

DISCLOSURE SUMMARY PAGE

Reset Form

HD

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

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

Langerud for Mayor

IMPORTANT: Indicate by # type of committee you are reporting for: 0 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	Political Party (if applicable)
Mark K. Langerud	_____
Office Sought	District (if Senate or House)
Mayor of Pleasant Hill	_____

NOV 3 2005

Late reports are subject to possible civil and criminal penalties.

Gay Lawson 515-265-3257 11/02/05

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	11/08/05
County & Local Committees, enter County in which Election is held	Polk

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.)	\$	0.00
ADD TOTAL MONEY TAKEN IN THIS PERIOD		
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)		3,600.00
Schedule F: Loans Received total (Attach Schedule F)		100.00
Schedule H: Total Sales of Campaign Property (Attach Schedule H)		0.00
(Schedule H applies to Candidates' Committees Only)		
SUB-TOTAL	\$	3,700.00
SUBTRACT TOTAL MONEY SPENT THIS PERIOD		
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)		13.60
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) (Attach DR-3)	\$	3,700.00
**UNPAID BILLS (From Schedule D - Attach Schedule D)	\$	8,645.43 <u>8645.43</u>
*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)	\$	336.84
**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)	\$	100.00
CONSULTANT BREAKDOWN (Schedule G Attached?)	YES <input checked="" type="checkbox"/> 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 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)
Langerud for Mayor

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
10/14/05	ID# CK#	Iris Swanson 4990 Ash Drive Pleasant Hill, IA 50327		\$50.00	<input type="checkbox"/>
10/14/05	ID# CK#	Randy Meiners 575 NE 72nd Street Runnells, IA 50237		250	<input type="checkbox"/>
10/14/05	ID# CK#	Sue Denny 99 Constitution Avenue Pleasant Hill, IA 50327		25.00	<input type="checkbox"/>
10/17/05	ID# CK#	Martha Miller 5230 E. Oakwood Pleasant Hill, IA 50327		25.00	<input checked="" type="checkbox"/>
10/17/05	ID# CK#	Ed Skinner 1755 Hilltop Circle Pleasant Hill, IA 50327		1000.00	<input checked="" type="checkbox"/>
10/17/05	ID# CK#	Kurt Rasmussen 6846 NW Beaver Drive Johnston, IA 50131		200.00	<input checked="" type="checkbox"/>
10/17/05	ID# CK#	Joyce Hockensmith 3502 E. 43rd Court Des Moines, IA 50317		50.00	<input checked="" type="checkbox"/>
10/17/05	ID# CK#	Faith Elder 145 Orchard Court Pleasant Hill, IA 50327		1000.00	<input checked="" type="checkbox"/>
10/17/05	ID# CK#	John Scignoli 697 Sherrylynn Blvd. #12 Pleasant Hill, IA 50327		25.00	<input checked="" type="checkbox"/>
10/17/05	ID# CK#	Scott Temple 10200 NW 74th Ave. Grimes, IA 50111		200.00	<input checked="" type="checkbox"/>
SUB-TOTAL				\$ 2825.00	
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

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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)
Langerud for Mayor

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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
10/17/05	ID# CK#	Don Bruxvoort 4926 Willow Drive Pleasant Hill, IA 50327		\$25.00	<input checked="" type="checkbox"/>
10/17/05	ID# CK#	Paige Chapman 4965 Claremont Pleasant Hill, IA 50327		200.00	<input checked="" type="checkbox"/>
10/17/05	ID# CK#	Dan DeGoey 5240 Sycamore Drive Pleasant Hill, IA 50327		50.00	<input checked="" type="checkbox"/>
10/17/05	ID# CK#	Kenneth Schroeder 450 N Hickory Blvd Pleasant Hill, IA 50327		75.00	<input checked="" type="checkbox"/>
10/17/05	ID# CK#	Pennie Carroll 1700 Andrews Drive Pleasant Hill, IA 50327		50.00	<input checked="" type="checkbox"/>
10/17/05	ID# CK#	Bill Eisenlauer 5530 Sunrise Drive Pleasant Hill, IA 50327		100.00	<input checked="" type="checkbox"/>
10/17/05	ID# CK#	Cash		50.00	<input checked="" type="checkbox"/>
10/18/05	ID# CK#	Patricia Rudd 1640 Copper Creek Court Pleasant Hill, IA 50327		50.00	<input checked="" type="checkbox"/>
10/18/05	ID# CK#	Merlin Gamble 1525 Castlegar Court Pleasant Hill, IA 50327		25.00	<input checked="" type="checkbox"/>
10/18/05	ID# CK#	Martha Owen 135 Orchard Court Pleasant Hill, IA 50327		100.00	<input checked="" type="checkbox"/>
SUB-TOTAL				\$ 725.00	
TOTAL (if last page of this schedule)				\$	

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For Instructions, See Back of Form

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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)
Langerud for Mayor

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
10/23/05	ID# CK#	Allen Barwick 5640 Twin Circle Drive Pleasant Hill, IA 50327		\$50.00	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
SUB-TOTAL				\$ 50.00	
TOTAL (if last page of this schedule)				\$ 3600.00	

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FOR INSTRUCTIONS, SEE BACK OF FORM

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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)*
 Langerud for Mayor

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
10/18/05	ID# CK#	Horizon Federal Savings Bank 1290 Coppercreek Drive Pleasant Hill, IA 50327	Check Order	\$ 13.60
	ID# CK#			
SUB-TOTAL				\$ 13.60
TOTAL (if last page of this schedule)				\$ 13.60

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).)

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

Langerud for Mayor

SCHEDULE D (Rev. 08/98)	INCURRED INDEBTEDNESS
<input type="checkbox"/> 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.

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**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*
10/13/05	MARK K LANGERUD 4925 WILLOW DR PLEASANT HILL, IA 50327-2055	Copies for handouts	\$ 21.20
10/14/05	GAY L WILSON 1550 CASTLEGAR CT PLEASANT HILL, IA 50327-7063	Paper Goods for Fund Raiser	12.15
10/17/05	GAY L WILSON 1550 CASTLEGAR CT PLEASANT HILL, IA 50327-7063	Office Supplies	77.36
10/18/05	GAY L WILSON 1550 CASTLEGAR CT PLEASANT HILL, IA 50327-7063	Postage	2,960.00
10/19/05	MARK K LANGERUD 4925 WILLOW DR PLEASANT HILL, IA 50327-2055	Printing	902.04
10/22/05	MARK K LANGERUD 4925 WILLOW DR PLEASANT HILL, IA 50327-2055	Paint for signs	33.52
10/25/05	MARK K LANGERUD 4925 WILLOW DR PLEASANT HILL, IA 50327-2055	Advertising	1,515.00
SUB-TOTAL			\$ 5,521.27
TOTAL DEBTS OWED BY COMMITTEE AT THE END OF THIS REPORTING PERIOD			\$

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

CANDIDATE COMMITTEES 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

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

Langerud for Mayor

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

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SCHEDULE D (Rev. 08/98)	INCURRED INDEBTEDNESS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING 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*
10/26/05	MARK K LANGERUD 4925 WILLOW DR PLEASANT HILL, IA 50327-2055	Printing	\$ 1,514.36
10/28/05	MARK K LANGERUD 4925 WILLOW DR PLEASANT HILL, IA 50327-2055	Printing	508.80
10/21/05	MARK K LANGERUD 4925 WILLOW DR PLEASANT HILL, IA 50327-2055	Stencil for signs	106.00
10/13/05	MARK K LANGERUD 4925 WILLOW DR PLEASANT HILL, IA 50327-2055	Advertising	250.00
10/27/05	MARK K LANGERUD 4925 WILLOW DR PLEASANT HILL, IA 50327-2055	Advertising	745.00
SUB-TOTAL			\$ 3,124.16
TOTAL DEBTS OWED BY COMMITTEE AT THE END OF THIS REPORTING PERIOD			\$ 8,645.43

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

CANDIDATE COMMITTEES 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
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COMMITTEE NAME (Must be same as on Statement of Organization)
Langerud for Mayor

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CHECK THIS BOX IF AMENDING 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
10/17/05	TIMOTHY D MALLICOAT 4720 WINDSOR CIR PLEASANT HILL, IA 50327-0965		Food for Fundraiser	\$ 336.84	<input checked="" 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"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

SUB-TOTAL	\$ 336.84
TOTAL (if last page of this schedule)	\$ 336.84

*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.

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SCHEDULE F (Rev. 07/03)	LOANS RECEIVED & REPAID
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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

NOTE: This schedule reports money loaned to the committee which is deposited in the committee account.

TOTAL UNPAID LOANS FROM LAST REPORTING PERIOD \$ _____

PART I - MONETARY LOANS RECEIVED THIS REPORTING PERIOD

(Original source of loan, such as a bank, must be shown if a third party is involved. Include loans from candidate's personal funds.)

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE (If Applicable)	AMOUNT OF LOAN
10/07/05	MARK K LANGERUD 4925 WILLOW DR PLEASANT HILL, IA 50327-2055	self	\$ 100.00

TOTAL (PART I) \$ 100.00

PART II - MONETARY LOAN REPAYMENTS MADE THIS REPORTING PERIOD

(Loans forgiven must be reported on Schedule E -- In-kind Contributions.)

DATE PAID (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE* (If Applicable)	AMOUNT REPAID
			\$

TOTAL CASH REPAYMENTS (PART II) \$ _____

From Schedule E – TOTAL LOANS FORGIVEN \$ _____

TOTAL OUTSTANDING LOANS END OF REPORT PERIOD \$ 100.00

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