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DISCLOSURE SUMMARY PAGE

File with:
Iowa Ethics and Campaign Disclosure Board
510 E. 12th Ste. 1A
Des Moines, Iowa 50319
Fax: 515-281-4073

(Effective January 1, 2010, all statements and reports filed by new committees for state office must be filed electronically and effective January 1, 2012, all statements and reports filed by all committees for state office must be filed electronically.
(Effective May 1, 2010, all statements and reports for State PACs and State Parties must be filed electronically

IA ETHICS AND CAMPAIGN DISCLOSURE BD.

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

Team Bonebrake

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)

FORM DR-2 (Rev. 12/2009) — DISCLOSURE REPORT

For Office Use Only
Comm. # 19216
Logged In:
Scanned:
Computer:
Audited:

CANDIDATE COMMITTEES ONLY:
Candidate Name: Matthew Bonebrake
Political Party (if applicable): Republican
Office Sought: Iowa Senate - District 2
District (if Senate or House)

I am aware that I am subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), 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.

Matthew Bonebrake — SIGNATURE OF PERSON FILING REPORT
(319) 461-5785 — TELEPHONE
10/29/14 — DATE SIGNED

THIS FILING IS 10/29/14 (report date) REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR. 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

County & Local Committees, enter County in which Election is held: Muscatine

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.) — 144.54

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A, Cash Contributions total (Attach Schedule A) (*also see in-kind below) — 1,170.00

Schedule F, Loans Received total (Attach Schedule F) — 0

Schedule H, Total Sales of Campaign Property (Attach Schedule H) — 0

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL $ — 1314.54

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B, Expenditures total (Attach Schedule B) (*also see above and items below) — 1080.54

Schedule F, Loan Repayments total (Attach Schedule F) — 0

CASH ON HAND at the end of this reporting period (if less than zero) $ — 234.54

*UNPAID BILLS (From Schedule D - Attach Schedule D) $ — 0

*IN-KIND CONTRIBUTIONS (From Schedule C - Attach Schedule C) $ — 0

*FORGIVENESS LOANS (From Schedule F - Attach Schedule F) $ — 0

CONSULTANT EXPENDITURES (Schedule G Attached?) — YES X NO

CANDIDATE COMMITTEES ONLY:

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach) $ — 0

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SCHEDULE A (Rev. 10/13) — MONETARY RECEIPTS

☐ CHECK THIS BOX IF AMENDING A PRIOR

CONTRIBUTIONS – MONEY TAKEN IN
(Including candidate's personal funds)

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

STATE CANDIDATES: NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC VERIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF PAC NUMBERS IS MAILED OUT BY THE LOUISIANA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN $100 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 880.32A(6) 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.

FOR 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 FUNDS RAISED INCOME
5/10/14	ID# CK# 2040	[illegible]	[illegible]	$ [illegible]	
[illegible]	ID# CK#	[illegible]	[illegible]	$ [illegible]	
	ID# CK# [illegible]	[illegible]	[illegible]	$ [illegible]	
8/	ID# CK#	[illegible]	[illegible]	$ [illegible]	
9/30/14	ID# CK# 1994	[illegible]		$ [illegible]	
10/3/14	ID# CK# 2002	[illegible]		$ [illegible]	
	ID# CK#				
	ID# CK#				
	ID# CK#				
	ID# CK#				
		SUBTOTAL		$ 3,020	
		TOTAL (If last page of this schedule)		$	

* Disclosure law requires candidate committees to disclose the relationship of any natural person's 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, list them as the

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

☐ 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)

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
6/5/14	ID# CK# Debit Card	Menards 3408 Sheryl N. Muscatine IA 52761	Posts and zip ties for Campain signs	$ 127.91
5/7/14	ID# CK# 40515	Precision Signs & Banner 1055 Valley Dr Bettendorf IA 52722	Campain signs	$ 575.55
10/9/14	ID# CK#	KWPC Radio 3218 Mulberry Ave Muscatine IA 52761	Radio Commercials	$ 1,050.45
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			

SUB-TOTAL $ 4,753.90

TOTAL (If last page of this schedule) $

This SCHEDULE [illegible] (Refer to Schedule H instructions.)

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