

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

# DISCLOSURE SUMMARY PAGE

*Polk*

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

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

Committee to Elect Narcisse

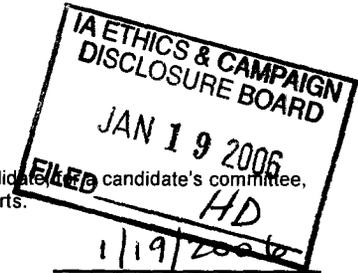
IMPORTANT: Indicate by # type of committee you are reporting for:

( 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 Jonathan Narcisse Political Party (if applicable) \_\_\_\_\_

Office Sought Des Moines School Board District (if Senate or House) \_\_\_\_\_



Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code section 68B.32A(7) the candidate, candidate's committee, and the chairperson, for any other type of committee, is the individual responsible for filing timely and accurate reports.

*Am Neiderbaur* 556-3942 1/19/2006

SIGNATURE OF PERSON FILING REPORT TELEPHONE DATE SIGNED

I AM FILING A January 19, 2006 REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR.  
 (report date) Indicate by # 2

- 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>September 13, 2005</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 <b>MUST</b> 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>3054.19</u>
<b>ADD TOTAL MONEY TAKEN IN THIS PERIOD</b>		
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below).....		<u>1841.40</u>
Schedule F: Loans Received total (Attach Schedule F) .....		
Schedule H: Total Sales of Campaign Property (Attach Schedule H).....		
<u>(Schedule H applies to Candidates' Committees Only)</u>		
SUB-TOTAL .....	\$	<u>1841.40</u>
<b>SUBTRACT TOTAL MONEY SPENT THIS PERIOD</b>		
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below) .....		<u>4164.15</u>
Schedule F: Loan Repayments total (Attach Schedule F) .....		<u>700.00</u>
CASH ON HAND at the end of this reporting period (if final report balance must be zero) (Attach DR-3) .....	\$	<u>31.45</u>
<b>**UNPAID BILLS</b> (From Schedule D - Attach Schedule D).....	\$	<u>0</u>
<b>**IN KIND CONTRIBUTIONS</b> (From Schedule E - Attach Schedule E) .....	\$	<u>0</u>
<b>**OUTSTANDING LOANS</b> (From Schedule F - Attach Schedule F).....	\$	<u>0</u>
CONSULTANT BREAKDOWN (Schedule G Attached?)	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
<b>CANDIDATE COMMITTEES ONLY:</b>		
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 <b>A</b> (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)  
Committee to Elect Narcisse

**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
9/9/05	ID# CK# 002	GO-PAC		\$ 250	<input type="checkbox"/>
"	ID# CK#	Henry Thomas 1348 McCormick DSM, IA 50316		50	<input type="checkbox"/>
"	ID# CK#	Donald E. 12th and Walnut DSM, IA 50312		40	<input type="checkbox"/>
"	ID# CK#	Jonathan Narcisse 1083 27th St. Des Moines, IA 50311	Self	71	<input type="checkbox"/>
9/8/05	ID# CK#	Unitemized		25	<input type="checkbox"/>
9/9/05	ID# CK#	Unitemized		25	<input type="checkbox"/>
9/8/05	ID# CK#	Unitemized		50	<input type="checkbox"/>
9/7/05	ID# CK#	Unitemized		25	<input type="checkbox"/>
"	ID# CK#	Al Parrish 2910 Grand Avenue Des Moines, IA 50312		200	<input type="checkbox"/>
"	ID# CK#	D. Coleman 1646 22nd St. Des Moines, IA 50310		100	<input type="checkbox"/>
SUB-TOTAL				\$ 836	
<b>TOTAL (if last page of this schedule)</b>				\$	

\* 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

SCHEDULE <b>A</b> (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)  
Committee to Elect Narcisse

**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
9/11/05	ID# CK#	Unitemized		\$ 25 <sup>00</sup>	<input type="checkbox"/>
9/15/05	ID# CK#	Unitemized		70	<input type="checkbox"/>
"	ID# CK#	L.B. Galbroth		60	<input type="checkbox"/>
"	ID# CK#	Terece Caldwell-Johnson 3907 SW 29th St. Des Moines, IA 50321		100	<input type="checkbox"/>
9/17/05	ID# CK#	Karl L. Schulling 3120 Des Moines, IA 50320		50	<input type="checkbox"/>
"	ID# CK#	Terry Wilson 770 Cherokee Avenue Des Moines, IA 50316		50	<input type="checkbox"/>
"	ID# CK#	Keri Rublitz, Jr. 156 Aron Ave, Urbandale IA 50322		100	<input type="checkbox"/>
9/18/05	ID# CK#	Ronald Wittenwyler 6030 N. Waterbury Road Des Moines, IA 50312		200	<input type="checkbox"/>
"	ID# CK#	Neida Mickle 1711 Woodland Des Moines, IA 50309		100	<input type="checkbox"/>
"	ID# CK#	Tom Coates 15156 17th St Norwalk, IA 50211		50	<input type="checkbox"/>
SUB-TOTAL				\$ 780	
<b>TOTAL (if last page of this schedule)</b>				\$	

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For Instructions, See Back of Form

Reset Form

SCHEDULE <b>A</b> (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)  
*Committee to Elect Narcisse*

**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
10/15/05	ID# CK#	Unitemized		\$225.40	<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"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL \$225.40  
TOTAL (if last page of this schedule) \$1841.41

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FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

**EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT**

SCHEDULE <b>B</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 Narcisse

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
9/8/05	ID# CK#	KJMC 1169 25th St Des Moines, IA 50311	Radio ads and production	\$1000 <sup>00</sup>
9/9/05	ID# CK#	US Postal Service 1165 2nd Avenue Des Moines, IA	Postage - Campaign Flyers	3,036 <sup>00</sup>
9/22/05	ID# CK#	Gaynelle Narcisse 813 25th St. Des Moines, IA 50312	Cell Phone Usage	69 <sup>00</sup>
9/22/05	ID# CK#	Gaynelle Narcisse 813 25th St. Des Moines, IA 50312	Gas and refreshments	34 <sup>52</sup>
9/30/05	ID# CK#	Iowa State Bank 627 E. Locust Des Moines, IA 50309	Service Charge + Tax	8.73
10/30/05	ID# CK#	Iowa State Bank see above	Service Charge + Tax	5.30
11/30/05	ID# CK#	Iowa State Bank see above	Service Charge + Tax	5.30
12/30/05	ID# CK#	Iowa State Bank see above	Service Charge + Tax	5.30
SUB-TOTAL				\$4164.15
<b>TOTAL (if last page of this schedule)</b>				<b>\$4164.15</b>

**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).)

Reset Form

SCHEDULE <b>F</b> (Rev. 07/03)	LOANS RECEIVED & REPAID
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)  
Committee to Elect Narcisse

NOTE: This schedule reports money loaned to the committee which is deposited in the committee account.

TOTAL UNPAID LOANS FROM LAST REPORTING PERIOD \$ 700<sup>00</sup>

**PART I - MONETARY LOANS RECEIVED THIS REPORTING PERIOD**

(Original source of loan, such as a bank, must be shown if a third party is involved. Include loans from candidate's personal funds.)

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE (If Applicable)	AMOUNT OF LOAN
			\$

TOTAL (PART I) \$ 0

**PART II - MONETARY LOAN REPAYMENTS MADE THIS REPORTING PERIOD**

(Loans forgiven must be reported on Schedule E - In-kind Contributions.)

DATE PAID (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE* (If Applicable)	AMOUNT REPAID
11/3/05	Jonathan Narcisse 1083 27th St Des Moines IA 50311	Self	\$ 700 <sup>00</sup>

TOTAL CASH REPAYMENTS (PART II) \$ 700<sup>00</sup>

From Schedule E - TOTAL LOANS FORGIVEN \$ 0-

TOTAL OUTSTANDING LOANS END OF REPORT PERIOD \$ 0-

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