

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

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)

Hollings For Mayor Committee

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 JAMES G. HOLLINGS Political Party (if applicable) _____

Office Sought MAYOR - FT. MADISON District (if Senate or House) _____

NOV 1 2005

Late reports are subject to possible civil and criminal penalties.

[Signature] 313-312-2003 10/28/05
 SIGNATURE OF PERSON FILING REPORT TELEPHONE DATE SIGNED

I AM FILING A DR-2 10/28/05 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
11/3/05
 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.) \$ 341.98

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below) 792.00

Schedule F: Loans Received total (Attach Schedule F) 0

Schedule H: Total Sales of Campaign Property (Attach Schedule H) 0

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL \$ 341.98

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below) 413.00

Schedule F: Loan Repayments total (Attach Schedule F) 0

CASH ON HAND at the end of this reporting period (if final report balance must be zero) (Attach DR-3) \$ 341.98

**UNPAID BILLS (From Schedule D - Attach Schedule D) \$ 0

**IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E) \$ 0

**OUTSTANDING LOANS (From Schedule F - Attach Schedule F) \$ 0

CONSULTANT BREAKDOWN (Schedule G Attached?) YES NO

CANDIDATE COMMITTEES ONLY:

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H) \$ 0

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

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Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

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

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

HELLING SUP. MAJOR COMMITTEES

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
10/12/05	ID# CK# 1740	Jos KOWSAN	N/A	\$ 25 ⁰⁰ / ₁₂	<input type="checkbox"/>
10/12/05	ID# CK# 3355	ROGER WOODBURY	N/A	100 ⁰⁰ / ₁₂	<input type="checkbox"/>
10/12/05	ID# CK# 2632	Doris HOYER	N/A	25 ⁰⁰ / ₁₂	<input type="checkbox"/>
10/12/05	ID# CK# 844	Richard CANILLA	N/A	50 ⁰⁰ / ₁₂	<input type="checkbox"/>
10/12/05	ID# CK# 3236	L. GENE ENKE	N/A	50 ⁰⁰ / ₁₂	<input type="checkbox"/>
10/12/05	ID# CK# 5132	DON FORRINGTON	N/A	25 ⁰⁰ / ₁₂	<input type="checkbox"/>
10/12/05	ID# CK# 9826	WANDA WHITEHEAD	N/A	35 ⁰⁰ / ₁₂	<input type="checkbox"/>
10/12/05	ID# CK# 8274	JOHN SHAEFFER	N/A	25 ⁰⁰ / ₁₂	<input type="checkbox"/>
10/13/05	ID# CK# 3718	ROBERT BROCKMAN	N/A	25 ⁰⁰ / ₁₂	<input type="checkbox"/>
10/13/07	ID# CK# 1971	ALICE OTT	N/A	25 ⁰⁰ / ₁₂	<input type="checkbox"/>
SUB-TOTAL				\$ 385 ⁰⁰ / ₁₂	
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.

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CONTRIBUTIONS -- MONEY TAKEN IN
(Including candidate's personal funds)

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

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

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.

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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
10/13/05	ID# CK# 1840	Ronald G. Walden	N/A	\$ 5000 ⁰⁰ ₁₇	<input type="checkbox"/>
10/15/05	ID# CK# 7824	Larry Smith	N/A	50 ⁰⁰	<input type="checkbox"/>
10/15/05	ID# CK# 14973	Shell Resol 5572 Co.	N/A	50 ⁰⁰	<input type="checkbox"/>
10/15/05	ID# CK# 7348	Tom Mohr 5114	N/A	40 ⁰⁰ ₁₇	<input type="checkbox"/>
10/24/05	ID# CK# 9825	ALLEN R. KLOSS	N/A	30 ⁰⁰	<input type="checkbox"/>
10/25/05	ID# CK# 2827	J.R. Noll	N/A	50 ⁰⁰	<input type="checkbox"/>
10/24/05	ID# CK# 2961	RL FOSBROKE, JR	N/A	100 ⁰⁰	<input type="checkbox"/>
10/17/05	ID# CK#	Rosie Helling	w.f.s	37 ⁰⁰	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
SUB-TOTAL				\$	
TOTAL (if last page of this schedule)				\$	

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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
6/25	ID# CK# 1	MISSISSIPPI VALLEY 606 AVS G. FT. MADISON IA	YARD SIGN PURCHASE	\$ 413.02
10/26/05	ID# CK# 294	out of pocket KUMPKUN TRUS Village 1904 S. F.M	STAMPES	320
10/2/05	ID# CK#	out of pocket F.M. POST OFFICE	STAMPS	37.00
	ID# CK#			
SUB-TOTAL				\$
TOTAL (if last page of this schedule)				\$

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).)