

FOR INSTRUCTIONS, SEE BACK OF FORM  
**DISCLOSURE SUMMARY PAGE**

File with:  
 Iowa Ethics and Campaign  
 Disclosure Board  
 510 E. 12<sup>th</sup>, Ste. 1A  
 Des Moines, Iowa 50319  
 Fax: 515-281-4073

Effective January 1, 2010, all statements and reports filed by new committees for state office must be filed electronically and effective January 1, 2012, all statements and reports filed by all committees for state office must be filed electronically.  
 Effective May 1, 2010, all statements and reports for State PACs and State Parties must be filed electronically.

Reset Form

**COMMITTEE NAME** (Must be same as on Statement of Organization)  
Citizens for Henderson

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

<b>FORM DR-2</b> (Rev. 12/2009)	<b>DISCLOSURE REPORT</b>
<b>For Office Use Only</b>	
Comm. # _____	
Logged In _____	
Scanned _____	
Computer _____	
Audited _____	

**CANDIDATE COMMITTEES ONLY:**

Candidate Name Sarah Henderson Political Party (if applicable) \_\_\_\_\_

Office Sought City Council District (if Senate or House) NA

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), 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.

Sarah Henderson TELEPHONE \_\_\_\_\_ DATE SIGNED 1/10/10

**SIGNATURE OF PERSON FILING REPORT** **TELEPHONE** **DATE SIGNED**

I AM FILING A Jan 19th REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR.  
 (report date) Indicate by #

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**

<b>CASH ON HAND</b> at the beginning of the reporting period. (Total of all funds held by the committee. This amount <b>MUST</b> 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>1118.27</u>
<b>ADD TOTAL MONEY TAKEN IN THIS PERIOD</b>		
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)		<u>0.99</u>
Schedule F: Loans Received total (Attach Schedule F)		_____
Schedule H: Total Sales of Campaign Property (Attach Schedule H)		_____
<b>(Schedule H applies to Candidates' Committees Only)</b>		
<b>SUB-TOTAL</b>	\$	<u>1119.26</u>
<b>SUBTRACT TOTAL MONEY SPENT THIS PERIOD</b>		
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)		<u>396.00</u>
Schedule F: Loan Repayments total (Attach Schedule F)		_____
<b>CASH ON HAND</b> at the end of this reporting period (if final report balance must be zero)	\$	<u>723.26</u>
<b>**UNPAID BILLS</b> (From Schedule D - Attach Schedule D)	\$	_____
<b>*IN KIND CONTRIBUTIONS</b> (From Schedule E - Attach Schedule E)	\$	_____
<b>**OUTSTANDING LOANS</b> (From Schedule F - Attach Schedule F)	\$	_____
<b>CONSULTANT BREAKDOWN</b> (Schedule G Attached?)		YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
<b>CANDIDATE COMMITTEES ONLY:</b>		
<b>VALUE OF CAMPAIGN PROPERTY</b> (From Schedule H - Attach Schedule H)	\$	_____
<b>STATE COMMITTEES:</b> Submit a reconciled campaign account bank statement in January of each year.		

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**CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

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

COMMITTEE NAME (Must be same as on Statement of Organization)  
*Citizens for Henderson*

**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.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

**CAUTION:** Section 68B.32A(6), 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
1/2010	ID# CK#	Bank Interest		\$ .09	<input type="checkbox"/>
2/2010	ID# CK#	Bank Interest		.09	<input type="checkbox"/>
3/2010	ID# CK#	Bank Interest		.08	<input type="checkbox"/>
4/2010	ID# CK#	Bank Interest		.08	<input type="checkbox"/>
5/2010	ID# CK#	Bank Interest		.07	<input type="checkbox"/>
6/2010	ID# CK#	Bank Interest		.08	<input type="checkbox"/>
7/2010	ID# CK#	Bank Interest		.07	<input type="checkbox"/>
8/2010	ID# CK#	Bank Interest		.07	<input type="checkbox"/>
9/2010	ID# CK#	Bank Interest		.08	<input type="checkbox"/>
10/2010	ID# CK#	Bank Interest		.07	<input type="checkbox"/>
SUB-TOTAL				\$ .78	
<b>TOTAL (if last page of this schedule)</b>				\$ —	

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

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(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)  
*Citizens for Henderson*

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11/2010	ID# CK#	Bank Interest	—	\$ .07	<input type="checkbox"/>
12/2010	ID# CK#	Bank Interest		.07	<input type="checkbox"/>
1/2011	ID# CK#	Bank Interest		.07	<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				\$ .21	
<b>TOTAL (if last page of this schedule)</b>				\$ .99	

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**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)  
*Citizens for Henderson*

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
1/19/2010	ID# CK# 1061	Five Seasons Republican Women's club Cedar Rapids, Iowa	Donation	\$ 105.00
2/16/2010	ID# CK# 1062	Linn County Republicans 2011 Fox ballerie St Cedar Rapids, IA 52403	Delegate Fees	78.00
3/19/2010	ID# CK# 1063	Cedar Rapids County Club 550 27th St Dr SE Cedar Rapids, IA 52403	Luncheon - Five Seasons Republican women	24.00
4/13/2010	ID# CK# 1064	Cedar Rapids County Club 550 27th St Dr SE Cedar Rapids, IA 52403	Luncheon - Five Seasons Republican women	24.00
—	ID# CK# 1065	VOIDED —	—	—
12/13/2010	ID# CK# 1066	Cedar Rapids Country Club 550 27th St Dr SE Cedar Rapids, IA 52403	Luncheon - Linn Eagles	15.00
1/3/2011	ID# CK# 1067	Piryx, Inc 401 West 15th St, Ste #520 Austin, TX 78701	Branstad-Reynolds Natural Scholarship Fund - Donation 5/14/11	150.00
	ID# CK#			
SUB-TOTAL				\$ 396.00
TOTAL (if last page of this schedule)				\$ 396.00

**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).)