

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

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

IMPORTANT: Indicate by # type of committee you are reporting for: 6  
 (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. 07/2004) DISCLOSURE REPORT

For Office Use Only  
 Comm. # 13557  
 Logged In jm  
 Scanned jm  
 Computer jm  
 Audited \_\_\_\_\_

25

CANDIDATE COMMITTEES ONLY:  
 Candidate Name Gordon Kokenge Political Party (if applicable) \_\_\_\_\_  
 Office Sought Mayor District (if Senate or House) \_\_\_\_\_

OCT 21 2005

Late reports are subject to possible civil and criminal penalties.

Gordon Kokenge 712-542-4054 10/21/05  
 SIGNATURE OF PERSON FILING REPORT TELEPHONE DATE SIGNED

I AM FILING A \_\_\_\_\_ 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  
Nov 8, 2005  
 County & Local Committees, enter County in which Election is held  
Page

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>
<b>ADD TOTAL MONEY TAKEN IN THIS PERIOD</b>		
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)		<u>0</u>
Schedule F: Loans Received total (Attach Schedule F)		<u>0</u>
Schedule H: Total Sales of Campaign Property (Attach Schedule H)		<u>0</u>
<b>(Schedule H applies to Candidates' Committees Only)</b>		
SUB-TOTAL	\$	<u>0</u>
<b>SUBTRACT TOTAL MONEY SPENT THIS PERIOD</b>		
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)		<u>1147.22</u> <sup>5/3</sup> <del>0</del>
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>0</u>

**UNPAID BILLS (From Schedule D - Attach Schedule D)	\$	<u>0</u>
*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)	\$	<u>0</u> <sup>5/10</sup> <u>1,511.77</u>
**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)	\$	<u>0</u>
CONSULTANT BREAKDOWN (Schedule G Attached?)	YES	<u>NO</u>

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.

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SCHEDULE <b>E</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 FOR KOKENGE*

DATE EXPENDED (MM/DD/YY)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
9-16	ID# CK# 5059	PAGE Co Auditor Claudia In	note book	\$ 16.80
9-17	ID# CK# 5060	Miller Sign Co Claudia In	yard sign	95.02
9-23	ID# CK# 5070	Clonidine Account Journal Claudia In	ad	49.20
9-30	ID# CK# 5007	Clonidine Printing & Supplies Claudia In	expens, envelopes	78.15
10-1	ID# CK# 5076	Miller Sign Co Claudia In	yd sign	190.04
10-7	ID# CK# 5008	Clonidine Printing & Supplies Claudia In	envelopes	10.83
10-7	ID# CK# 5084	Miller Sign Co Claudia In	yd sign	112.35
10-10	ID# CK# 5087	Hardware Office Supply Claudia In	labels	35.30
SUB-TOTAL				\$ <del>587.69</del> 587.69
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).)

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EXPENDITURES - MONEY SPENT FROM COMMITTEE ACCOUNT

SCHEDULE <b>E</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)  
*CITIZENS FOR KOKENGE*

DATE EXPENDED (MM/DD/YYR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
10-10	ID# CK# 5011	<i>Clasmit: Printing &amp; Supplies Clasmit, Inc.</i>	<i>copies</i>	<i>\$ 63.69</i>
10-10	ID# CK# 5012	<i>Miles Sign Co. Clasmit, Inc.</i>	<i>yard signs</i>	<i>56.19</i>
10-12	ID# CK# 5074	<i>U.S. Postal Service Clasmit, Inc.</i>	<i>postage</i>	<i>407.00</i>
10-14	ID# CK# 5075	<i>Miles Sign Co. Clasmit, Inc.</i>	<i>yard signs</i>	<i>39.65</i>
	ID# CK#			
SUB-TOTAL				<i>\$ 559.53</i>
TOTAL (if last page of this schedule)				<i>\$ 1142.22</i>

**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)  
*CITIZENS FOR KOKENGE*

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

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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
10-25-05	<i>Clarity Herald Journal</i>	—	<i>ad</i>	\$ 203.73	<input type="checkbox"/>
10-30-05	<i>Hometown Caller</i>	—	<i>colored</i>	156.00	<input type="checkbox"/>
10-29-05	<i>Clara Pruitt &amp; Daughter</i>	—	<i>copies</i>	4.82	<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 \$ 364.55

TOTAL (if last page of this schedule) \$ 364.55

*S/B 1511.77*

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(for Schedule E)

\*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.