

FOR INSTRUCTIONS, SEE BACK OF FORM

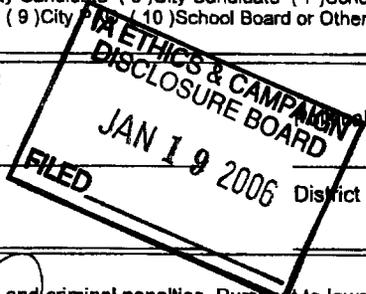
DISCLOSURE SUMMARY PAGE

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FORM DR-2 (Rev. 12/2005) DISCLOSURE REPORT For Office Use Only Comm. # Logged In Scanned Computer Audited

COMMITTEE NAME (Must be same as on Statement of Organization) Powers for District 2 IMPORTANT: Indicate by # type of committee you are reporting for: 6

CANDIDATE COMMITTEES ONLY: Candidate Name Patricia Powers Office Sought City Council



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

SIGNATURE OF PERSON FILING REPORT TELEPHONE 319 360-0335 DATE SIGNED 1-19-06

I AM FILING A January 19, 2006 REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR. Indicate by # 1

- CHECK IF AMENDMENT TO REPORT DATED Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.

Local Committees, enter Date of Election December 6, 2005 County & Local Committees, enter County in which Election is held

STATEMENT OF CASH ON HAND

Table with columns for description and amount. Rows include: CASH ON HAND at the beginning of the reporting period (2,986.94), ADD TOTAL MONEY TAKEN IN THIS PERIOD (Schedule A: 150.00, Schedule F: 0.00, Schedule H: 0.00), SUB-TOTAL (3,136.94), SUBTRACT TOTAL MONEY SPENT THIS PERIOD (Schedule B: 4,106.12, Schedule F: 0.00), CASH ON HAND at the end of this reporting period (0.00), **UNPAID BILLS (0.00), **IN KIND CONTRIBUTIONS (969.18), **OUTSTANDING LOANS (0.00), CONSULTANT BREAKDOWN (YES checked), CANDIDATE COMMITTEES ONLY: VALUE OF CAMPAIGN PROPERTY (0.00)

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

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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)

Powers for District 2

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
12/3/05	ID# CK#	Jane Cook 222 Crescent St SE Cedar Rapids, IA 52403		\$ 25.00	<input type="checkbox"/>
12/3/05	ID# CK#	Nan Riley 5300 Lakeside Dr Marion, IA 52302		100.00	<input type="checkbox"/>
12/3/05	ID# CK#	H. Raymond Terpstra 118 3rd Ave SE Cedar Rapids, IA 52401		25.00	<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"/>
SUB-TOTAL				\$ 150.00	
TOTAL (if last page of this schedule)				\$ 150.00	

* 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.

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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)
 Powers for District 2

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
12/2/05	ID# CK#	Linn County Auditor 930 1st St NW Cedar Rapids, IA 52404	Voter lists	\$ 5.00
12/22/05	ID# CK#	Jeff Yanecek 785 Prospect Ct North Liberty, IA 52317	Campaign helper	375.00
12/30/05	ID# CK#	Strategic Media 1111 W. San Marman Drive Waterloo, IA 50704	Signs & mailers	2600.00
1/16/06	ID# CK#	Strategic Media 1111 W. San Marman Drive Waterloo, IA 50704	Signs & mailers	1126.12
	ID# CK#			
SUB-TOTAL				\$ 4106.12
TOTAL (if last page of this schedule)				\$ 4106.12

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).)

