

DISCLOSURE SUMMARY PAGE

Reset Form

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)

Committee to Elect Michael J. McElmeel

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 Michael J. McElmeel	Political Party (if applicable) _____
Office Sought City Council - At Large	District (if Senate or House) _____

NOV 1 2005

Late reports are subject to possible civil and criminal penalties.

 319-270-3836 31 Oct 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 November 8, 2005
County & Local Committees, enter County in which Election is held <u>LINN</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.)	\$ 0.00
ADD TOTAL MONEY TAKEN IN THIS PERIOD	
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)	2,295.00
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	\$ 2,295.00
SUBTRACT TOTAL MONEY SPENT THIS PERIOD	
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)	1,126.01
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)	\$ 1,168.99
**UNPAID BILLS (From Schedule D - Attach Schedule D)	\$ 1,825.79
*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)	\$ 2,500.00
**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)	\$ _____
CONSULTANT BREAKDOWN (Schedule G Attached?)	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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

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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)

Committee to Elect Michael J. McElmeel

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
08/09/05	ID# CK#	MICHAEL J MCELMEEL 3723 ROYAL DR SW CEDAR RAPIDS IA 52404	SELF	\$750.00	<input type="checkbox"/>
08/12/05	ID# CK#	SHARRON/JACK MCELMEEL 3000 N CENTER POINT RD CEDAR RAPIDS IA 52411-9548	PARENT	500.00	<input type="checkbox"/>
08/12/05	ID# CK#	ANDREW OLESEN 2162 CHANDLER ST SW CEDAR RAPIDS IA 52404		50.00	<input type="checkbox"/>
08/30/05	ID# CK#	JUDITH/WILLIAM MCNEIL 2429 1ST AVENUE SW CEDAR RAPIDS IA 52404		50.00	<input type="checkbox"/>
08/30/05	ID# CK#	RICHARD L PEICK 708 OLD MARION RD NE CEDAR RAPIDS IA 52402		50.00	<input type="checkbox"/>
08/30/05	ID# CK#	R.W. FRANKLIN 1928 B AVE NE CEDAR RAPIDS IA 52402		100.00	<input type="checkbox"/>
09/21/05	ID# CK#	KEITH HANSON 362 PRAIRIE ROSE LN BOCA RATON FL 33487	UNCLE	20.00	<input type="checkbox"/>
09/21/05	ID# CK#	MARY MCELMEEL 5149 JOHNSON AVE NW CEDAR RAPIDS IA 52404	GR-PARENT	25.00	<input type="checkbox"/>
09/21/05	ID# CK#	RONALD/JOYCE CHRISTEN PO BOX 289 WALFORD IA 52351	UNCLE/AUNT	25.00	<input type="checkbox"/>
09/21/05	ID# CK#	ROBERT/DIANA CHRISTEN 140 C ST NE WALFORD IA 52351	COUSIN	50.00	<input type="checkbox"/>
SUB-TOTAL				\$ 1595.00	
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

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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)
Committee to Elect Michael J. McElmeel

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
09/21/05	ID# CK#	DONALD/SHAR MELICHAR 140 CHERRY HILL RD NW CEDAR RAPIDS IA 52405		\$25.00	<input type="checkbox"/>
10/25/05	ID# 13507 CK# 1018	HAWKEYE LABOR COUNCIL 1211 WILEY BLVD SW CEDAR RAPIDS IA 52404		500.00	<input type="checkbox"/>
10/26/05	ID# CK#	BRENT SMITH NORTH LIBERTY, IA 52404		30.00	<input type="checkbox"/>
10/31/05	ID# CK#	D.E. "PAT" KANE 190 COTTAGE GROVE AVE CEDAR RAPIDS IA 52403		100.00	<input type="checkbox"/>
10/31/05	ID# CK#	CHERYL KOLAR 315 COTTAGE GROVE AVE CEDAR RAPIDS IA 52403		25.00	<input type="checkbox"/>
10/31/05	ID# CK#	MATT WOERNER 3412 H AVE NW CEDAR RAPIDS IA 52403		20.00	<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				\$ 700.00	
TOTAL (if last page of this schedule)				\$ 2295.00	

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FOR INSTRUCTIONS, SEE BACK OF FORM

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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)
Committee to Elect Michael J. McElmeel

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
08/25/05	ID# CK#94	United States Post Office Cedar Rapids IA 52400	postage	\$ 37.00
08/25/05	ID# CK#95	Carter Printing 1739 E Grand Avenue Des Moines IA 50319	campaign materials	279.10
08/25/05	ID# CK# 93	Linn County Treasurer Cedar Rapids IA	voter registration lists	29.00
09/14/05	ID# CK#96	Sharron L. McElmeel 3000 N Center Point Rd Cedar Rapids IA 52411-9548	repayment of debt	580.91
09/14/05	ID# CK#1001	Carter Printing 1739 E Grand Avenue Des Moines IA 50319	campaign materials	200.00
	ID# CK#			
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$ 1126.01
TOTAL (if last page of this schedule)				\$ 1126.01

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

SCHEDULE D (Rev. 08/98)	INCURRED INDEBTEDNESS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME <i>(Must be same as on Statement of Organization)</i> Committee to Elect Michael J. McElmeel

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

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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.

**DEBTS/OBLIGATIONS REMAINING THIS REPORTING PERIOD
(DO NOT INCLUDE LOANS – SHOW LOANS ON SCHEDULE F)**

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*
08/27/05	Sharron L. McElmeel 3000 N. Center Point Rd Cedar Rapids IA 52411-9548	Victory Store Bill \$2007.70 Repaid \$581.91 - ck#96	\$ 1,425.79
10/28/05	Carter Printing 1739 E Grand Avenue Des Moines IA 50319	estimated \$400.00 Campaign brochures to be billed	400.00
SUB-TOTAL			\$ 1,825.79
TOTAL DEBTS OWED BY COMMITTEE AT THE END OF THIS REPORTING PERIOD			\$ 1,825.79

*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.

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)
 Committee to Elect Michael J. McElmeel

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SCHEDULE E
 (Rev. 06/97) **IN-KIND CONTRIBUTIONS**

CHECK THIS BOX IF AMENDING FORM

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
09/02/05	Sharron L. McElmeel 3000 N. Center Point Rd Cedar Rapids, IA 52411-9548	parent	Website develop/ hosting/upkeep Aug. 05- Aug. 06	\$ 2,500.00	<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
SUB-TOTAL				\$ 2,500.00	
TOTAL (if last page of this schedule)				\$ 2,500.00	

*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.