

SEP-05-2006 13:30 FROM:

RECEIVED

TO: 515 242 5375

P. 2/2

HD
SEP - 6 2006

FOR INSTRUCTIONS, SEE BACK OF FORM



DISCLOSURE SUMMARY PAGE

COMMITTEE NAME (Must be same as on Statement of Organization)
Caldwell-Johnson for School Board

IMPORTANT: Indicate by # type of committee you are reporting for: 7
 (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) Legal Ballot Issue

CANDIDATE COMMITTEES ONLY:
 Candidate Name: Terece Caldwell-Johnson Political Party (if applicable): N/A
 Office Sought: School Board: DMPS District (if Senate or House): _____

FORM DR-2 DISCLOSURE REPORT (Rev. 12/2005)

For Office Use Only
 Comm. # _____
 Logged In _____
 Scanned _____
 Computer _____
 Audited _____

File with:
 Iowa Ethics and Campaign
 Disclosure Board
 510 E. 12th St. 1A
 Des Moines, Iowa 50319
 Fax: 515-281-3701

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code section 88B.32A(7) the candidate, for a candidate's committee, and the chairperson, for any other type of committee, is the individual responsible for filing timely and accurate reports.

Nary Gottschalk, Treasurer
SIGNATURE OF PERSON FILING REPORT

515 633-9258
TELEPHONE

9/5/06
DATE SIGNED

I AM FILING A Sept. 6th, 2006 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
Sept. 12, 2006
 County & Local Committees, enter County in which Election is held
Polk City

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>0.</u>
ADD TOTAL MONEY TAKEN IN THIS PERIOD		
Schedule A: Cash Contributions total (Attach Schedule A) (**also see in-kind below)	\$	<u>3376.⁰⁰</u>
Schedule F: Loans Received total (Attach Schedule F)	\$	<u>0.</u>
Schedule H: Total Sales of Campaign Property (Attach Schedule H) (Schedule H applies to Candidates' Committees Only)	\$	<u>0.</u>
SUB-TOTAL	\$	
SUBTRACT TOTAL MONEY SPENT THIS PERIOD		
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)	\$	<u>2938.⁷⁴</u>
Schedule F: Loan Repayments total (Attach Schedule F)	\$	<u>0.</u>
CASH ON HAND at the end of this reporting period (if final report balance must be zero) (Attach DR-3)	\$	<u>387.²⁶</u>
**UNPAID BILLS (From Schedule D - Attach Schedule D) <u>Credit from Carter</u>	\$	<u>+ 137.⁵⁰</u>
**IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)	\$	<u>0.</u>
**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)	\$	<u>0.</u>
CONSULTANT BREAKDOWN (Schedule G Attached?)	YES <input checked="" type="checkbox"/> NO	
CANDIDATE COMMITTEES ONLY: VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)	\$	<u>0.</u>

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

For Instructions, See Back of Form

Reset 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)
Caldwell-Johnson for School Board

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.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), 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
08/12/06	ID# CK# 8365	Cherry Renee Hardman 4611 Turnberry Dr. WDM. IA 50265		\$ 500. ⁰⁰	<input type="checkbox"/>
08/02/06	ID# CK# 7262	LLG Mrs. L.L. Graham 1345 Franklin Ames, Ia 50014		10. ⁰⁰	<input type="checkbox"/>
08/14/06	ID# CK# 3027	Nolden Gentry 550 39 th St. Des Moines, IA 50312		150. ⁰⁰	<input type="checkbox"/>
8/7/2006	ID# CK# 3594	Courtney Greene 3804 Timberline Dr. West Des Moines, IA 50265		100. ⁰⁰	<input type="checkbox"/>
8/5/06	ID# CK# 6306	Rose Vasquez 118 Water St. #425 Des Moines, IA 50309		150. ⁰⁰	<input type="checkbox"/>
8/12/06	ID# CK# 5454	Linda M. Carter-Lewis 3141 SW 38 th Pl. D.M. Ia 50321		200. ⁰⁰	<input type="checkbox"/>
8/22/06	ID# CK# 5671	Susan Ryan 3307 SW 24 th St. D.M. Ia 50321		100. ⁰⁰	<input type="checkbox"/>
8/17/06	ID# CK# 2694	Mary Ann Spizer 6001 Creston Ave. #8 D.M. Ia 50321		100. ⁰⁰	<input type="checkbox"/>
8/19/06	ID# CK# 4026	Vicky Long Hill 436 40 th St. West Des Moines, Ia 50265		100. ⁰⁰	<input type="checkbox"/>
8/15/06	ID# CK# 5928	Nelda Barrow mickle 1711 Woodland Ave. Des Moines, Ia 50309		300. ⁰⁰	<input type="checkbox"/>
SUB-TOTAL				\$ 1,710.	
TOTAL (if last page of this schedule)				\$	

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For Instructions, See Back of Form

Reset 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)
Caldwell-Johnson for School Board

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8/17/06	ID# CK# 2055	Mary Gottschalk 416 29th St. Des Moines, IA 50312		\$ 200. ⁰⁰	<input type="checkbox"/>
8/18/06	ID# CK# 6129	Karen Person 4345 grand Ave #1 D.M. IA 50312		10. ⁰⁰	<input type="checkbox"/>
8/18/2006	ID# CK# 1254	Inga Bumbary-Langston 7957 orchid St N.W. Washington, DC		250. ⁰⁰	<input type="checkbox"/>
8/3/2006	ID# CK# 2565	James Earley 4100 Quail Park Dr. WDM, IA 50265		100. ⁰⁰	<input type="checkbox"/>
8/20/2006	ID# CK# 2566	Mary Riche 420 28th St. Des Moines, IA 50312		100. ⁰⁰	<input type="checkbox"/>
8/27/2006	ID# CK# 9336	Mary Chapman Skyline Dr. Des Moines, IA 50310		100. ⁰⁰	<input type="checkbox"/>
8/12/2006	ID# CK# 5311	Denise Essman 3319 Southern Woods Dr. Des Moines, IA 50321		50. ⁰⁰	<input type="checkbox"/>
8/23/2006	ID# CK# 9102	James Brick 6701 Westown Pkwy STE 100 WDM, IA 50266		250. ⁰⁰	<input type="checkbox"/>
8/30/06	ID# CK# 3364	Becky miles Polka 3523 Wittmer Pkwy 50310		250. ⁰⁰	<input type="checkbox"/>
8/30/06	ID# CK# 11991	Lois Ichelson 2734 Glenwood Dr. 50321		150. ⁰⁰	<input type="checkbox"/>

SUB-TOTAL

\$ 1460.⁰⁰

TOTAL (if last page of this schedule)

\$

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For Instructions, See Back of Form

Reset 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)
Caldwell-Johnson for School Board

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8/22/04	ID# CK# <i>cash</i>	<i>Jack Bishop</i> 829 Elmwood Ct. Attn: 50009		\$50.00	<input type="checkbox"/>
8/30/06	ID# CK# <i>7405</i>	<i>Graham Gillette</i> 635 Harwood Dr. Dm 50312		\$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"/>
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	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL \$100.00
TOTAL (if last page of this schedule) \$100.00

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Smaller amounts that are not required to be reported (under \$25.00)
 For Instructions, See Back of Form

Reset 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)
Caldwell-Johnson for School Board

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8/29/06	ID# CK# Cash	Shannon Rindels 503 Loomis Dsm. 12 50315		\$5.00	<input type="checkbox"/>
9-1-06	ID# CK# Cash	Sharon Tate 1158 Chautauqua Pkwy Dsm. 12 50314		1.00	<input type="checkbox"/>
8/29/06	ID# CK# Cash	Mary McClure 620 8th St. Dsm. 12 50309		5.00	<input type="checkbox"/>
9/1/06	ID# CK# Cash	D. Johns 1709 63rd St. Dsm. 12 50322		2.00	<input type="checkbox"/>
9/1/06	ID# CK# Cash	Sean Hubner 6716 Three Lakes Pkwy Dsm. 12 50320		1.00	<input type="checkbox"/>
8/31/06	ID# CK# Cash	Karen Brown PO 1 DSM. 12 50301		2.00	<input type="checkbox"/>
9-1-06	ID# CK# Cash	Bridget Stival 1303 E. 15th Ave. DSM. 12 50316		1.00	<input type="checkbox"/>
8/30/06	ID# CK# Cash	Maureen Kennedy 1620 Pleasant St. Dsm. 12 50314		15.00	<input type="checkbox"/>
8/30/06	ID# CK# Cash	Vicki Williams 3200 Valdey Dr. DSM. 12 50310		1.00	<input type="checkbox"/>
8/31/06	ID# CK# Cash	Reginald Page 628 E. Laurel Davenport, 12 52803		1.00	<input type="checkbox"/>
SUB-TOTAL				\$34.00	
TOTAL (if last page of this schedule)				\$	

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Smaller amounts than are required to be reported
 For Instructions, See Back of Form (less than \$25.00)

Reset 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)
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8/30/06	ID# CK# <u>cash</u>	<u>Sherrie Sauls</u> 3808 N. Union DSM. 12 50316		\$ <u>1.00</u>	<input type="checkbox"/>
8/30/06	ID# CK# <u>cash</u>	<u>Eddie Sauls</u> 3808 N. Union DSM. 12		<u>1.00</u>	<input type="checkbox"/>
9/1/06	ID# CK# <u>cash</u>	<u>Dawnise Williams</u> 917 Taylor DSM 12 50309		<u>2.00</u>	<input type="checkbox"/>
9/1/06	ID# CK# <u>cash</u>	<u>Rick Zimmerman</u> 15301 NW 100th Madrid, 12 50156		<u>1.00</u>	<input type="checkbox"/>
8/31/06	ID# CK# <u>cash</u>	<u>Shelly Quintana</u> 209 Los Olmos San Jose, CA		<u>1.00</u>	<input type="checkbox"/>
8/30/06	ID# CK# <u>cash</u>	<u>John Page</u> 628 E. Laurel Davenport, 12		<u>1.00</u>	<input type="checkbox"/>
8/30/06	ID# CK# <u>cash</u>	<u>Ida Lockridge</u> 2400 30th ST. DSM. 12		<u>1.00</u>	<input type="checkbox"/>
8/29/06	ID# CK# <u>cash</u>	<u>Julie Veasky</u> 4506 Chamberlain Dr. DSM		<u>1.00</u>	<input type="checkbox"/>
9/1/06	ID# CK# <u>cash</u>	<u>Carol Spence</u> 4104 1st ST. DSM.		<u>1.00</u>	<input type="checkbox"/>
9/1/06	ID# CK# <u>cash</u>	<u>Cecil Spence</u> 4104 1st ST DSM		<u>1.00</u>	<input type="checkbox"/>

SUB-TOTAL \$ 11.00
 TOTAL (if last page of this schedule) \$

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smaller amounts that are not required to be reported (< \$25).

For Instructions, See Back of Form

Reset 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)
Caldwell-Johnson for School Board

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9-1-06	ID# CK# cash	Cindi Zimmerman 15301 NW 100th Madrid, IA		\$ 1.00	<input type="checkbox"/>
8/31/06	ID# CK# cash	Stephen Williams 3426 SW 29th DSM.		2.00	<input type="checkbox"/>
9/1/06	ID# CK# cash	Derek Klein Colo, IA		1.00	<input type="checkbox"/>
9-1/06	ID# CK# cash	Sundra Bauich 142 Easton Waterloo, IA		1.00	<input type="checkbox"/>
9/1/06	ID# CK# cash	De Arra Foster 6411 Allison Windsor Heights, IA		1.00	<input type="checkbox"/>
9/1/06	ID# CK# cash	Mark Foster 6411 Allison Windsor Heights, IA		1.00	<input type="checkbox"/>
9/1/06	ID# CK# cash	Maggie Zimmerman 15301 NW 100th Madrid, IA		1.00	<input type="checkbox"/>
9/1/06	ID# CK# cash	Kevin Fargo 4104 1st St DSM. IA		1.00	<input type="checkbox"/>
8/31/06	ID# CK# cash	Monica Stovall 1027 11th St, DSM.		2.00	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

\$ 11.00

TOTAL (if last page of this schedule)

\$ 3326.00

\$ 3326.00

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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)
Caldwell-Johnson for School Board

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
8/12/06	ID# New CK# checks no #	UPS store Fleur Dr. - Wakonda Dsm. Ia Shopping Ctr.	PO Box	\$ 75. ⁰⁰
8/15/06	ID# CK# "	Sec. of State State of Ia -	Voter List	10. ⁰⁰
8/19/06	ID# CK# "	Betty Andrews media	WEB domain name	50. ⁰⁰
8/19/06	ID# CK# "	Salmon Photography	photos for mailing + campaign literature	100. ⁰⁰
8/21/06	ID# CK# "	Carter Printing 1739 E Grand Dsm	letterhead, misc. printing mailings	693. ²⁴
8/24/06	ID# CK# "	Carter Printing 1739 E. Grand Dsm	yard signs + wires	1,192. ⁵⁰
8/29/06	ID# CK# "	Carter Printing 1739 E. Grand Dsm	labels	318. ⁰⁰
	ID# CK#	KJMC Radio 1169 25 th Dsm.	radio Ads	500. ⁰⁰

*Bankers Trust - is the bank -
we are still using the free checks
they gave us.*

SUB-TOTAL \$ 2938.74
TOTAL (if last page of this schedule) \$ 2938.74

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).)