

RECEIVED

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

JAN - 4 2007

FORM DR-2 (Rev. 12/2005)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	13691
Logged In	
Scanned	
Computer	
Audited	
File with: Iowa Ethics and Campaign Disclosure Board 510 E. 12 th , Ste. 1A Des Moines, Iowa 50315 Fax: 515-281-3701	

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

Joe Henry for City Council

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: Joe Henry Political Party (if applicable): _____

Office Sought: City Council District (if Senate or House): _____

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.

[Signature] SIGNATURE OF PERSON FILING REPORT 515-282-0547 TELEPHONE 1/4/07 DATE SIGNED

I AM FILING A 1/4/07 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: 1/9/07
County & Local Committees, enter County in which Election is held: Pella

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.) \$ - 1913.34

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)..... \$ 1,500.00

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 \$ 1586.66

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)..... \$ 1,165.24

Schedule F: Loan Repayments total (Attach Schedule F)..... \$ 0

CASH ON HAND at the end of this reporting period (if final report balance must be zero) (Attach DR-3)..... \$ - 1578.62

**UNPAID BILLS (From Schedule D - Attach Schedule D)..... \$ 2,009.03

**IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E) \$ 919.13

**OUTSTANDING LOANS (From Schedule F - Attach Schedule F) \$ 0

CONSULTANT BREAKDOWN (Schedule G Attached?) _____ YES NO

CANDIDATE COMMITTEES ONLY:

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

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

For Instructions, See Back of Form

Reset 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)
Joe Henry for City Council

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 88B.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
12/4/06	ID# CK#	Harold Wells 2678 324th Hwy Adel, IA, 50003		\$ 25.00	<input type="checkbox"/>
12/8/06	ID# CK#	Joe Henry 2463 SE Highview Dr, Des Moines, IA, 50320	Self	200.00	<input type="checkbox"/>
12/12/06	ID# CK#	Jonathan Wilson 2924 Druid Hill Des Moines, IA, 50315		50.00	<input type="checkbox"/>
12/13/06	ID# CK#	Dale Schroeder 1709 24th St, Des Moines, IA, 50310		75.00	<input type="checkbox"/>
12/14/06	ID# CK#	Linda Bodwin 3012 Walcott Ave, Des Moines, IA, 50321		30.00	<input type="checkbox"/>
12/28/06	ID# CK#	Joe Henry 2463 SE Highview Dr, Des Moines, IA, 50320	Self	130.00	<input type="checkbox"/>
12/13/06	ID# CK#	Joe Henry 2463 SE Highview Dr, Des Moines, IA, 50320	Self	500.00	<input type="checkbox"/>
12/7/06	ID# CK#	Joe Henry 2463 SE Highview Dr, Des Moines, IA, 50320	Self	430.00	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

TOTAL (if last page of this schedule)

~~1,150.00~~ 1,500
~~1,150.00~~ 1,500

* 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

SCHEDULE 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)

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
12/3/06	ID# CK#	Iowa State Bank 6410 Sw 9th St. Des Moines, IA, 50315	Checking Account Fee	\$ 20.00
12/8/06	ID# CK#	Winking Connections 317 Pennsylvania Ave. Washington DC 20003	Automated Phone Calls	\$ 1,123.12
12/19/06	ID# CK#	Iowa State Bank 6410 Sw 9th St. Des Moines, IA, 50315	Checking Account Fee	20.00
12/29/06	ID# CK#	Iowa State Bank 6410 Sw 9th St. Des Moines, IA, 50315	Checking Account Charge	2.12
	ID# CK#			

SUB-TOTAL \$ 1,165.24
TOTAL (if last page of this schedule) \$ 1,165.24

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 detailed 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)(f).)

FOR INSTRUCTIONS, SEE BACK OF FORM

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

Joe Healy for City Council

SCHEDULE
D
(Rev. 08/98) INCURRED
INDEBTEDNESS

CHECK THIS BOX
IF AMENDING
FORM

NOTE: Debts previously reported that remain unpaid must be included on this Schedule, as well as any new obligations incurred in this period

Repeat Form

**DEBTS/OBLIGATIONS REMAINING THIS REPORTING PERIOD
(DO NOT INCLUDE LOANS - SHOW LOANS ON SCHEDULE F)**

An "incurred debt" is a debt for goods or services ordered or received, but not paid for by the end of the reporting period, regardless of whether an invoice has been received.

DATE INCURRED (MM/DD/YR)	NAME AND ADDRESS OF PERSON TO WHOM DEBT OR OBLIGATION IS OWED	DESCRIPTION OF GOODS OR SERVICES PROVIDED OR PURCHASED	BALANCE OWED AT CLOSE OF REPORTING PERIOD*
12/7/06	<i>Carter Printing 1739 E. Grand Ave. P.O. Box 1000, Ft. Smith</i>	<i>Campaign Postcards Advertising Services 2 Signs</i>	\$ 7,009.09

SUB-TOTAL \$

TOTAL DEBTS OWED BY COMMITTEE AT THE END OF THIS REPORTING PERIOD \$

7,009.09
7,009.09

*If actual figure is unknown, show "estimated" beside the figure.

Page 1 of 1
(for Schedule D)

CANDIDATE COMMITTEE'S NOTE:

*Incurred indebtedness also includes each person/entity with whom the candidate's committee has entered into a contract during the reporting period for future or continuing performance. Enter the name of the consultant who provides or procures services for items such as advertising, fund-raising, polling, managing, or organizing services. Report on Schedule G the nature of performance and the estimated performance reasonably expected of the consultant.

FOR INSTRUCTIONS, SEE BACK OF FORM

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

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

Joe Henry for City Council

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
12/7/06	Joe Henry 2463 SE Highway Dr Del Mar, CA 92028	Self	Postage Air Mailings	\$ 534.40	
12/12/06	Joe Henry 2463 SE Highway Dr Del Mar, CA 92028	Self	Automated Phone Call	384.75	

SUB-TOTAL \$ 919.15

TOTAL (if last page of this schedule) \$ 919.15

*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.