

DISCLOSURE SUMMARY PAGE

Reset Form

Folk

FORM DR-2 (Rev. 12/2005)	DISCLOSURE REPORT
For Office Use Only	
Comm. # _____	Logged In _____
Scanned _____	Computer _____
Audited _____	

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

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) Local Ballot Issue

CANDIDATE COMMITTEES ONLY:

Candidate Name Dean Gillaspey Political Party (if applicable) _____

Office Sought School Board District (if Senate or House) _____

IA ETHICS & CAMPAIGN DISCLOSURE BOARD

JAN 19 2006

FILED *HD*

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code section 68B.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.

David A. Erbes
 SIGNATURE OF PERSON FILING REPORT TELEPHONE 515-253-0056 DATE SIGNED 1-18-06

I AM FILING A 1-19-06 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
9-13-05

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.)	\$ <u>0</u>
ADD TOTAL MONEY TAKEN IN THIS PERIOD	
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)	<u>465.00</u>
Schedule F: Loans Received total (Attach Schedule F)	<u>0</u>
Schedule H: Total Sales of Campaign Property (Attach Schedule H)	<u>0</u>
(Schedule H applies to Candidates' Committees Only)	
SUB-TOTAL	\$ <u>465.00</u>
SUBTRACT TOTAL MONEY SPENT THIS PERIOD	
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)	<u>368.91</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>96.09</u>
**UNPAID BILLS (From Schedule D - Attach Schedule D)	\$ <u>0</u>
*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)	\$ <u>249.35</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

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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)
Citizens for Gillaspay

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
08/23/05	ID# CK# cash	Karen and Peter Coaldrake 6413 Harbor Oaks Dr. Johnston, IA 50131		\$ 100.00	<input type="checkbox"/>
08/23/05	ID# CK# cash	Jennifer and David Erbes 6149 Foxboro Rd Johnston, IA 50131		\$ 100.00	<input type="checkbox"/>
08/23/05	ID# CK# cash	Lisa Cooper 6562 N. Winwood Johnston, IA 50131		\$ 40.00	<input type="checkbox"/>
08/31/05	ID# CK# 4566	John and Anne Temple 8170 Heather Row Johnston, IA 50131		\$ 50.00	<input type="checkbox"/>
09/07/05	ID# CK# 8969	Jean Swayer Shugart 7265 NW 64th Ct. Johnston, IA 50131		\$ 50.00	<input type="checkbox"/>
09/12/05	ID# CK# 5056	Terry Garland 8110 Heather Row Johnston, IA 50131		\$ 35.00	<input type="checkbox"/>
08/31/05 - 09/13/05	ID# CK#	Unitemized contributions		\$ 90.00	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
SUB-TOTAL				\$ 465.00	
TOTAL (if last page of this schedule)				\$ 465.00	

* 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

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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)
Citizens for Gillaspay

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
10/05/05	ID# CK# 101	Karen Coaldrake 6413 Harbor Oaks Dr. Johnston, IA 50131	Stamps \$148.00 flyers, ink, stamps \$66.66 Labels \$58.85 Cards \$95.40	\$368.91
	ID# CK#			
SUB-TOTAL				\$ 368.91
TOTAL (if last page of this schedule)				\$ 368.91

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

SCHEDULE E (Rev. 06/97)	IN-KIND CONTRIBUTIONS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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

Citizens for Gillaspey

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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
08/29/05	Dean Gillaspey 4706 77 th Street Urbandale, IA 50322	candidate	stamps	\$ 185.00	<input type="checkbox"/>
08/29/05	Cheryl Garlank 8110 Heather Bow Johnston, IA 50131		stamps	\$ 37.00	<input type="checkbox"/>
08/29/05	Vickie Selinger 6090 Nottingham Johnston, IA 50131		envelopes	\$ 27.35	<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 \$ 249.35

TOTAL (if last page of this schedule) \$ 249.35

*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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(for Schedule E)