

DISCLOSURE SUMMARY PAGE

Reset Form

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.

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

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: Kevin L. Trevillian Political Party (if applicable): _____
NOV 3 2005
 Office Sought: WDM City Council 15th Ward District (if Senate or House): _____

Kevin L. Trevillian SIGNATURE OF PERSON FILING REPORT 279-0975 TELEPHONE 11-1-05 DATE SIGNED

I AM FILING A 11/1/05 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
11/8/05

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

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below) 1375.00

Schedule F: Loans Received total (Attach Schedule F)

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

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL \$ _____

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below).... 822.47

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) \$ 552.53

**UNPAID BILLS (From Schedule D - Attach Schedule D) \$ 50.00

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

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

CONSULTANT BREAKDOWN (Schedule G Attached?) YES NO

CANDIDATE COMMITTEES ONLY:

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

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)

Trevillian for 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 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
9-3-05	ID# CK# cash	Dennis Helt 40112-5th St. West Des Moines, IA 50265	N/A	\$50.00	
9-1-05	ID# CK# 1614	Larry Donaghy 212 NE Eaglewood Dr. Ankeny, IA 50021	Father-in-law	300.00	
10-1-05	ID# CK# 4160	Brian Donaghy 3229 Coles Dr. Ankeny, IA 50021	Brother-in-law	100.00	
9-24-05	ID# CK# 6844	Shawn Miller 7426 Pommel Place West Des Moines, IA 50266	N/A	25.00	
9-24-05	ID# CK# 2798	Joseph Torruella 1117-15th St. West Des Moines, IA 50265	N/A	75.00	
9-24-05	ID# CK# 2886	Thomas Stall 3530 Commerce Dr. West Des Moines, IA 50265	N/A	50.00	
9-20-05	ID# CK# 1459	Alice Wisner 4401 Dakota Dr. West Des Moines, IA 50265	N/A	20.00	
9-26-05	ID# CK# 4797	Joel Donaghy 1805-79th Windsor Heights, IA 50322	Brother-in-law	100.00	
9-27-05	ID# CK# 5634	Jill Davis 2501 Country Side Dr. West Des Moines, IA 50265	N/A	25.00	
9-27-05	ID# CK# 1863	Paul Casteline 223- E. Burnham Des Moines, IA 50315	N/A	25.00	
SUB-TOTAL				\$ 770.00	
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)

Trevillian for 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.

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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
9-27-05	ID# CK# 4844	Jeanne Bieger 1115. Market Madrid, IA 50156	N/A	\$ 20.00	
9-27-05	ID# CK# 3253	Donald Davidson 9500 Aurora Ave. Urbandale, IA 50222	N/A	100.00	
10-3-05	ID# CK# 1248	Robert Foster 726-5th ST. West Des Moines, IA 50265	N/A	30.00	
10-3-05	ID# CK# 6121	R. Colin McBee 1123 Locust West Des Moines, IA 50265	N/A	40.00	
10-4-05	ID# CK# 7809	Allan Gierstorf Jr. 396-57th ct. West Des Moines, IA 50266	N/A	25.00	
10-3-05	ID# CK# 8688	Lloyd Carlson Jr. 8832 Woodmayr Circle Norwalk, IA 50211	N/A	25.00	
10-11-05	ID# CK# 8192	Dolores Sieszinski 7610 Wistful Vista Dr. #104 West Des Moines, IA 50266	Aunt In-law	25.00	
10-11-05	ID# CK# 8187	Bobbie J. Breman 932-12th West Des Moines, IA 50265	N/A	50.00	
10-14-05	ID# CK# 2695	Robert Fliehler 405-39th West Des Moines, IA 50265	N/A	50.00	
10-14-05	ID# CK# 3221	Gopal Krishna 3901 Stonebridge Rd. West Des Moines, IA 50265	N/A	100.00	

SUB-TOTAL

\$ 465.00

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)
TreWillyan For 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 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
10-12-05	ID# CK# 5313	Ronald Luns Sr. 4626 E. Minton Phoenix, AZ 85042	Uncle	\$ 50.00	
10-10-05	ID# CK# 7629	Odell Johnson 912-19th St West Des Moines, IA 50265	N/A	15.00	
10-18-05	ID# CK# 4264	Tammy Hand 3210 - S.E. Turnberry Dr. Ankeny, IA 50021	N/A	25.00	
10-24-05	ID# CK# 7258	Richard Hickman 2155 54th West Des Moines, IA 50265	N/A	50.00	
	ID# CK#				

SUB-TOTAL
 \$ 140
 TOTAL (if last page of this schedule)
 \$ 1375.00

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)
Trevillian For 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
9-29-05	ID# CK# 1001	capitol city Graphics 2905 Delaware Des Moines, IA 50317	Campaign Flyers	\$ 100.70
10-2-05	ID# CK# 1002	Kness Signs 3100-86th Urbandale, IA 50322	Campaign Signs	554.49
10-30-05	ID# CK# 1003	Cynthia Trevillian 722-5th st. West Des Moines, IA 50265	Materials to construct signs	48.90
10-30-05	ID# CK# 1003	Cynthia Trevillian 722-5th st West Des Moines, IA	Post office Box and 2 keys	36.00
10-30-05	ID# CK# 1003	Cynthia Trevillian 722-5th st West Des Moines, IA	Food & Refreshments for campaign committee planning Mtg.	45.29
10-30-05	ID# CK# 1003	Cynthia Trevillian 722-5th st West Des Moines, IA	Printer Cartridge for campaign committee paperwork	32.09
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$ 822.47
TOTAL (if last page of this schedule)				\$ 822.47

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 D (Rev. 08/98)	INCURRED INDEBTEDNESS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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

Trevillian For Council

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

**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*
<i>10-18-05</i>	<i>James Barnatt 2085 Indian Way Oskaloosa, IA 52577</i>	<i>Campaign Signs</i>	<i>\$ 50.00</i>
SUB-TOTAL			<i>\$ 50.00</i>
TOTAL DEBTS OWED BY COMMITTEE AT THE END OF THIS REPORTING PERIOD			\$ <i>50.00</i>

*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.