

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

Reset Form

Linn

FORM DR-2 (Rev. 07/2004)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	<u>21304</u>
Logged In	<u>DM</u>
Scanned	<u>DM</u>
Computer	<u>DM</u>
Audited	<u>DM</u>

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

Kids First

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

Late reports are subject to possible civil and criminal penalties.

Kristie Fisher ^{PM} 3.4.05
SIGNATURE OF PERSON FILING REPORT

319-848-3317
TELEPHONE

3-8-05
DATE SIGNED

I AM FILING A March 8, 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 <u>March 15, 2005</u>
County & Local Committees, enter County in which Election is held <u>Linn, Johnson and Benton County</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.) \$ 00 ✓

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below) 645 ✓

Schedule F: Loans Received total (Attach Schedule F) 00

Schedule H: Total Sales of Campaign Property (Attach Schedule H) 00

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL \$ 645

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below).... 363.60 ✓

Schedule F: Loan Repayments total (Attach Schedule F) 00

CASH ON HAND at the end of this reporting period (if final report balance must be zero) (Attach DR-3) \$ 281.40 ✓

****UNPAID BILLS** (From Schedule D - Attach Schedule D) \$ 00

***IN KIND CONTRIBUTIONS** (From Schedule E - Attach Schedule E) \$ 45 ✓

****OUTSTANDING LOANS** (From Schedule F - Attach Schedule F) \$ 00

CANDIDATE COMMITTEES ONLY:

CONSULTANT BREAKDOWN (Schedule G Attached?) YES NO

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H) \$ 00

For Instructions, See Back of Form

Reset Form

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)

Kids First

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
01/06/05	ID# CK#	Sandy Flatgard 1348 Hickory Hollow RD NE Solon, IA 52333		\$40	<input type="checkbox"/>
01/06/05	ID# CK#	Dick Whitehead 522 Uthoff Drive Walford, IA 52351		25	<input type="checkbox"/>
01/13/05	ID# CK#	Kristie Fisher 1432 Hickory Hollow Rd. NE Solon, IA 52333		35	<input type="checkbox"/>
01/13/05	ID# CK#	Vicki Hyland 1575 Shady Court NW Swisher, IA 52338		50	<input type="checkbox"/>
01/13/05	ID# CK#	John Titler 2803 Deer Valley Drive NW Swisher, IA 52338		50	<input type="checkbox"/>
01/15/05	ID# CK#	Kelly Zbanek 1785 State Street Ely, IA 52227		50	<input type="checkbox"/>
01/15/05	ID# CK#	Harger Acoustics 2245 State Street Ely, IA 52227		100	<input type="checkbox"/>
01/16/05	ID# CK#	Julie Farmer 3121 Deerfield Dr. NE Swisher, IA 52338		100	<input type="checkbox"/>
01/18/05	ID# CK#	Jim Rotter 3212 Mohawk Road Solon, IA 52333		25	<input type="checkbox"/>
01/18/05	ID# CK#	Laurene Lanich 3618 Meadow Knolls Rd Marion, IA 52302		25	<input type="checkbox"/>
SUB-TOTAL				\$ 500 ✓	
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.

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Reset Form

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)

Kids First

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
02/16/05	ID# CK#	Mary Gudenkauf PO Box 326 Swisher, IA 52338		\$25	<input type="checkbox"/>
02/16/05	ID# CK#	Vicki Hyland 1575 Shady Court NW Swisher, IA 52338		25	<input type="checkbox"/>
02/17/05	ID# CK#	Mick Starcevich 6409 Meadowlark Court SW Cedar Rapids, IA 52404		25	<input type="checkbox"/>
02/17/05	ID# CK#	Steve Doser 4975 Valley View Dr. SW Cedar Rapids, IA 52404		20	<input type="checkbox"/>
02/18/05	ID# CK#	Greg Leytem 1275 Pacific Street Ely, IA 52227		25	<input type="checkbox"/>
02/18/05	ID# CK#	Kevin Behrends 1558 Sequoya Drive NE Solon, IA 52333		25	<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				\$ 145 ✓	
TOTAL (if last page of this schedule)				\$ 645 ✓	

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Reset 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.

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

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

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
03/07/05	ID# CK#	Drew Fisher 1432 Hickory Hollow Rd. NE Solon, IA 52333	Reimbursement for \$7.10 for highlighters for postcards and \$356.50 for postage for postcards	\$ 363.60
	ID# CK#			
SUB-TOTAL				\$ 363.60
TOTAL (if last page of this schedule)				\$ 363.60 ✓

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).)

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

Reset 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
02/02/05	Rockwell Collins 400 Collins Road NE Cedar Rapids, IA 52498		Printing and cutting 400 post cards	\$ 45.00	<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"/>
SUB-TOTAL				\$ 45.00	
TOTAL (if last page of this schedule)				\$ 45.00 ✓	

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