

Reset 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)
JR JOHNSON DISTRICT 5

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 **LYNN JR JOHNSON** ^{NOV 1 2005} Political Party (if applicable) **N/A**

Office Sought **5 DISTRICT City Council** District (if Senate or House) **N/A**

Late reports are subject to possible civil and criminal penalties.

Lynn Johnson **319-396-7225** *10/28/05*
SIGNATURE OF PERSON FILING REPORT TELEPHONE DATE/SIGNED

I AM FILING A *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 <u><i>11/8/05</i></u>
County & Local Committees, enter County in which Election is held <u><i>LYNN</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.) \$ *0*

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below) *2465*

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 \$ *2465*

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below).... *2460.78*

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)..... \$ *4.22*

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

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

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

CONSULTANT BREAKDOWN (Schedule G Attached?) YES NO

CANDIDATE COMMITTEES ONLY:
VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H) \$ _____

For Instructions, See Back of Form

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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)
JR Johnson District 5

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
8/16/05	ID# CK#	Lynn JR Johnson 2548 Lori Dr. S.W. ⁵²⁴⁰⁴ C.R.	Candidate	\$ 100	<input type="checkbox"/>
8/17/05	ID# CK#	Lynn JR Johnson 2548 Lori Dr. S.W. ⁵²⁴⁰⁴ CR	Candidate	400	<input type="checkbox"/>
9/6/05	ID# CK#	Lynn JR Johnson 2548 Lori Dr. S.W. ⁵²⁴⁰⁴ CR	Candidate	500	<input type="checkbox"/>
9/11/05	ID# CK#	R. Maxine Johnson ⁵²⁴⁰⁴ 2202 Balsam Dr. S.W. CR	Mother	500	<input type="checkbox"/>
9/12/05	ID# CK#	Lynn JR Johnson ⁵²⁴⁰⁴ 2548 Lori Dr. S.W. CR	Candidate	300	<input type="checkbox"/>
10/26/05	ID# CK#	Lynn JR Johnson ⁵²⁴⁰⁴ 2548 Lori Dr. S.W. CR	Candidate	665	<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

\$ 2465

TOTAL (if last page of this schedule)

\$ 2465

* 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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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)
JR Johnson District 5

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
9/7/05	ID# CK# 1000	Postmaster, U.S. 615 6 th Ave. S.E. CR. ⁵²⁴⁰³	Bulk mail permit 1186	\$ 150
9/13/05	ID# CK# 1001	Signs Etc. 1111 "i" AVENUE. CR. ⁵²⁴⁰²	YARD SIGNS	1059.98
9/19/05	ID# CK# 1003	Linn County Auditor 930 1st St. SW CR ⁵²⁴⁰⁴	Mailing labels	62
9/14/05	ID# CK# 1002	Lilly Printing 301-2nd Ave SW CR ⁵²⁴⁰⁴	Printing (copies)	14.33
9/26/05	ID# CK# 1004	Lilly Printing 301-2nd Ave. SW CR ⁵²⁴⁰⁴	Printing (copies)	231
10/17/05	ID# CK# 1005	Lilly Printing 301-2nd Ave. SW CR ⁵²⁴⁰⁴	Printing (copies)	22.84
10/27/05	ID# CK# 1006	Postmaster, U.S. 615-6 th Ave SE. CR ⁵²⁴⁰³	Mailing postage	920.63
	ID# CK#			
SUB-TOTAL				\$ 2460.78
TOTAL (if last page of this schedule)				\$ 2460.78

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).)