

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)

Kris Gulick for Council

IMPORTANT: Indicate by # type of committee you are reporting for: 10
 (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 Kris Gulick	Political Party (if applicable)
Office Sought City Council-District 1	District (if Senate or House)

Late reports are subject to possible civil and criminal penalties.

NOV - 3 2005

Bonnie Beardsworth (319) 286-0536 11/03/05
 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 11/8/05
County & Local Committees, enter County in which Election is held Linn

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)		1,460.00
Schedule F: Loans Received total (Attach Schedule F)		0.00
Schedule H: Total Sales of Campaign Property (Attach Schedule H)		0.00
(Schedule H applies to Candidates' Committees Only)		
SUB-TOTAL	\$	1,460.00
SUBTRACT TOTAL MONEY SPENT THIS PERIOD		
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)		837.17
Schedule F: Loan Repayments total (Attach Schedule F)		0.00
CASH ON HAND at the end of this reporting period (if final report balance must be zero) (Attach DR-3)	\$	622.83
**UNPAID BILLS (From Schedule D - Attach Schedule D)	\$	485.10
**IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)	\$	0.00
**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)	\$	0.00
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

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)
Kris Gulick for Council

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
10/10/2005	ID# CK#	Larry Benda 222 3rd Ave. SE, Ste 299 Cedar Rapids IA 52401		\$100.00	<input type="checkbox"/>
10/12/2005	ID# CK#	Charity D. Roberts 3000 E Avenue NE Cedar Rapids IA 52402		25.00	<input type="checkbox"/>
10/12/2005	ID# CK#	Bonnie Beardsworth 4899 Oak Grove Court NE Cedar Rapids IA 52411		50.00	<input type="checkbox"/>
10/3/2005	ID# CK#	Kristie Fisher 1432 Hickory Hollow Rd NE Solon IA 52333		75.00	<input type="checkbox"/>
10/11/2005	ID# CK#	Scott Gasway 380 Green Valley Terrace Se Cedar Rapids IA 52403		25.00	<input type="checkbox"/>
10/11/2005	ID# CK#	Tom Wehmeyer 9569 Darrell Dr. Cedar Rapids IA 52411		20.00	<input type="checkbox"/>
10/12/2005	ID# CK#	Greg Kingery 4875 Oak Grove Court NE Cedar Rapids IA 52411		100.00	<input type="checkbox"/>
10/12/2005	ID# CK#	Matthew Krigbaum 3071 2 St Marion IA 52302		\$50.00	<input type="checkbox"/>
10/12/2005	ID# CK#	Ron Carson 18 Chad Ct. Coralville IA 52241		25.00	<input type="checkbox"/>
10/17/2005	ID# CK#	Fred Timko PO Box 5513 Cedar Rapids IA 52406		100.00	<input type="checkbox"/>
SUB-TOTAL				\$ 570.00	
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



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)
 Kris Gulick for Council

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
10/19/2005	ID# CK#	John Mack 324 3rd Street SE, 4th Floor Cedar Rapids IA 52401-1841		\$50.00	<input type="checkbox"/>
10/19/2005	ID# CK#	Debbie Neumeyer 1685 MacKenzie Drive Cedar Rapids IA 52411-9503		50.00	<input type="checkbox"/>
10/25/2005	ID# CK#	Marshall Petersen 3514 Random Rd. SE Cedar Rapids IA 52403		50.00	<input type="checkbox"/>
10/20/2005	ID# CK#	Dina Igram Dusek 4293 Fox Meadow Drive SE Cedar Rapids IA 52403		75.00	<input type="checkbox"/>
10/26/2005	ID# CK#	Kathleen R Krusie 3121 Adirondack Dr NE Cedar Rapids IA 52402		50.00	<input type="checkbox"/>
10/31/2005	ID# CK#	John J Houck 7450 Commune Court Cedar Rapids IA 52411		50.00	<input type="checkbox"/>
11/1/2005	ID# 6323 CK# 2964	Master Builders of Iowa P.A.C. 221 Park St, PO Box 695 Des Moines IA 50303		350.00	<input type="checkbox"/>
11/1/2005	ID# CK#	Gary J Dusil 3934 Roxbury Dr NW Cedar Rapids IA 52405-4451		25.00	<input type="checkbox"/>
11/1/2005	ID# CK#	Michelle Gnida 2140 Mehaffey Bridge Rd NE Solon IA 52333		100.00	<input type="checkbox"/>
11/1/2005	ID# CK#	Negebe H Rife 7529 Quail Trail NE Cedar Rapids, IA 52402		50.00	<input type="checkbox"/>
SUB-TOTAL				\$ 850.00	
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



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)
Kris Gulick for Council

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
11/1/2005	ID# CK#	Lawrence W Witzel 4060 Fox Hollow Ct. Marion IA 52302		\$40.00	<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"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL	\$ 40.00
TOTAL (if last page of this schedule)	\$ 1460.00

* 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



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)
Kris Gulick for Council

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
10/19/05	ID# 13569 CK#93	Linn County Treasurer 930 1st Street SW Cedar Rapids, IA 52404	Voter registration system request 13063 records of those in Dist 1 that voted in Gen 04 or Gov 05 elections	\$ 33.00
10/31/05	ID# 13569 CK#94	Cedar Graphics 311 Parsons Dirve Hiawatha, IA 52233	Postage for direct mail postcard	249.71
11/2/05	ID# 13569 CK# 95	Kris Gulick 2103 Linmar Dr NE Cedar Rapids, IA 52402	Reimb-\$14.70-The Copy Shop copy- ing expenses/bus cards & \$539.76- Victorystore.com automated calls	554.46
	ID# CK#			
SUB-TOTAL				\$ 837.17
TOTAL (if last page of this schedule)				\$ 837.17

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)

Kris Gulick for Council

NOTE: Debts previously reported that remain unpaid must be included on this Schedule, as well as any new obligations incurred in this period.

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*
10/31/05	Cedar Graphics 311 Parsons Drive Hiawatha, IA 52233	Printing of direct mail piece Estimated cost	\$ 485.10
SUB-TOTAL			\$ 485.10
TOTAL DEBTS OWED BY COMMITTEE AT THE END OF THIS REPORTING PERIOD			\$ 485.10

*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.