

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)

People for Randolph

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 *Brad Randolph* Political Party (if applicable) _____

Office Sought *City Council* District (if Senate or House) _____

Late reports are subject to possible civil and criminal penalties.

Stephen R. Esch 319-372-1470 11-2-05
 SIGNATURE OF PERSON FILING REPORT TELEPHONE DATE SIGNED

I AM FILING A *November 3, 2005* 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><i>11-08-05</i></u>
County & Local Committees, enter County in which Election is held <u><i>Lee</i></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><i>- 0 -</i></u>
ADD TOTAL MONEY TAKEN IN THIS PERIOD		
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)		<u><i>1,487.91</i></u>
Schedule F: Loans Received total (Attach Schedule F)		<u><i>1,900. -</i></u>
Schedule H: Total Sales of Campaign Property (Attach Schedule H)		<u><i>- 0 -</i></u>
<u>(Schedule H applies to Candidates' Committees Only)</u>		
SUB-TOTAL	\$	<u><i>3,387.91</i></u>
SUBTRACT TOTAL MONEY SPENT THIS PERIOD		
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)		<u><i>3,297.07</i></u>
Schedule F: Loan Repayments total (Attach Schedule F)		<u><i>- 0 -</i></u>
CASH ON HAND at the end of this reporting period (if final report balance must be zero) (Attach DR-3)	\$	<u><u><i>90.84</i></u></u>
**UNPAID BILLS (From Schedule D - Attach Schedule D)	\$	<u><i>- 0 -</i></u>
*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)	\$	<u><i>- 0 -</i></u>
**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)	\$	<u><i>1,900. -</i></u>
CONSULTANT BREAKDOWN (Schedule G Attached?)	YES <input checked="" type="checkbox"/> NO	
CANDIDATE COMMITTEES ONLY:		
VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)	\$	<u><i>- 0 -</i></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)
PEOPLE FOR RANDOLPH

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
10/20/05	ID# CK#	Matt J. Mohrfeld 1032 Ave. H Ft. Madison, IA 52627		\$ 100	<input checked="" type="checkbox"/>
10/20/05	ID# CK#	Tracy R. Vance 3324 Timber Ridge Dr. Ft. Madison, IA 52627		\$ 25	<input checked="" type="checkbox"/>
10/21/05	ID# CK#	Rose Marie A. Rashid 20 melody Ter. Ft. Madison, IA 52627		\$ 25	<input type="checkbox"/>
10/19/05	ID# CK#	John D. Sheaffer 4 High Point Ft. Madison, IA 52627		\$ 25	<input type="checkbox"/>
10/22/05	ID# CK#	Mary Ann Baxter 18 28th Place Ft. Madison, IA 52627		\$ 25	<input type="checkbox"/>
10/16/05	ID# CK#	Dianne Shottenkirk P.O. Box 422 Ft. Madison, IA 52627		\$ 25	<input type="checkbox"/>
10/20/05	ID# CK#	Tara Johnson 403 20th St. Ft. Madison, IA 52627		\$ 40	<input checked="" type="checkbox"/>
10/23/05	ID# CK#	Joshua L. Denning 7 Blackhawk Ht. Ft. Madison, IA 52627		\$ 50	<input type="checkbox"/>
10/20/05	ID# CK#	William A. Meardon P.O. Box 366 Ft. Madison, IA 52627		\$ 500	<input checked="" type="checkbox"/>
10/20/05	ID# CK#	Steven W. Link 101 8th St. Ft. Madison, IA 52627		\$ 25	<input checked="" type="checkbox"/>

SUB-TOTAL

\$ 1,000

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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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)
PEOPLE FOR RANDOLPH

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
10/20/05	ID# CK#	Russell B. or Michele D. Young 3375 Country Club Ln. Ft. Madison, IA 52627		\$ 40	<input checked="" type="checkbox"/>
10/20/05	ID# CK#	Richard Mohrfeld 517 10th St. Ft. Madison, IA 52627		\$ 50	<input checked="" type="checkbox"/>
10/20/05	ID# CK#	Robert T. Huffman 1220 Ave. B Ft. Madison, IA 52627		\$ 50	<input checked="" type="checkbox"/>
10/20/05	ID# CK#	Joseph F. Simmens 705 1/2 Ave B Ft. Madison, IA 52627		\$ 25	<input type="checkbox"/>
10/27/05	ID# CK#	Charles D. Scoville 603 Ave F Ft. Madison, IA 52627		\$ 357.91	<input checked="" type="checkbox"/>
10/20/05	ID# CK#	Al Humphrey 609 9th St. Ft. Madison, IA 52627		\$ 25.-	<input checked="" type="checkbox"/>
10/19/05	ID# CK#	Karen Hope 902 Ave B Ft. Madison, IA 52627		\$ 50	<input checked="" type="checkbox"/>
10/20/05	ID# CK#	Maggie Abolt, Abolt Inc. 2879 Chalk Ridge Rd Ft. Madison, IA 52627		\$ 50	<input checked="" type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
SUB-TOTAL				\$ 479.11	
TOTAL (if last page of this schedule)				\$ 1,587.91	

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

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

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
11/2/05	ID# CK#	Brad Randolph 14 River Ridge Ft. Madison, IA 52627		\$ 1,020. -
11/2/05	ID# CK#	Brad Randolph 14 River Ridge Ft. Madison, IA 52627		490.75
11/2/05	ID# CK#	Jan Randolph 14 River Ridge Ft. Madison, IA 52627		784.80
10/20/05	ID# CK#	Alpha's on the Riverfront 709 Ave H Ft. Madison, IA 52627		357.91
10/7/05	ID# CK#	Dodd Printing + Stationery 621 Ave G Ft. Madison, IA 52627		593.61
	ID# CK#			
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$ 3297.07
TOTAL (if last page of this schedule)				\$ 3297.07

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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Reset Form

SCHEDULE F (Rev. 07/03)	LOANS RECEIVED & REPAID
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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

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

TOTAL UNPAID LOANS FROM LAST REPORTING PERIOD \$ - 0 -

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.)

PART II - MONETARY LOAN REPAYMENTS MADE THIS REPORTING PERIOD
(Loans forgiven must be reported on Schedule E - In-kind Contributions.)

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE (If Applicable)	AMOUNT OF LOAN
11/2/05	Brad Randolph 14 River Ridge Et. Madison, JA 52627	Candidate	\$1,900.-

DATE PAID (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE* (If Applicable)	AMOUNT REPAID
			\$

TOTAL (PART I) \$ 1,900.-

TOTAL CASH REPAYMENTS (PART II) \$ _____
From Schedule E - TOTAL LOANS FORGIVEN \$ _____
TOTAL OUTSTANDING LOANS END OF REPORT PERIOD \$ _____

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