

FOR INSTRUCTIONS, SEE BACK OF FORM

**DISCLOSURE SUMMARY PAGE**

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

**COMMITTEE NAME (Must be same as on Statement of Organization)**  
 State Public Policy Group PAC

**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) _____   |

**IA ETHICS & CAMPAIGN DISCLOSURE BOARD**  
 FEB 20 2006  
 FILED

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.

Tom Stalk 243-2000 2/20/06  
 SIGNATURE OF PERSON FILING REPORT TELEPHONE DATE SIGNED

I AM FILING A Initial/Final REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR.  
 (report date) Indicate by #

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 _____  |
| County & Local Committees, enter County in which Election is held _____<br>Polk _____ |

**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.) .....\$ 0.00

**ADD TOTAL MONEY TAKEN IN THIS PERIOD**

Schedule A: Cash Contributions total (Attach Schedule A) (\*\*also see in-kind below)..... \_\_\_\_\_

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 .....\$** \_\_\_\_\_

**SUBTRACT TOTAL MONEY SPENT THIS PERIOD**

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

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).....\$ 0.00

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

\*\*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E) .....\$ 4,496.60

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

CONSULTANT BREAKDOWN (Schedule G Attached?) \_\_\_\_\_ YES \_\_\_\_\_ NO

**CANDIDATE COMMITTEES ONLY:**

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

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

FOR INSTRUCTIONS, SEE BACK OF FORM

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

State Public Policy Group PAC

|   |                          |
|---|--------------------------|
| SCHEDULE<br>E<br>(Rev. 08/97)                               | IN-KIND<br>CONTRIBUTIONS |
| <input type="checkbox"/> CHECK THIS BOX IF<br>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 |
|---------------------------------------|---|---|-------------------------------------|-----------------------------|-----------------------------------|
| 11/6/05                               | State Public Policy Group - Parent Entity |   | Payment of Issue Spokesperson       | \$ 2,000.00                 | <input type="checkbox"/>          |
| 10/25/05<br>11/28/05                  | State Public Policy Group - Parent Entity |   | Signs                               | 2,083.31                    | <input type="checkbox"/>          |
| 11/2/05                               | State Public Policy Group - Parent Entity |   | Travel/Lodging/ Meals               | 362.03                      | <input type="checkbox"/>          |
| 11/30/05                              | State Public Policy Group - Parent Entity |   | Long Distance                       | 10.66                       | <input type="checkbox"/>          |
| 11/28/05                              | State Public Policy Group - Parent Entity |   | Copies                              | 20.60                       | <input type="checkbox"/>          |
| 11/2/05                               | State Public Policy Group - Parent Entity |   | Meeting Room Donation               | 20.00                       | <input type="checkbox"/>          |
|                                       |   |   |                                     |                             | <input type="checkbox"/>          |
|                                       |   |   |                                     |                             | <input type="checkbox"/>          |
|                                       |   |   |                                     |                             | <input type="checkbox"/>          |
|                                       |   |   |                                     |                             | <input type="checkbox"/>          |
| SUB-TOTAL                             |   |   |                                     | \$                          |                                   |
| TOTAL (if last page of this schedule) |   |   |                                     | \$                          | 4,496.60                          |

\*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.