

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)
COMMITTEE TO ELECT ANGELA CONNOLLY FOR SUPERVISOR

IMPORTANT: Indicate by # type of committee you are reporting for: 3
 (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: ANGELA CONNOLLY Political Party (if applicable): DEMOCRATIC
 Office Sought: _____ District (if Senate or House): _____

IA ETHICS & CAMPAIGN DISCLOSURE BOARD
 JAN 18 2007
 FILED HD

Late reports are subject to possible civil and criminal penalties.

[Signature]
 SIGNATURE OF PERSON FILING REPORT

515-266-7063
 TELEPHONE

1/16/07
 DATE SIGNED

I AM FILING A OCT 19, 2006 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 _____

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.)\$ 38,973²¹

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below) 250⁰⁰

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.....\$ 39,223²¹

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)... (188⁸⁸)

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)\$ 39,412⁰⁹

**UNPAID BILLS (From Schedule D - Attach Schedule D)\$ 0-

*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)\$ 0-

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

CANDIDATE COMMITTEES ONLY:

CONSULTANT BREAKDOWN (Schedule G Attached?) _____ YES NO

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

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE
A
(Rev. 07/03) MONETARY RECEIPTS

CHECK THIS BOX IF AMENDING FORM

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

COMMITTEE TO ELECT ANGELA CONNOLLY FOR SUPERVISOR

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
10/16/08	ID# C00344788 CK# 2367	ALL AMERICA PAC #80 607 14TH ST N.W WASHINGTON DC 20005		\$ 250 ⁰⁰	
	ID# CK#				

SUB-TOTAL \$ 250⁰⁰

TOTAL (if last page of this schedule) \$ 250⁰⁰

* 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.

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD
 510 EAST 12th, SUITE 1A
 DES MOINES, IA 50319
 www.iowa.gov/ethics



Form
**VERIFIED STATEMENT
 REGISTRATION**
 (Out-of-State Committees)
 (Rev. 03/05)

For office use only

Comm. # _____
 Indexed _____
 Audited _____
 Checked _____
 Computer _____

VERIFIED STATEMENT REGISTRATION
(Out-of-State Committee)

COMMITTEES NOT ORGANIZED IN IOWA TO COMPLETE IN DUPLICATE.
 SEND A COPY TO THE BOARD **WITHIN 15 DAYS OF THE CONTRIBUTION DATE** AND
 ONE COPY WITH EACH CONTRIBUTION TO THE IOWA COMMITTEE WITH THE CONTRIBUTION.
 PLEASE REFER TO DETAILED INSTRUCTIONS ON BACK OF FORM.
THIS FORM MUST BE FILED FOR EACH CONTRIBUTION IN EXCESS OF \$50

COMMITTEE NAME

Official Name of Out-of-State Committee (Do not abbreviate committee name. Written explanation must be provided for Acronym).
All America PAC

Mailing Address
607 14th Street, NW Suite 800

City, State, Zip Code
Washington, DC 20005

Area Code & Telephone No.
202-654-1777

CONTACT PERSON FOR THE COMMITTEE:

Tyler Bullen

Name
607 14th Street, NW Suite 800 Washington, DC 20005

Mailing Address
 City, State, Zip
202-654-1777

Email Address (Optional) _____ Area Code & Telephone Number _____

Purpose of Committee/Contribution : (Please indicate by checking appropriate box)

- Candidate Ballot Issue PAC Other PAC Party (State or Central Committee)

STATE OR FEDERAL JURISDICTION WHERE COMMITTEE IS REGISTERED OR OPERATES

PARENT ENTITY, AFFILIATE, SPONSOR OF COMMITTEE
 (Use separate page if needed to list more than one entity)

Name of Jurisdiction <u>Federal Election</u>	Name <u>None</u>
Mailing Address <u>999 E Street, NW</u>	Mailing Address _____
City, State, Zip Code <u>Washington, DC</u>	City, State, Zip Code _____
Area Code & Telephone No. <u>202-694-1100</u>	_____

IOWA RESIDENT AGENT

IOWA COMMITTEE RECEIVING CONTRIBUTION

Typed Name of Iowa Resident <u>Christopher Hayler</u>	Name of Committee <u>Angel Connolly For County Supervisor</u>	
Mailing Address <u>811 Burr Oaks Drive #1207</u>	Mailing Address <u>4707 NW Beaver Drive Des Moines, IA 50310</u>	
City, State, Zip Code <u>W. Des Moines, IA</u>	Date <u>10/6/06</u>	If In-Kind Contribution, Describe _____
Area Code & Telephone No. <u>515-229-2294</u>	Amount <u>\$ 250.00</u>	Check # <u>2367</u>
		Committee ID # _____

VERIFIED STATEMENT OF COMMITTEE:

I, Tyler Bullen, attest that the contribution reported above is accurate and that the information about this out-of-state committee is correct and accurate to the best of my knowledge. I also attest that the reports filed in the named jurisdiction comply with requirements that are substantially similar to Iowa Code section 68A.402A, including the disclosure of all contributions received and all expenditures made. I further attest that the contribution reported above was made from an account that does not accept contributions from corporations or other prohibited contributors under Iowa Code section 68A.503, unless the Iowa recipient committee is a ballot issue committee. I understand that potential civil and criminal penalties may apply unless a copy of this form has been filed with the Iowa Ethics and Campaign Disclosure Board within 15 days of the date of the contribution.

Tyler Bullen (Person submitting form) Asst. to the Director (Title) 10/10/06 (Date)

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)
COMMITTEE TO ELECT ANGELA CONNOLLY FOR SUPERVISOR

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
6/26/06	ID# CK# 2049	BOSWELL FOR CONGRESS 818 DES MOINES ST DES MOINES IA 50309	REFUND OF CONTRIBUTION TO CAMPAIGN MADE INCORRECTLY	\$ (250.00)
11/7/06	ID# CK# 2058	DAHLS 1919 BEAVER DES MOINES IA 50310	SNACKS + DRINKS ELECTION DAY VOLUNTEERS	61.12
	ID# CK#			

SUB-TOTAL \$ 188.88
 TOTAL (if last page of this schedule) \$ 188.88

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).)