

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

Reset Form

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)
Citizens for the Johnston/Grimes Aquatic Facility

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 _____ Political Party (if applicable) _____

Office Sought _____ District (if Senate or House) _____

Late reports are subject to possible civil and criminal penalties.

VCL

[Signature]
SIGNATURE OF PERSON FILING REPORT

515-986-7303
TELEPHONE

09-19-05
DATE SIGNED

I AM FILING A 09-19-05 REPORT FOR (1) ELECTION (2) NON-ELECTION YEAR.
(report date) 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>08-23-05</u>
County & Local Committees, enter County in which Election is held <u>Polk</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-

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below) \$ 550.00

Schedule F: Loans Received total (Attach Schedule F) -0-

Schedule H: Total Sales of Campaign Property (Attach Schedule H) -0-

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL\$ \$ 550.00

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below).... 545.03

Schedule F: Loan Repayments total (Attach Schedule F)..... -0-

CASH ON HAND at the end of this reporting period (if final report balance must be zero) (Attach DR-3)\$ 4.97

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

***IN KIND CONTRIBUTIONS** (From Schedule E - Attach Schedule E)\$ 30.00

****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) \$ _____

For Instructions, See Back of Form

Reset Form

SCHEDULE
A
(Rev. 07/03) MONETARY RECEIPTS

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

CHECK THIS BOX IF AMENDING FORM

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

Citizens for the Johnston/Grimes Aquatic Center Facility

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
8/15/05	ID# CK#	Diane & Gary Bridgewater 8141 Heather Bow Johnston, IA 50131		\$ 100 ⁰⁰	<input type="checkbox"/>
8/31/05	ID# CK#	Michael + Pamela Wilson 5414 NW 90th St Johnston IA 50131		100 ⁰⁰	<input type="checkbox"/>
8/15/05	ID# CK#	Russell or Bae Underwood 8111 Wellington Blvd Johnston, IA 50131		100 ⁰⁰	<input type="checkbox"/>
8/9/05	ID# CK#	Hansen Company Inc 5665 Greendale Rd - Suite A Johnston, IA 50131		150 ⁰⁰	<input type="checkbox"/>
9/16/05	ID# CK#	John + Anne Temple 8170 Heather Bow Ct Johnston, IA 50131		100 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"/>
SUB-TOTAL				\$ 550	
TOTAL (if last page of this schedule)				\$ 550	

* 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

Reset 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)
 Citizen's for the Johnston/Grimes Aquatic Facility

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
09-19-05	ID# CK#	Mike Wilson 5416 NW 98th St. Johnston, IA 50131	Poster supplies for story boards	\$ 36.74
09-19-05	ID# CK#	Bill Kinkelma 8825 NW Newgate Johnston, IA 50131	Printing for flyers	508.29
	ID# CK#			
SUB-TOTAL				\$ 45.03
TOTAL (if last page of this schedule)				\$ 45.03

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).)

FOR INSTRUCTIONS, SEE BACK OF FORM

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

Citizens for the Johnston/Grimes Aquatic Facility

Reset Form

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
08/19/05	Robyn Mills 5360 NW Burr Oak Dr Johnston, IA 50131		CD of address of voters	\$ 30.00	<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"/>
					<input type="checkbox"/>
SUB-TOTAL				\$ 30.00	
TOTAL (if last page of this schedule)				\$ 30.00	

*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.