

DISCLOSURE SUMMARY PAGE

Reset Form

Linn

S

COMMITTEE NAME (Must be same as on Statement of Organization)

CITIZENS TO KEEP THE COMMISSION

IMPORTANT: Indicate by # type of committee you are reporting for: 11
 (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 _____ Political Party (if applicable) _____

Office Sought _____ District (if Senate or House) _____

FORM DR-2 (Rev. 07/2004)	DISCLOSURE REPORT
For Office Use Only	
Comm. # <u>21323</u>	
Logged In <u>sm</u>	
Scanned <u>sm</u>	
Computer <u>sm</u>	
Audited <u>sm</u>	

Late reports are subject to possible civil and criminal penalties.

David W. Lee
SIGNATURE OF PERSON FILING REPORT

319 396 3632
TELEPHONE

6-7-05
DATE SIGNED

I AM FILING A Five Days Prior to Election 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 June 14, 2005
County & Local Committees, enter County in which Election is held Linn

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.)	\$	<u>-0-</u>
ADD TOTAL MONEY TAKEN IN THIS PERIOD		
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)		<u>12,412.00</u>
Schedule F: Loans Received total (Attach Schedule F)		<u>1,600.00</u>
Schedule H: Total Sales of Campaign Property (Attach Schedule H)		<u>-0-</u>
(Schedule H applies to Candidates' Committees Only)		
SUB-TOTAL	\$	<u>14,012.00</u>
SUBTRACT TOTAL MONEY SPENT THIS PERIOD		
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)		<u>13,058.85</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>953.15</u>
**UNPAID BILLS (From Schedule D - Attach Schedule D)	\$	<u>4,544.60</u>
*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)	\$	<u>142.00</u>
**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)	\$	<u>1,600.00</u>
CANDIDATE COMMITTEES ONLY:		
CONSULTANT BREAKDOWN (Schedule G Attached?)		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)	\$	<u>-0-</u>

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)
CITIZENS TO KEEP THE COMMISSION

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
4/27/05	ID# CK#	RALPH H. PALMER 4069 HICKORY HILL LN SE CEDAR RAPIDS IA 52403		\$ 300 -	<input type="checkbox"/>
4/27/05	ID# CK#	JAMES SATTLER 4343 PIONEER AVE SE CEDAR RAPIDS IA 52403		300 -	<input type="checkbox"/>
4/27/05	ID# CK#	CONNIE CLARK 108 ROCKVALE LN NW CEDAR RAPIDS IA 52405		100 -	<input type="checkbox"/>
4/27/05	ID# CK#	"PASS THE HAT" UNITEMIZED		50 -	<input type="checkbox"/>
5/4/05	ID# CK#	DAVID LODGE 225 ROCK RIDGE RD NW CEDAR RAPIDS IA 52405		150 -	<input type="checkbox"/>
5/4/05	ID# CK#	McJONES LC WAYNE ENGLE 796-11TH ST MARION, IA 52302		500 -	<input type="checkbox"/>
5/4/05	ID# CK#	WALDO MORRIS 4512 LAKESIDE RD MARION IA 52302		500 -	<input type="checkbox"/>
5/4/05	ID# CK#	CHARBATE MORRIS 4512 LAKESIDE RD MARION, IA 52302		500 -	<input type="checkbox"/>
5/4/05	ID# CK#	RONALD DELANEY 453 DOWS RD CEDAR RAPIDS, IA 52403		500 -	<input type="checkbox"/>
5/9/05	ID# CK#	UNITEMIZED		20 -	<input type="checkbox"/>
SUB-TOTAL				\$ 2,920 -	
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



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)
CITIZENS TO KEEP THE COMMISSION

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
5/9/05	ID# CK#	KEITH ANDERSON 3984 DUKE LANE LAKE HAVASU CITY, AZ 86404		\$ 100-	<input type="checkbox"/>
5/9/05	ID# CK#	UNITEMIZED		20-	<input type="checkbox"/>
5/10/05	ID# CK#	"PASS THE HAT" UNITEMIZED		102-	<input type="checkbox"/>
5/10/05	ID# CK#	P.C. BLYTHE 3025 PARKVIEW CT SE CEDAR RAPIDS IA 52403		100-	<input type="checkbox"/>
5/10/05	ID# CK#	AL WEAVER JR 1020 EASTERN DR SE CEDAR RAPIDS IA 52403		200-	<input type="checkbox"/>
5/11/05	ID# CK#	PARRICK COBB PO BOX 70 HIAWATHA IA 52237		100-	<input type="checkbox"/>
5/12/05	ID# CK#	CURT HAMMES 640 MARION BLVD MARION, IA 52802		500-	<input type="checkbox"/>
5/12/05	ID# CK#	UNITEMIZED		25-	<input type="checkbox"/>
5/13/05	ID# CK#	GILBERT BOXA JR 4910 BEVERLY RD SW CEDAR RAPIDS IA 52404		50-	<input type="checkbox"/>
5/13/05	ID# CK#	THOMAS LENISER 257-24TH ST NW CEDAR RAPIDS IA 52405		50-	<input type="checkbox"/>
SUB-TOTAL				\$ 6,247	
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)

CITIZENS TO KSP THE COMMISSION

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
5/13/05	ID# CK#	WADE WAGNER 136 TOMAHAWK TR SE CEDAR RAPIDS IA 52403		\$ 200 -	<input type="checkbox"/>
5/13/05	ID# CK#	LOUIE ERVIN 1573 RIDGETOP DR NE SWISHER, IA 52338		200 -	<input type="checkbox"/>
5/13/05	ID# CK#	JUNIE LINCOLN MERCURY 1570 COLLINS RD NE CEDAR RAPIDS IA 52402		250 -	<input type="checkbox"/>
5/13/05	ID# CK#	DONALD THOMAS 4224 DALEWOOD AVE SE CEDAR RAPIDS IA 52403		100 -	<input type="checkbox"/>
5/16/05	ID# CK#	GUARANTY BANK & TRUST 302 - 3RD AVE SE CEDAR RAPIDS IA 52406		750 -	<input type="checkbox"/>
5/17/05	ID# CK#	ALVIN SATLER 2200 HERITAGE BLVD HIWATHA, IA 52233		50 -	<input type="checkbox"/>
5/17/05	ID# CK#	NANCY BRUNER 2612 31ST STSW CEDAR RAPIDS IA 52404		100 -	<input type="checkbox"/>
5/17/05	ID# CK#	NETWORK SERVICES ASSOC 4409 WHITE PINE DR NE CEDAR RAPIDS IA 52402		100 -	<input type="checkbox"/>
5/18/05	ID# CK#	RICHARD PHILLIPS 3237 IOWA AVE SE CEDAR RAPIDS IA 52403		100 -	<input type="checkbox"/>
5/19/05	ID# CK#	VELMA PATE 3501 SEMINOLE VALLEY RD NE CEDAR RAPIDS IA 52411		1,000 -	<input type="checkbox"/>
SUB-TOTAL				\$ 2850 -	
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)
CITIZENS TO KEEP THE COMMISSION

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
5/19/05	ID# CK#	JOHN BENDER 5630 WOODBRIDGE CREST MARION IA 52302		\$ 100 -	<input type="checkbox"/>
5/19/05	ID# CK#	ALLEN VARNNEY III 119 - 74TH ST NE CEDAR RAPIDS IA 52402		50 -	<input type="checkbox"/>
5/19/05	ID# CK#	MAXINE CRESTING-OR 331 GREEN VALLEY TRAIL SE CEDAR RAPIDS IA 52403		100 -	<input type="checkbox"/>
5/25/05	ID# CK#	CONNIE A. HUNG 3101 BLUE RIDGE CT NE CEDAR RAPIDS IA 52402		1000 -	<input type="checkbox"/>
5/25/05	ID# CK#	MIKE DRYDEN 1428 - 29TH ST NE CEDAR RAPIDS IA 52402		50 -	<input type="checkbox"/>
5/25/05	ID# CK#	BILL LANE 2897 BLUE RIDGE CT SUISUN IA 52338		250 -	<input type="checkbox"/>
5/26/05	ID# CK#	HAL G. SCHAFFER 3925 - 37TH AVE SW # B CEDAR RAPIDS IA 52404		100 -	<input type="checkbox"/>
6/2/05	ID# CK#	ABOPE CONSTRUCTION 8720 - 1ST AVE NE #205 CEDAR RAPIDS IA 52402		500 -	<input type="checkbox"/>
6/2/05	ID# CK#	KRIS HILL COMPANY PO BOX 2421 CEDAR RAPIDS IA 52406		300 -	<input type="checkbox"/>
6/2/05	ID# CK#	"UNIDENTIFIED"		5 -	<input type="checkbox"/>
SUB-TOTAL				\$ 2455	
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)
CITIZENS TO KEEP TAX COMMISSION

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
6/2/05	ID# CK#	DAVE LODGE 225 ROCK RIVER ROAD CEDAR RAPIDS IA 52405		\$ 15-	<input type="checkbox"/>
6/2/05	ID# CK#	WENDY L. GUARRIES PO BOX 230 DEWITT, IA 52742		1,000-	<input type="checkbox"/>
6/3/05	ID# CK#	JON BOBERT 2700 HIGHLAND CIRCLE MARION IA 52302		150-	<input type="checkbox"/>
6/3/05	ID# CK#	WILLIAM BOBERT 230 PARKWOOD LN N2 CEDAR RAPIDS, IA 52402		150-	<input type="checkbox"/>
6/3/05	ID# CK#	JEFF MORROW 4001 RIVER RIVE DR CEDAR RAPIDS IA 52402		150-	<input type="checkbox"/>
6/3/05	ID# CK#	DAVID PAXTON 146 EASTVIEW DR NW CEDAR RAPIDS IA 52405		25-	<input type="checkbox"/>
6/6/05	ID# CK#	JAMES PIERSALL 3716 -1ST AVE NE CEDAR RAPIDS IA 52402		200-	<input type="checkbox"/>
6/6/05	ID# CK#	ROBERT LATHAM 350 PARK TER SE CEDAR RAPIDS IA 52403		200-	<input type="checkbox"/>
6/6/05	ID# CK#	DAVE KNIGLE PO BOX 708 MARION IA 52302		500-	<input type="checkbox"/>
6/6/05	ID# CK#	GARY CONRAD 1815 HIDDEN HOLLOW LN NW CEDAR RAPIDS IA 52405		50-	<input type="checkbox"/>
SUB-TOTAL				\$2440-	
TOTAL (If last page of this schedule)				\$	

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FOR INSTRUCTIONS, SEE BACK OF FORM



SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

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)
CITIZENS TO KEEP THE COMMISSION

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
5/4/05	ID# CK#	DAN WIESE MARTIAL RESEARCH 2108 GREENWOOD DR SE CEDAR RAPIDS IA 52403	TELEPHONE SURVEY (PARTIAL PMT)	\$1,000.00
5/10/05	ID# CK#	DAN WIESE MARTIAL RESEARCH 2108 GREENWOOD DR SE CR, IA 52403	TELEPHONE SURVEY (PARTIAL PMT)	1,000.00
5/10/05	ID# CK#	GUARANTY BANK & TRUST 302 3RD AVE SE CEDAR RAPIDS IA 52406	CHECK CHARGE	13.85
5/17/05	ID# CK#	DAN WIESE MARTIAL RESEARCH 2108 GREENWOOD DR SE CR IA 52403	TELEPHONE SURVEY (PARTIAL PMT)	1000.00
5/19/05	ID# CK#	DAN WIESE MARTIAL RESEARCH 2108 GREENWOOD DR SE CR IA 52403	TELEPHONE SURVEY (PARTIAL PMT)	1,000.00
5/25/05	ID# CK#	CEDAR RAPIDS GAZETTE 500 3RD AVE SE CEDAR RAPIDS IA 52403	NEWSPAPER INSERT	1,880.46
5/25/05	ID# CK#	DAN WIESE MARTIAL RESEARCH 2108 GREENWOOD DR SE CR, IA 52403	TELEPHONE SURVEY (PARTIAL PMT)	820.00
5/26/05	ID# CK#	DAN WIESE MARTIAL RESEARCH 2108 GREENWOOD DR SE CR IA 52403	TELEPHONE SURVEY (FINAL PMT)	350.00
SUB-TOTAL				\$ 7,064.31
TOTAL (if last page of this schedule)				\$

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

Reset Form

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

SCHEDULE **B**
(Rev. 07/03) MONETARY EXPENDITURES

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.

CHECK THIS BOX IF AMENDING FORM

COMMITTEE NAME (Must be same as on Statement of Organization)
CITIZENS TO KEEP THE COMMISSION

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
6/2/05	ID# CK#	SIGNS ETC 1111 - 1ST AVE NE CEDAR RAPIDS IA 52402	YARD SIGNS DISPLAY SIGNS	\$ 475-
6/6/05	ID# CK#	KGAN TV 600 OLMARION RD NE CEDAR RAPIDS IA 52402	TELEVISION ADS	1,169 -
	ID# CK#	KCRG TV 2ND AVE @ 5TH ST SE CEDAR RAPIDS IA 52403	TELEVISION ADS	1,400 -
	ID# CK#	MEDIA COM 6300 COUNCIL ST NE CEDAR RAPIDS IA 52402	CABLE TV ADS	1,201.25
	ID# CK#	LINN CO. AUDITOR 930 1ST ST SW CEDAR RAPIDS IA 52404	VOTER LIST	66 -
	ID# CK#	COPYWORKS 4837 - 1ST AVE SE CEDAR RAPIDS IA 52403	FLIERS & MAILING	693 -
	ID# CK#	MAILING SERVICES INC 200 50 AVE DR SW CEDAR RAPIDS IA 52404	MAILINGS	990.29
	ID# CK#			

SUB-TOTAL \$ 5,994.54
TOTAL (if last page of this schedule) \$ 13,058.85

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 E (Rev. 06/97)	IN-KIND CONTRIBUTIONS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)
CITIZENS TO KEEP THE COMMISSION



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
4/8/05	DAVID LODGE 225 ROCK RIDGE RD NW CEDAR RAPIDS IA 52405		PAID FOR POST OFFICE BOX	\$ 21 -	<input type="checkbox"/>
5/6/05	RALPH PALMER 4069 HICKORY HILL LN SE CEDAR RAPIDS IA 52403		AREA RENTAL NEWS CONF	25 -	<input type="checkbox"/>
5/11/05	CUNNIE CLARK 108 ROCK VALLEY LN SW CEDAR RAPIDS IA 52404		VOTER LIST	22 -	<input type="checkbox"/>
5/18/05	CUNNIE CLARK 108 ROCK VALLEY LN SW CR IA 52404		STAMPS	37 -	<input type="checkbox"/>
5/25/05	CUNNIE CLARK 108 ROCK VALLEY LN SW CR IA 52404		STAMPS	37 -	<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

SUB-TOTAL \$ 142 -
TOTAL (if last page of this schedule) \$ 142 -

*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.

Reset Form

SCHEDULE F (Rev. 07/03)	LOANS RECEIVED & REPAID
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)
CITIZENS TO KEEP THE COMMISSION

NOTE: This schedule reports money loaned to the committee which is deposited in the committee account.
TOTAL UNPAID LOANS FROM LAST REPORTING PERIOD \$ 0 - 1

PART I - MONETARY LOANS RECEIVED THIS REPORTING PERIOD
(Original source of loan, such as a bank, must be shown if a third party is involved. Include loans from candidate's personal funds.)

PART II - MONETARY LOAN REPAYMENTS MADE THIS REPORTING PERIOD
(Loans forgiven must be reported on Schedule E -- In-kind Contributions.)

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE (If Applicable)	AMOUNT OF LOAN
6/6/05	RALPH PALMER 4069 HICKORY HILL LN SE CEDAR RAPIDS IA 52403		\$ 600 -
6/6/05	JAMES SATTLEN 4343 PIONEER TR SE CEDAR RAPIDS IA 52403		\$ 500 -
6/6/05	DAVE LOOUE 225 ROCK RIVER RD NW CEDAR RAPIDS IA 52405		\$ 500 -

DATE PAID (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE* (If Applicable)	AMOUNT REPAID
			\$

TOTAL (PART I) \$ 1,600 -

TOTAL CASH REPAYMENTS (PART II) \$ _____
From Schedule E -- TOTAL LOANS FORGIVEN \$ _____
TOTAL OUTSTANDING LOANS END OF REPORT PERIOD \$ 1,600 -

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