

NOV - 3 2005

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

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)

Pogge for 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 Ron Pogge Political Party (if applicable) _____
 Office Sought Urbandale City Council District (if Senate or House) _____

Late reports are subject to possible civil and criminal penalties.

Steve T. Schuler, Treasurer 515-276-7063 11-3-05
SIGNATURE OF PERSON FILING REPORT **TELEPHONE** **DATE SIGNED**

I AM FILING A 10 days prior to general REPORT FOR (1) ELECTION (2) NON-ELECTION YEAR.
 (report date) November 3, 2005 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>General Nov. 8, 2005</u>
County & Local Committees, enter County in which Election is held <u>Polk Co.</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>801.76</u>
ADD TOTAL MONEY TAKEN IN THIS PERIOD	
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)	<u>2,975.00</u>
Schedule F: Loans Received total (Attach Schedule F)	<u>-</u>
Schedule H: Total Sales of Campaign Property (Attach Schedule H)	<u>-</u>
(Schedule H applies to Candidates' Committees Only)	
SUB-TOTAL	\$ <u>3,776.76</u>
SUBTRACT TOTAL MONEY SPENT THIS PERIOD	
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)....	<u>1,784.07</u>
Schedule F: Loan Repayments total (Attach Schedule F)	<u>-</u>
CASH ON HAND at the end of this reporting period (if final report balance must be zero) (Attach DR-3)	\$ <u>1,992.69</u>
**UNPAID BILLS (From Schedule D - Attach Schedule D)	\$ <u>1,360.00</u>
*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)	\$ <u>53.00</u>
**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)	\$ <u>1,000.00</u>
CONSULTANT BREAKDOWN (Schedule G Attached?)	<u>YES X NO</u>
CANDIDATE COMMITTEES ONLY:	
VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)	\$ <u>-</u>

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)
Pogge for 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
10/02/05	ID# CK#	Janis Woods 6707 Airline Avenue Urbandale IA 50322		\$ 50.00	<input type="checkbox"/>
10/03/05	ID# CK#	Renea Eilerbrook 13524 Oak Brook Dr. Des Moines, IA 50323		50.00	<input type="checkbox"/>
10/02/05	ID# CK#	Pam Mueller 4221 Mary Lynn Dr. Urbandale IA 50322		100.00	<input type="checkbox"/>
10/02/05	ID# CK#	Teresa Racette 9636 Quail Ridge Urbandale IA 50322		100.00	<input type="checkbox"/>
10/04/05	ID# CK#	Linda Johnson 1641 NW 120th St. Clive IA 50325		100.00	<input type="checkbox"/>
10/02/05	ID# CK#	Ellen Drumbeller 7004 Aurora Avenue Urbandale IA 50322		250.00	<input type="checkbox"/>
10/11/05	ID# CK#	Michael Carter 4417 96th Coast Urbandale IA 50322		50.00	<input type="checkbox"/>
10/12/05	ID# CK#	Kathy Forst 9417 Greenbelt Dr. Urbandale IA 50322		50.00	<input type="checkbox"/>
10/24/05	ID# CK#	Cynthia Munyon 3902 77th St. Urbandale IA 50322		50.00	<input type="checkbox"/>
10/10/05	ID# CK#	Lyle Jeffries 3304 68th St. Urbandale IA 50322		75.00	<input type="checkbox"/>
SUB-TOTAL				\$ 875.00	
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

CONTRIBUTIONS – MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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

Pogge for 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.

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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
10/10/05	ID# CK#	Frank Harrison 4812 Aspen Dr. West Des Moines IA 50265		\$ 50.00	<input type="checkbox"/>
10/13/05	ID# CK#	Barbara Burley 1850 NW 80th Court Urbandale IA 50322		100.00	<input type="checkbox"/>
10/16/05	ID# CK#	R.J. O'Connor 2171 Grand Avenue West Des Moines IA 50265		200.00	<input type="checkbox"/>
10/19/05	ID# CK#	John Kline 2171 Grand Avenue West Des Moines IA 50265		500.00	<input type="checkbox"/>
10/19/05	ID# CK#	Randall Walters P.O. Box 71094 Clive IA 50325		500.00	<input type="checkbox"/>
10/19/05	ID# CK#	Jared Johnson 12035 University Avenue Clive IA 50325		250.00	<input type="checkbox"/>
10/28/05	ID# CK#	John Fisher 629 Polk Boulevard Des Moines IA 50312		50.00	<input type="checkbox"/>
10/28/05	ID# CK#	James Lovell 4106 Green View Dr. Urbandale IA 50322		100.00	<input type="checkbox"/>
10/28/05	ID# CK#	William Lillis 3000 Patricia Dr. Urbandale, IA 50322		100.00	<input type="checkbox"/>
10/28/05	ID# CK#	Kevin Johnson 12035 University Avenue Clive IA 50325		100.00	<input type="checkbox"/>
SUB-TOTAL				\$ 1,950.00	
TOTAL (if last page of this schedule)				\$	

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For Instructions, See Back of Form

CONTRIBUTIONS – MONEY TAKEN IN
(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)
Pogge for 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
10/17/05	ID# CK#	Gayle Johnson 13115 Beechwood Dr. Urbandale IA 50322		\$ 100.00	<input type="checkbox"/>
	ID# CK#	Unitemized Contributions.		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"/>

SUB-TOTAL
 \$ 150.00
 TOTAL (if last page of this schedule)
 \$ 2,915.00

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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)
Pogge for 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
10/16/05	ID# CK# 2007	Ron Pogge 4017 Bayberry Ct. Urbandale IA 50322	Reimb for postage, stationery, and yard sign freight and tax	\$ 321.35
10/23/05	ID# CK# 2008	Susan Pogge 4017 Bayberry Ct. Urbandale Ia 50322	Reimb for postage for mailing.	851.00
10/30/05	ID# CK#	Ron Pogge 4017 Bayberry Ct. Urbandale, IA 50322	Reimb for postage and envelopes	496.23
10/30/05	ID# CK#	Deb Conlon 4416 75th St. Urbandale IA 50322	Reimb. for Labels, envelopes, and ink cartridge	115.49
	ID# CK#			
SUB-TOTAL				\$ 1,784.07
TOTAL (if last page of this schedule)				\$ 1,784.07

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)(1).)

FOR INSTRUCTIONS, SEE BACK OF FORM

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

Pogge For Council Committee



SCHEDULE E (Rev. 06/97)	IN-KIND CONTRIBUTIONS
	<input type="checkbox"/> 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
10/24/05	Susan Johnson 4105 98th St. Urbandale IA 50322		Photography	\$ 53.00	<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 \$ 53.00
 TOTAL (if last page of this schedule) \$ 53.00

*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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COMMITTEE NAME (Must be same as on Statement of Organization)
Pogge for Council Committee

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

NOTE: This schedule reports money loaned to the committee which is deposited in the committee account.
 TOTAL UNPAID LOANS FROM LAST REPORTING PERIOD \$ \$1,000.00

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
			\$

TOTAL (PART I) \$ -0-

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) \$ -0-
 From Schedule E - TOTAL LOANS FORGIVEN \$ -0-
 TOTAL OUTSTANDING LOANS END OF REPORT PERIOD \$ 1,000.00

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