

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

DISCLOSURE SUMMARY PAGE

Linn

FORM DR-2 (Rev. 07/2003)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	<u>21294</u>
Logged In	<u>JM</u>
Scanned	
Computer	<u>pm</u>
Audited	

COMMITTEE NAME (Must be same as on Statement of Organization)
CONCERNED CITIZENS FOR RESPONSIBLE EDUCATION (CARE)

IMPORTANT: Indicate type of committee you are reporting for: (6)

(1) Statewide/Legislative Candidate (2) Statewide PAC (3) State Party (4) County/Local Candidate
(5) County PAC (6) Ballot Issue/Franchise Committee (7) County/City Central Committee
(8) Support Slate of Candidates

CANDIDATE COMMITTEES ONLY:

Candidate Name _____ Political Party _____
Office Sought _____ District (if Senate or House) _____

FILED
JAN 20 2005
PM 1.19.05

SIGNATURE OF TREASURER (or person filing this report) _____ TELEPHONE 781-343-8659 DATE SIGNED 1-19-05

Late filed reports are subject to possible civil and criminal penalties.

SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE:

I AM FILING A 5 Day Before Election REPORT FOR AN/A (1) ELECTION / (2) NON-ELECTION YEAR.
(report date)

Indicate one (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 Notice of Dissolution is filed.)

Local Committees, enter Date of Election <u>1-25-05</u>
County & Local Committees, enter County in which Election is held _____

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (This is the total of all monies 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.)	\$ <u>0</u>
ADD TOTAL MONEY TAKEN IN THIS PERIOD	
Schedule A: Cash Contributions total (Attach Schedule A) (**also see in-kind below)	<u>7600.00</u>
Schedule F: Loans Received total (Attach Schedule F)	_____
Schedule H: Total Sales of Campaign Property (Attach Schedule H)	_____
<u>(Schedule H applies to Candidates' Committees Only)</u>	
SUB-TOTAL	\$ <u>7600.00</u>
SUBTRACT TOTAL MONEY SPENT THIS PERIOD	
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)....	<u>3348.26</u>
Schedule F: Loan Repayments total (Attach Schedule F)	<u>0</u>
CASH ON HAND at the end of this reporting period (if final report, balance must be zero) (Attach DR-3)	\$ <u>4251.74</u>

**UNPAID BILLS (From Schedule D - Attach Schedule D)	\$ <u>0</u>
**IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)	\$ <u>1410.00</u>
**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)	\$ <u>0</u>

CANDIDATE COMMITTEES ONLY:

CONSULTANT BREAKDOWN (Schedule G Attached?) YES NO

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H) \$ _____

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

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)

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
12-30-04	ID# CK# 1	DORR CONSULTING SERV. 468 MAIN ST. P.O. BOX 188 OCHEGONAN, IOWA 51354	CONSULTING FEE	\$ 500.00 ✓
1-8-05	ID# CK# WIRE TRANSFER	DORR CONSULTING SERV 868 MAIN ST. P.O. BOX 188 OCHEGONAN, IOWA 51354	CONSULTING FEE	1015.00 ✓
1-11-05	ID# CK# 3	IOWA SECRETARY OF STATE ANITA VAN GUNDY FIRST FLOOR LUCAS BLDG. DES MOINES IOWA 50319	REGISTERED VOTER LISTS AUBURNET SCHOOL DISTRICT	18.25
	ID# CK#	[REDACTED]		
1-11-05	ID# CK# 14	DORR CONSULTING SERV. 868 MAIN ST. P.O. BOX 188 OCHEGONAN, IOWA 51354	CONSULTING FEE	340.00 ✓
1-14-05	ID# CK# 5	ALLEGRA PRINTERS 3939-16TH AVE. S.W. CEDAR RAPIDS, IOWA 52404	PRINTING MAILING W/POSTAGE	527.89
1-18-05	ID# CK# 6	ALLEGRA PRINTERS 3939-16TH AVE S.W. CEDAR RAPIDS, IOWA 52404	PRINTING & MAILING W/POSTAGE	945.12
1-8-05	ID# CK#	GUARANTY BANK 1819-42ND ST. N.E. CEDAR RAPIDS, IOWA	CHECK PURCHASE	2.00
SUB-TOTAL				\$
TOTAL (if last page of this schedule)				\$ 5348.26

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.6(3)(i).)

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization) CARE
CONCERNED CITIZENS FOR RESPONSIBLE EDUCATION

Recap Form

SCHEDULE E (Rev. 06/97)	IN KIND CONTRIBUTIONS
<input type="checkbox"/> 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
12-28-04	BALDWIN FARMS INC. 3978 SUTTON ROAD CENTRAL CITY, IOWA 52214	N/A	PURCHASED PAID CONSULTANT	\$ 250.00	<input type="checkbox"/>
12-28-04	DARON BALDWIN 3888 SUTTON ROAD CENTRAL CITY, IOWA 52214		"	250.00	<input type="checkbox"/>
12-28-04	L.C. HOWE 2353 BURNETT STATION RD. CENTRAL CITY, IOWA 52214		"	200.00	<input type="checkbox"/>
12-28-04	MIDBURNLEY FARM 3694 MIDWAY ROAD TODDVILLE, IA 52341		"	250.00	<input type="checkbox"/>
12-28-04	RICHARD WOODS 3592 POLK COUNTY HOME ROAD TODDVILLE, IOWA 52341		"	50.00	<input type="checkbox"/>
12-28-04	LARRY JONES 5102 N. MIDBURNLEY ROAD CENTRAL CITY, IOWA 52214		"	200.00	<input type="checkbox"/>
12-28-04	GEORGE HILL 3520 MIDWAY ROAD TODDVILLE, IOWA 52341		"	100.00	<input type="checkbox"/>
12-28-04	R & K FARM ACCOUNT 3978 SUTTON ROAD CENTRAL CITY, IOWA		"	110.00	<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

SUB-TOTAL \$ 1410.00
 TOTAL (if last page of this schedule) \$ 1410.00

*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.

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)
 CARE.
 CONCERNED CITIZEN FOR RESPONSIBLE EDUCATION

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
12-28-04	ID# 0739 71 007 9 9710 CK# 6258	RICHARD W. SATERN 3585 MIDWAY RD. TODDVILLE, IA 52341	N/A NONE	\$ 100.00	<input checked="" type="checkbox"/>
12-28-04	ID# 0739 116 76 CK# 9710	LONNIE R. OLIPHANT TODDVILLE, IA 52341	N/A NONE	100.00	<input checked="" type="checkbox"/>
12-28-04	ID# 0739 116 76 05 231 6 5577 CK#	KENNETH D. BROWN 3627 MIDWAY ROAD TODDVILLE, IA 52341	N/A	200.00	<input checked="" type="checkbox"/>
12-28-04	ID# 0730 00545 2368 003 2204223 CK#	DANIEL J. WILLE 3349 COUNTY HOME RD. MARION, IA 52302	N/A	100.00	<input checked="" type="checkbox"/>
12-28-04	ID# 006549 0739 116 76 80 CK# 335 3 6549	LARRY ROWE 3343 MIDWAY RD. MARION, IA 52302	N/A	250.00	<input checked="" type="checkbox"/>
12-29-04	ID# 2730 7003 2 00180 12 2886 CK# 4300	JERRY L. ELM 3221 LAKEVIEW DR, TODDVILLE, IA 52341	N/A	100.00	<input checked="" type="checkbox"/>
12-29-04	ID# CK# 2464	BRENT HARSTAD 3525 MIDWAY RD. TODDVILLE, IA 52341	N/A	100.00	<input checked="" type="checkbox"/>
1-7-05	ID# CK# CASH	JOHN PECINOVSKY 3150 N. CENTER PT. RD. CEDAR RAPIDS, IA 52411	N/A	50.00	<input checked="" type="checkbox"/>
1-7-05	ID# CK# 1595	RICHARD G. MEENE 7912 MORRIS HILL RD. TODDVILLE, IA 52341	N/A	50.00	<input checked="" type="checkbox"/>
1-7-05	ID# CK# 1204	DAVID OR PAM KIRK 4106 N. ALBURNETT RD ALBURNETT, IA 52202	N/A	125.00	<input checked="" type="checkbox"/>
SUB-TOTAL				\$ 1175.00	
TOTAL (if last page of this schedule)				\$	

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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) *CARE*
CONCERNED CITIZENS FOR RESPONSIBLE EDUCATION

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.

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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
1-7-05	ID# CK# 3768	STEVE L. OR ROSIE M. HANSEN 4693 N. ALBURNETT ROAD CENTRAL CITY, IA. 52214	N/A	\$ 100.00	<input checked="" type="checkbox"/>
1-7-05	ID# CK# 18130	DAVID REED BOX 241 ALBURNETT, IOWA 52202	N/A	\$ 100.00	<input checked="" type="checkbox"/>
1-7-05	ID# CK# 3095	C.L. SCHANTZ & L. SCHANTZ 3460 WILLOWRIDGE RD. APTC. MARION, IOWA 52302-1758	N/A	\$ 200.00	<input checked="" type="checkbox"/>
1-7-05	ID# CK# 9479	CURTIS G. & JANE M. SCHANTZ 2434 BURNETT STATION RD. ALBURNETT, IOWA 52202-9715	N/A	\$ 300.00	<input checked="" type="checkbox"/>
1-7-05	ID# CK# 6476	DAVID & SUSAN NUESTEL 3434 CENTRAL AVE. ALBURNETT, IA. 52202	N/A	\$ 100.00	<input checked="" type="checkbox"/>
1-7-05	ID# CK# 7322	THOMAS L & JAN E. BORST 2245 - WTH AVE MARION, IOWA 52302	N/A	100.00	<input checked="" type="checkbox"/>
1-7-05	ID# CK# 4623	DEL & MARTY SASLU 11001 HORSESHOE LAKE RD. TODDVILLE, IOWA 52341	N/A	75.00	<input checked="" type="checkbox"/>
1-11-05	ID# CK# 17961	SARA LIEBE 5245 N. ALBURNETT RD. CENTRAL CITY, IA 52214	N/A	500.00	<input checked="" type="checkbox"/>
1-11-05	ID# CK# 8170	NANCY L. & DOUGLASC. WHITE 3481 EAST OTTER ROAD MARION, IOWA 52302		150.00	<input checked="" type="checkbox"/>
1-11-05	ID# CK# 8318	BETTY M. HOLSINGER 3682 TODDVILLE RD. TODDVILLE, IA. 52341	N/A	25.00	<input checked="" type="checkbox"/>
SUB-TOTAL				\$1650.00	
TOTAL (if last page of this schedule)				\$	

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CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization) *CARE*
CONCERNED CITIZENS FOR RESPONSIBLE EDUCATION

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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
1-11-05	ID# CK# 3258	R. E. K. FARM ACCOUNT 3978 SUTTON ROAD (RANDY) CENTRAL CITY, IA 52214	N/A	\$ 200.00	<input checked="" type="checkbox"/>
1-11-05	ID# CK# 2665	RALPH BLOCKFORD 2657 COUNTY HOME ROAD MARION, IOWA	N/A	300.00	<input checked="" type="checkbox"/>
1-11-05	ID# CK# 5063	MICHAEL J. & SARON M. LUCAS 111-4TH ST. S. CENTRAL CITY, IA 52214	N/A	500.00	<input checked="" type="checkbox"/>
1-11-05	ID# CK# 6794	GARY L. JUNGE 10251 HORSESHOE LAKE RD, TODDVILLE, IA 52341	N/A	500.00	<input checked="" type="checkbox"/>
1-11-05	ID# CK# 4346	JAMIE T. BECKERS 3350 OTTER RD, TODDVILLE, IA 52341	N/A	100.00	<input checked="" type="checkbox"/>
1-12-05	ID# CK# 1988	SHERY HOEHLINGER 3946 MINNIE LANE TODDVILLE, IA 52341	N/A	300.00	<input checked="" type="checkbox"/>
1-12-05	ID# CK# 1026	LAWRENCE W. & DENISE L. SORENSON 3767 ALICE ROAD TODDVILLE, IOWA 52341	N/A	100.00	<input type="checkbox"/>
1-13-05	ID# CK# 2974	DANIEL L & PENNY E. LOOSE 4502 N. ALBURNET ROAD ALBURNET, IOWA 52202	N/A	500.00	<input checked="" type="checkbox"/>
1-15-05	ID# CK# 6111	WILBREN A. STEPHENSON 3400 WATFORD ROAD CENTRAL CITY, IA 52213	N/A	50.00	<input checked="" type="checkbox"/>
1-15-05	ID# CK# 2205	BURRELL STELLAN 6101 DELBERT ROAD CENTRAL CITY, IOWA 52213	N/A	250.00	<input checked="" type="checkbox"/>
SUB-TOTAL				\$ 2800.00	
TOTAL (if last page of this schedule)				\$	

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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) CARC
CONCERNED CITIZENS FOR RESPONSIBLE EDUCATION

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.

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1-16-05	ID# CK# 1113	GORDON, KATHRYN C. MOSE 3230 CENTRAL HIGHLAND ROAD TOWNSEND, IOWA 52341	N/A	\$ 75.00	<input checked="" type="checkbox"/>
1-16-05	ID# CK# 2954	MARTIN P. BROOKS 3270 RISING STAR TOWNSEND, IOWA 52341	N/A	50.00	<input type="checkbox"/>
1-18-05	ID# CK# 27692	ROBERT L. DAVIS 926 COLLEGE DRIVE CENTRAL RAPIDS, IOWA 52402	N/A	300.00	<input type="checkbox"/>
1-18-05	ID# CK# 2615	DAVID W. & SUE E. GARDNER 1976 TURNER ROAD CENTRAL CITY, IOWA 52214	N/A	100.00	<input type="checkbox"/>
1-18-05	ID# CK# 2893	NOEL J. & CAROL MCCALLUM 5528 TIMBER CREEK ROAD N.E. CENTRAL RAPIDS, IOWA 52411	N/A	200.00	<input type="checkbox"/>
1-18-05	ID# CK# 1820	BUCKLEY & DUNE BOLTON 4778 W. MADISON ROAD CENTRAL CITY, IOWA 52214	N/A	200.00	<input type="checkbox"/>
1-18-05	ID# CK# 2895	RENEE S. JONES 5015 HILTON ROAD CENTRAL CITY, IOWA 52214	N/A	150.00	<input type="checkbox"/>
1-18-05 4-05	ID# CK# 2608	DAVID W. & SUE E. GARDNER 1976 TURNER ROAD CENTRAL CITY, IOWA 52214	N/A	300.00	<input type="checkbox"/>
1-18-05	ID# CK# 2603	ROBERT L. DAVIS 926 COLLEGE DRIVE CENTRAL RAPIDS, IOWA 52402	N/A	100.00	<input type="checkbox"/>
1-18-05	ID# CK# 2057	DAVID W. & SUE E. GARDNER 1976 TURNER ROAD CENTRAL RAPIDS, IOWA 52402	N/A	100.00	<input type="checkbox"/>
SUB-TOTAL				\$ 1475.00	
TOTAL (if last page of this schedule)				\$	

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For Instructions, See Back of Form

Reset 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) *CARE*
CENTRAL CITIZENS FOR RESPONSIBLE EDUCATION

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.

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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
1-18-05	ID# CK# <i>no #</i>	<i>IOWA FARM LAND P.O. BOX 5246 CEDAR RAPIDS, IOWA</i>	<i>N/A</i>	\$ <i>200.00</i>	<input type="checkbox"/>
1-18-05	ID# CK# <i>7397</i>	<i>BERTHA ETZEL 3706 ST. PETERS ROAD MARION, IOWA 52302</i>	<i>N/A</i>	<i>100.00</i>	<input type="checkbox"/>
1-18-05	ID# CK# <i>1246</i>	<i>SUGAR GROVE FARM, LLC 3706 ST. PETERS ROAD MARION, IOWA 52302</i>	<i>N/A</i>	<i>100.00</i>	<input type="checkbox"/>
1-18-05	ID# CK# <i>7885</i>	<i>GEOFF R. ETZEL P.O. BOX 5246 CEDAR RAPIDS, IOWA 52466</i>	<i>N/A</i>	<i>100.00</i>	<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

\$ *500.00*

TOTAL (if last page of this schedule)

\$ *7600.00*

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