

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

Reset Form

FOR INSTRUCTIONS, SEE BACK OF FORM  
**DISCLOSURE SUMMARY PAGE**

IA ETHICS AND  
CAMPAIGN DISCLOSURE Bd.

PM 10-4-07  
2007 OCT -5 AM 10:03

LATE  
original

**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)

<b>FORM</b> <b>DR-2</b> (Rev. 07/2007)	<b>DISCLOSURE</b> <b>REPORT</b>
<b>For Office Use Only</b>	
Comm. # _____	
Logged In _____	
Scanned _____	
Computer _____	
Audited _____	

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a

[Signature]  
SIGNATURE OF PERSON FILING REPORT

515-282-0547  
TELEPHONE

10-4-07  
DATE SIGNED

I AM FILING A 10-4-07  
(report date)

REPORT FOR (1) ELECTION (2) NON-ELECTION YEAR.  
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	<u>1-9-07</u>
County & Local Committees, enter County in which Election is held	<u>Polt</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.)

\$ - 0.96

**ADD TOTAL MONEY TAKEN IN THIS PERIOD**

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

350.00

Schedule F: Loans Received total (Attach Schedule F)

0.00

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

0.00

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL.....\$

349.04

**SUBTRACT TOTAL MONEY SPENT THIS PERIOD**

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

1045.00

Schedule F: Loan Repayments total (Attach Schedule F)

0.00

**CASH ON HAND** at the end of this reporting period (if final report balance must be zero)

\$ 4.32

\*\*UNPAID BILLS (From Schedule D - Attach Schedule D)

\$ 65.39

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

\$ 750.00

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

\$ 0.00

CONSULTANT BREAKDOWN (Schedule G Attached?)

YES  NO

**CANDIDATE COMMITTEES ONLY:**

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

\$ 0.00

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

For Instructions, See Back of Form

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SCHEDULE <b>A</b> (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.

**NOTE:** ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

**CAUTION:** Section 68B.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.

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
2/13/07	ID# CK#	Jon Shehess 701 Linn St. Slater, IA 50244		\$ 25 <sup>00</sup>	<input type="checkbox"/>
2/13/07	ID# CK#	Harold McNabb, Jr. 1232 Wisconsin Ave Ames, IA 50014		50 <sup>00</sup>	<input type="checkbox"/>
2/14/07	ID# CK#	Isabelk : Connie Marturello 3620 SW 9 <sup>th</sup> St Des Moines, IA 50315		25 <sup>00</sup>	<input type="checkbox"/>
2/14/07	ID# CK#	John Tap Scott 7364 Jesup St Indianola, IA 50125		50 <sup>00</sup>	<input type="checkbox"/>
2/14/07	ID# CK#	Ron Woods 1204 SE Hartford Bldg C #27 Des Moines, IA 50315		50 <sup>00</sup>	<input type="checkbox"/>
2/14/07	ID# CK#	Charles Gifford 1402 Lewis Ave Des Moines, IA 50315		50 <sup>00</sup>	<input type="checkbox"/>
2/16/07	ID# CK#	Julie Evans 3200 Park Ave Des Moines, IA 50321		50 <sup>00</sup>	<input type="checkbox"/>
2/16/07	ID# CK#	Michael Maraffay 104 S Fourth Montezuma, IA 50171		50 <sup>00</sup>	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

\$ 350<sup>00</sup>

TOTAL (if last page of this schedule)

\$ 350<sup>00</sup>

\* 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.

**EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT**

SCHEDULE <b>B</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)  
 Joe Henry for City Council

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
2/16/07	ID# CK#	Carter Printing 1739 E. Grand Ave Des Moines, IA 50316	Campaign Postcards Mailing Services	\$ 250 <sup>00</sup>
3/1/07	ID# CK#	Carter Printing 1739 E Grand Ave Des Moines, IA 50316	Campaign Postcards Mailing Services	300 <sup>00</sup>
3/13/07	ID# CK#	Carter Printing 1739 E Grand Ave Des Moines, IA 50316	Campaign Postcards Mailing Services	200 <sup>00</sup>
4/4/07	ID# CK#	Carter Printing 1739 E Grand Ave Des Moines, IA 50316	Campaign Postcards Mailing Services	250 <sup>00</sup>
9/29/07	ID# CK#	Deb Henry 1900 m L King Des Moines, IA 50314	Campaign work Finance Disclosure	45 <sup>00</sup>
	ID# CK#			
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$ 1045 <sup>00</sup>
<b>TOTAL (if last page of this schedule)</b>				\$ 1045 <sup>00</sup>

**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).)

SCHEDULE <b>E</b> (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

Reset 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
1/27/07	Joe Henry 2463 SE Highview Dr Des Moines, IA 50320	Self	Postcards Carter Printing	\$ 250 <sup>00</sup>	<input type="checkbox"/>
6/15/07	Joe Henry 2463 SE Highview Dr. Des Moines, IA 50320	Self	Postcards Carter Printing	250 <sup>00</sup>	<input type="checkbox"/>
8/7/07	Joe Henry 2463 SE Highview Dr Des Moines, IA 50320	Self	Postcards Carter Printing	250 <sup>00</sup>	<input type="checkbox"/>
					<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 \$ 750<sup>00</sup>  
 TOTAL (if last page of this schedule) \$ 750<sup>00</sup>

\*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.