

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

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

GETTER FOR CITY COUNCIL COMMITTEE

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

CANDIDATE COMMITTEES ONLY:

Candidate Name: DOUGLAS GETTER NOV 6 2005 Political Party (if applicable): NIA
Office Sought: URBANDALE CITY COUNCIL District (if Senate or House):

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

Late reports are subject to possible civil and criminal penalties.

AGL TREASURER 515-223-0221 11-04-05
SIGNATURE OF PERSON FILING REPORT TELEPHONE DATE SIGNED

I AM FILING A 11-03-05 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>11-08-05</u>
County & Local Committees, enter County in which Election is held <u>POLK & DALLAS</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.)	\$	<u>-0-</u>
ADD TOTAL MONEY TAKEN IN THIS PERIOD		
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)		<u>1,729.00</u>
Schedule F: Loans Received total (Attach Schedule F)		_____
Schedule H: Total Sales of Campaign Property (Attach Schedule H)		_____
<u>(Schedule H applies to Candidates' Committees Only)</u>		
SUB-TOTAL	\$	<u>1,729.00</u>
SUBTRACT TOTAL MONEY SPENT THIS PERIOD		
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)		<u>1,705.73</u>
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)	\$	<u>23.27</u>
**UNPAID BILLS (From Schedule D - Attach Schedule D)	\$	_____
**IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)	\$	_____
**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)	\$	_____
CONSULTANT BREAKDOWN (Schedule G Attached?)		YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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



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)
GETTER FOR CITY COUNCIL COMMITTEE

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 IO 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
10-02-05	ID# CK#	DEBORAH MOUNTSIER 4020 GREENVIEW DR. URBANDALE, IA 50322		\$ 25	<input type="checkbox"/>
10-04-05	ID# CK#	DAN HOLLAND 4112 BIST URBANDALE IA 50322		50	<input type="checkbox"/>
10-06-04	ID# CK#	SEONEY BOLTON 3805 BEND DES MOINES, IA 50322		10	<input type="checkbox"/>
10-12-05	ID# CK#	BARBARA BURLEY 1850 NW BOTH COURT DES MOINES, IA 50322		100	<input type="checkbox"/>
10-13-05	ID# CK# 1033	HOME BUILDERS ASS'N OF GREATER DES MOINES PAC 979 OAKCREGE DES MOINES, IA 50314		500	<input type="checkbox"/>
10-14-05	ID# CK#	LEO HOUGH 7027 OAK BROOK URBANDALE, IA 50322		50	<input type="checkbox"/>
10-02-05	ID# CK#	DAUC GETTER 412A BIST URBANDALE IA 50322	CANDIDATE	200	<input type="checkbox"/>
10-01-05	ID# CK#	PAUL BURKETT 4125 BIST URBANDALE IA 50322		100	<input type="checkbox"/>
09-29-05	ID# CK#	THERESA WEEG 6708 ROSLAND URBANDALE IA 50322		25	<input type="checkbox"/>
09-29-05	ID# CK#	DENISE JEANBLANE 4120 BIST URBANDALE IA 50322		100	<input type="checkbox"/>
SUB-TOTAL				\$ 1,160	
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)
GETTER FOR CITY COUNCIL COMMITTEE

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
09-29-05	ID# CK#	UNITEMIZED		\$ 10	<input type="checkbox"/>
09-29-05	ID# CK#	UNITEMIZED		24	<input type="checkbox"/>
09-19-05	ID# CK#	LYLE BLAGLE BS13 AIRLINE URBANDALE IA 50322		20	<input type="checkbox"/>
09-20-05	ID# CK#	ROBERT KELLER 3913 73RD DES MOINES IA 50322		20	<input type="checkbox"/>
09-20-05	ID# CK#	CLARENCE E LEE DECKSON 5908 VISTA DR. WEST DES MOINES IA 50266		10	<input type="checkbox"/>
09-26-05	ID# CK#	THOMAS LARSON 9903 HAMMONTREE URBANDALE IA 50322		100	<input type="checkbox"/>
09-26-05	ID# CK#	ROBERT HITZEL 8822 TOWNSEND URBANDALE IA 50322		50	<input type="checkbox"/>
09-27-05	ID# CK#	CARLA WOOD 4116 BIST URBANDALE IA 50322		50	<input type="checkbox"/>
09-22-05	ID# CK#	DALE NELSON 4216 PATRICIA DR. URBANDALE IA 50322		60	<input type="checkbox"/>
09-18-05	ID# CK#	JANICE JOHNSON 3412 EVLA DRIVE URBANDALE IA 50322		50	<input type="checkbox"/>
SUB-TOTAL				\$ 394	
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

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)
 GETTER FOR CITY COUNCIL COMMITTEE

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
10-05-05	ID# CK#	POSTMASTER URBANDALE BRANCH URBANDALE IA 50322	POSTAGE / POSTCARDS	\$ 460.00
10-05-05	ID# CK#	US BANK 3501 NW 86TH URBANDALE IA 50322	CHECK PRINTING & SERVICE CHARGE	43.27
10-23-05	ID# CK#	PRESS CITIZEN SHIPPER 2221 R OVED DES MOINES IA 50313	ADVERTISING	334.00
10-23-05	ID# CK#	PLAZA PRINTER 6762 DOUGLAS URBANDALE, IA 50322	PRINTING POSTCARDS	159.00
10-13-05	ID# CK#	DOUG GETTER 4124 BIST URBANDALE IA 50322	REIMB. SEC OF STATE URB. VOTERS	29.00
10-27-05	ID# CK#	ADVERTISING FEATURES 4509 70TH URBANDALE IA 50322	YARD SIGNS	440.46
10-31-05	ID# CK#	DES MOINES REGISTER	ADVERTISING	240.00
	ID# CK#			
SUB-TOTAL				\$
TOTAL (if last page of this schedule)				\$ 1,705.73

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).)