

DISCLOSURE SUMMARY PAGE

Reset Form

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)

Patch for Schools

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 JAN - 3 2006 Political Party (if applicable) _____

Office Sought _____ 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, for a candidate's committee, and the chairperson, for any other type of committee, is the individual responsible for filing timely and accurate reports.

Richard Adams (515) 981-5074 3 Jan 2006
 SIGNATURE OF PERSON FILING REPORT TELEPHONE DATE SIGNED

I AM FILING A _____ 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
County & Local Committees, enter County in which Election is held

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)..... 4390.30

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\$ 3615.25

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below) 4390.30

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).....\$ 0

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

***IN KIND CONTRIBUTIONS** (From Schedule E - Attach Schedule E)\$ 740.04

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

CONSULTANT BREAKDOWN (Schedule G Attached?) _____ YES X NO

CANDIDATE COMMITTEES ONLY:

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

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

For Instructions, See Back of 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)
~~STAR~~ Patch for Schools

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
08/01/05	ID# CK#	Jan Roxberg 1616 46th St Des Moines IA 50315		\$ 10.00	<input type="checkbox"/>
8/01/05	ID# CK#	Jerome L. Bradley 4605 SW 16th Des Moines IA 50315		50.00	<input type="checkbox"/>
8/01/05	ID# CK#	Richard Graves 1020 South Ave NORWALK IA 50211		5.00	<input type="checkbox"/>
8/04/05	ID# CK#	Russel W. Fisher 3428 SW 31st St Des Moines IA 50321		700.00	<input type="checkbox"/>
8/11/05	ID# CK#	Richard McMahon		50.00	<input type="checkbox"/>
8/15/05	ID# CK#	Jerome L. Bradley 4605 SW 16th Des Moines IA 50315		20.00	<input type="checkbox"/>
8/17/05	ID# CK#	Paula Herman 4607 Kingman Blvd 50311		10.00	<input type="checkbox"/>
8/18/05	ID# CK#	Peggy A. Christophal 621 12th St W Des Moines IA 50265		15.00	<input type="checkbox"/>
8/18/05	ID# CK#	Medisa Spencer 4204 Franklin Ave 50320		15.00	<input type="checkbox"/>
8/27/05	ID# CK#	Rudy Thrill		20.00	<input type="checkbox"/>
SUB-TOTAL				\$ 295.00	
TOTAL (if last page of this schedule)				\$	

* 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

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)
Patch for Schools

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.

295.00

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
8/20	ID# CK#	Jerry Brudley		\$ 20.00	<input type="checkbox"/>
8/20	ID# CK#	Deb McMahon		20.00	<input type="checkbox"/>
8/27/05	ID# CK#	Cray Graziano 500 44th St DSM IA 50312		50.00	<input type="checkbox"/>
8/27/05	ID# 6017 CK#	Central Iowa Building Trades Council Box 7310 IA		1000.00	<input type="checkbox"/>
8/29/05	ID# CK#	Ken McDougal 3662 Ingeroll Apt 12 DSM IA 50312		50.00	<input type="checkbox"/>
8/29/05	ID# CK#	Marilyn Knight 4408 S.E. 35th DSM IA 50320		10.00	<input type="checkbox"/>
8/29/05	ID# CK#	George Candill 3900 SW 28th Place DSM IA 50321		50.00	<input type="checkbox"/>
8/29/05	ID# CK#	Joanne Devin 1412 Thompson DSM IA 50316		5.00	<input type="checkbox"/>
9/01/05	ID# CK#	Jo Burns 16 E Titus DSM IA 50315		20.00	<input type="checkbox"/>
9/02/05	ID# CK#	Roy + Bonnie Reed 6501 North West Dr DSM IA 50322		20.00	<input type="checkbox"/>
SUB-TOTAL				\$ 295.00	
TOTAL (if last page of this schedule)				\$	

* 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 Fo

Reset

CONTRIBUTIONS – MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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

Patch For Schools

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
9/01/05	ID# CK#	Dale + Carol Lang 2480 Easter Lake Dr DSM IA 50320		\$ 20.00	<input type="checkbox"/>
PAC 9/01/05	ID# 9716 CK#	IBEW Local 347 850 18th St PAC Fund DSM IA 50314		200.00	<input type="checkbox"/>
PAC 9/01/05	ID# 6089 CK#	Operating Engineers Local 234 PAC Fund 4880 Hubbell DSM 50317		250.00	<input type="checkbox"/>
9/03/05	ID# CK#	Joseph + Rebecca Simon 3504 Ashworth Rd WDSM IA 50265		10.00	<input type="checkbox"/>
9/03/05	ID# CK#	Jack + Andrea Holueck 2007 47th DSM, IA 50310		25.00	<input type="checkbox"/>
9/03/05	ID# CK#	Ruth Foster 1004 McRinley DM IA 50315		10.00	<input type="checkbox"/>
9/03/05	ID# CK#	Fred + Sondra Lazaar 721 S.E. Uehlar Dr Ankeny IA 50021		15.00	<input type="checkbox"/>
9/03/05	ID# CK#	Tennys + Mary Pratt 5069 W. 140 St Mitchellville IA 50169		50.00	<input type="checkbox"/>
9/03/05	ID# CK#	Peter + Anna Marasco 1725 NW 128th DM IA 50325		30.00	<input type="checkbox"/>
9/03/09	ID# CK#	Dave + Elaine Wilkinson 2504 Guthrie DM IA 50317		50.00	<input type="checkbox"/>
SUB-TOTAL				\$ 660.00	
TOTAL (if last page of this schedule)				\$	

* 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)
Jim Patch for Schools

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
8/24/05	ID# CK#	U.S. Postal Service Beaverdale Station DM IA 50310	Stamps	\$76.44
8/25	ID# CK# 1501	Carter Printing 1739 East Grand DM IA 50316	55 each Sign wires	37.31
9/9	ID# CK# 1502	Dick McMahon 4236 40th DSM IA 50315	212 Stamps	\$78.44
9/9	ID# CK# 1503	Office Max 2700 Ingersol	Paper Envelopes	307.32
9/9	ID# CK# 1504	US. Postal Service Southdale Station DSM IA 50315	6000 each stamps	2220.00
9/10	ID# CK# 1505	Office Max 5020 SE, 14th DSM IA 50320	"Envelopes"	133.52
12/20/5	ID# CK# 1506	The Iowa Net PO Box 25184 West DSM IA 50265	Marketing Support Services	975.00
12/20/5	ID# CK# 1507	The Iowa Net P.O. Box 25184 West DSM Ia 50265	Printing of Campaign Literature	638.71

SUB-TOTAL \$4390.30
TOTAL (if last page of this schedule) \$4390.30

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)
Jim Patch for Schools

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
09/01/05	Richard Graves 1020 South Ave Norwalk Ia 50211	None	Rubber Stamp	\$ 26.35	<input type="checkbox"/>
8/30/05	Painters Local 246 5738 N.W. 2nd Des Moines IA 503	None	Sign	\$ 400.00	<input type="checkbox"/>
8/30/05	Jim Patch 2803 Staton DSM IA 50321	Candidate	24 each T-shirts	237.25	<input type="checkbox"/>
8/24/05	Jim Patch 2803 Staton DSM IA 50321	Candidate	Stamps	76.44	<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

SUB-TOTAL \$ ~~663.60~~ 740.04
 TOTAL (if last page of this schedule) \$ ~~663.60~~ 740.04

*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.