00	<input checked="" type="checkbox"/>
10/20/05	ID# CK#	Tracy R. Vance 3324 Timber Ridge Drive, Fort Madison, IA 52627	None	\$25.00	<input checked="" type="checkbox"/>
10/20/05	ID# CK#	Richard Mohrfeld 517 10th Street, Fort Madison, IA 52627	None	50.00	<input checked="" type="checkbox"/>
10/20/05	ID# CK#	Steven & Bridget Link 101 8th Street, Fort Madison, IA 52627	None	25.00	<input checked="" type="checkbox"/>
10/20/05	ID# CK#	Matt Mohrfeld 1032 Avenue H, Fort Madison, IA 52627	None	100.00	<input checked="" type="checkbox"/>
10/20/05	ID# CK#	Karen Hope 902 Avenue G, Fort Madison, IA 52627	None	50.00	<input checked="" type="checkbox"/>
10/20/05	ID# CK#	Craig & Margaret Abolt 2879 Chalkridge Road, Fort Madison, IA 52627	None	50.00	<input checked="" type="checkbox"/>
SUB-TOTAL				\$ 1165.00	
TOTAL (if last page of this schedule)				\$ 1165.00	

* 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

Reset Form

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.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)
 Committee to Elect Chris Greenwald

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
10/24/05	ID# CK# 1000	United States Post Office 1019 Avenue H Fort Madison, IA 52627	Postage for candidate mailings	\$ 63.08
10/24/05	ID# CK# 1001	Dodd's Printing 621 Avenue G Fort Madison, IA 52627	Copying charges for candidate mailings	\$75.36
10/24/05	ID# CK# 1002	Matt Mohrfeld 1032 Avenue H Fort Madison, IA 52627	Candidate signs & posts	\$474.58
10/24/05	ID# CK# 1003	United States Post Office 1019 Avenue H Fort Madison, IA 52627	Postage for candidate mailings	\$9.84
	ID# CK#			
SUB-TOTAL				\$ 622.86
TOTAL (if last page of this schedule)				\$ 622.86

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)(j).)

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME *(Must be same as on Statement of Organization)*
 Committee to Elect Chris Greenwald

Reset Form

SCHEDULE E (Rev. 06/97)	IN-KIND CONTRIBUTIONS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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
10/20/05	Charles Scoville 603 Avenue F, Fort Madison, IA 52627	None	Food for fundraiser	\$ 200.00	<input checked="" type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
SUB-TOTAL				\$ 200.00	
TOTAL (if last page of this schedule)				\$ 200.00	

*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.