

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

DISCLOSURE SUMMARY PAGE

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

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

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

FEB 1 2005

George Hill
 SIGNATURE OF TREASURER (or person filing this report)

319-393-8659
 TELEPHONE

1-30-05
 DATE SIGNED

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

SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE:

I AM FILING A FIRST OF MONTH (VOL) REPORT FOR AN/A (1) ELECTION / (2) NON-ELECTION YEAR.
 (report date)

Indicate one

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 _____
 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.) \$ 4251.54

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below) 550.00
 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 \$ 4801.74

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below).... 1514.17
 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) \$ 3287.57

****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) \$ _____

CANDIDATE COMMITTEES ONLY:

CONSULTANT BREAKDOWN (Schedule G Attached?) YES NO

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

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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) (PARE)
 CITIZENS ACTING FOR RESPONSIBLE EDUCATION

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
1-20-05	ID# CK# 7	HAHLAND & ASSOC 6825 DUVENSHIRE DR W CENTRAL RAPIDS, Iowa	WALK-THRU INSPECTION OF ALBURNETT SCHOOL	\$ 500.00
1-21-05	ID# CK# 8	ALLEGRA PRINTERS 3939-16TH AVE SW CENTRAL RAPIDS, Iowa 52404	PRINTING & MAILING CARD	399.17
CASH TRANSFER	ID# CK#	PAUL DORR 232 POPLAR ST OCCHEMEDAN, Iowa	CONSULTING FEE	15.00
	ID# CK#			

SUB-TOTAL \$ 1514.17
 TOTAL (if last page of this schedule) \$ 1514.17

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

Receipt 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
CITIZENS ACTING 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
1-19-05	ID# CK# 8678	LESTER W. & VIRGINIA A. MAIER 3033 ARABIAN ROAD ALBURNETT, IOWA 52202	N/A	\$ 200.00	<input type="checkbox"/>
1-19-05	ID# CK# 8505	MERYL J. OR JULIE BOWERS 3457 MIDWAY ROAD TODDVILLE, IOWA 52341	N/A	50.00	<input type="checkbox"/>
1-25-05	ID# CK# 6080	LELAND S. & LINDA K. OSWALDSON 3754 N. MORION RD. ALBURNETT, IOWA 52202	N/A	50.00	<input type="checkbox"/>
1-25-05	ID# CK# 905	EDWIN H. RINKER 3705 MIDWAY RD. TODDVILLE, IA 52341	N/A	25.00	<input type="checkbox"/>
1-25-05	ID# CK# 2263	MARK & LORI LEBEDA 3097 VAN FOSSEN LANE TODDVILLE, IOWA 52341	N/A	25.00	<input type="checkbox"/>
1-25-05	ID# CK# 1041	AARON A. & DAWNIELLE BOLGER 3888 SUTTON ROAD CENTRAL CITY, IOWA 52214	N/A	200.00	<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				\$ 550.00	
TOTAL (if last page of this schedule)				\$ 550.00	

* 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.