

DISCLOSURE SUMMARY PAGE

FORM DR-2 (Rev. 01/98)	DISCLOSURE REPORT
For Office Use Only	
Comm. # _____	Indexed _____
Audited _____	Computer _____

COMMITTEE NAME (Must be same as on Statement of Organization)
 Committee to elect Raymond "Tony" Ambrose

IMPORTANT: Indicate type of committee you are reporting for: 4

(1)Statewide/Legislative Candidate (2)Statewide PAC (3)State Party (4)County/Local Candidate
 (5)County PAC (6)Ballot Issue/Franchise Committee (7)County/City Central Committee
 (8)Support State of Candidates

Geant K. Whittington (563) 322-1330
 SIGNATURE OF TREASURER (or person filing this report) TELEPHONE

Nov. 1, 2005
 DATE SIGNED

Routine Penalties Due For Late Filed Reports Range from \$20 to \$800

SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE:

I AM FILING A Ten Days Before Election REPORT FOR AN/A (1) ELECTION / (2) NON-ELECTION YEAR.
 (report date) Indicate one 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 Notice of Dissolution is filed.)

Local Committees, enter Date of Election <u>November 8, 2005</u>
County & Local Committees, enter County in which Election is held <u>Scott</u>

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (This is the total of all monies 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.)\$ 1,609.69

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) 1,550.00

Schedule F: Loans Received total (Attach Schedule F)

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

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL.....\$ 3,159.69

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B)

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)\$ 3,159.69

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

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

OUTSTANDING LOANS (From Schedule F - Attach Schedule F)\$ 1,055.85

CANDIDATE COMMITTEES ONLY:

CONSULTANT BREAKDOWN (Schedule G Attached?) _____ YES NO

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

For Instructions, See Back of Form

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

SCHEDULE A (Rev. 06/97)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)
Committee to Re Elect RAY Ambrose

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#	Bill + CAROL Fennelly 1117 W. GARFIELD CT DAV IA		\$ 25 ⁰⁰	
9-30-05	ID# CK#	Marjorie Kimmel 40 Kenwood Ave DAV IA		100 ⁰⁰	
10-1-05	ID# CK#	Terrence LUNARDI 2443 E CENTRAL PARK DAV IA 52803		100 ⁰⁰	
10-6-05	ID# CK#	ALAN HATHAWAY MEDICAL ARTS BUILD DAV. IA		40 ⁰⁰	
10-7-05	ID# CK#	Tom or Barb Otting 15 Oak PARK DR Bett IA 52722		20 ⁰⁰	
10-8-05	ID# CK#	DONNA Erps 2029 N. LINWOOD AVE DAV IA		30 ⁰⁰	
10-8-05	ID# CK#	Domenic Giammetta 7627 Northwest Blvd DAV IA 52806		100 ⁰⁰	
10-8-05	ID# CK#	Steve Schalk 310 MAIN ST. DAV. IA		100 ⁰⁰	
10-8-05	ID# CK#	John Caffery 1507 FLORENCE LW DAV IA		50 ⁰⁰	
10-11-05	ID# CK#	Russ VAN WETZINGA 27512 FREDERICK DR Le CLAIR, IA 52753	brother in-law	40 ⁰⁰	
SUB-TOTAL				\$ 605 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) (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.

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 06/97)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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

Committee to Re Elect Ray Ambrose

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.

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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
10-11-05	ID# CK#	Tom Guy 2825 W. 44th St DAV IA		\$ 25 ⁰⁰	
10-11-05	ID# CK#	Tom Williams 4048 E 61st Blvd DAV IA		50 ⁰⁰	
10-11-05	ID# CK#	Joe Seng 4804 Northwest Blvd DAV IA 52806		20 ⁰⁰	
10-11-05	ID# CK#	Avalyn Stern Berg 1608 Florence Ln DAV IA		25 ⁰⁰	
10-11-05	ID# CK#	Wayne Cable 2846 E Pleasant DAV IA		200 ⁰⁰	
10-11-05	ID# CK#	Phil Bearbower 1329 Washington St DAV IA		25 ⁰⁰	
10-11-05	ID# CK#	Brock Earnhardt 1738 E 43rd St DAV IA		75 ⁰⁰	
10-11-05	ID# CK#	Dennis Conrad 2811 E Hayes St DAV IA		50 ⁰⁰	
10-11-05	ID# CK#	Joe Polaschek 14 Mc Cellan Blvd DAV IA		50 ⁰⁰	
10-13-05	ID# CK#	Michael A. Manning 4225 Oak Grove Cir Valparaiso IN	Cousin	50 ⁰⁰	
SUB-TOTAL				\$ 570 ⁰⁰	
TOTAL (if last page of this schedule)				\$	

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

SCHEDULE A (Rev. 06/97)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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

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/YYR)	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
10-14-05	ID# CK#	Susie Bell 1718 MARGUETTE DAV. IA 52804		\$ 10 ⁰⁰	
10-15-05	ID# CK#	JANE TOM MURPHY 2238 N THORWOOD DAV IA		25 ⁰⁰	
10-17-05	ID# CK#	Kerry Beyer 6401 UTICA RIDGE RD Apt 19 DAV IA 52807		50 ⁰⁰	
10-17-05	ID# CK#	Ruth Nowicki 776 LAMBETH LANE New LENOX IA	aunt	50 ⁰⁰	
10-21-05	ID# CK#	JOHN DOUGLAS 1711 N. PINE ST DAV IA		10 ⁰⁰	
10-24-05	ID# CK#	JANET ALES 608 KIRKWOOD BLVD DAV. IA		30 ⁰⁰	
10-11-05	ID# CK#	FUND RAISER / Fish bank		200 ⁰⁰	✓
	ID# CK#				
	ID# CK#				
	ID# CK#				

SUB-TOTAL

\$375.⁰⁰

TOTAL (if last page of this schedule)

\$1550.⁰⁰

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COMMITTEE NAME (Must be same as on Statement of Organization)
 Committee to elect Raymond "Tony" Ambrose

SCHEDULE F (Rev. 08/96)	LOANS RECEIVED & REPAID
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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

TOTAL UNPAID LOANS FROM LAST REPORTING PERIOD \$ 1,055.85

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) \$ _____

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
			\$

TOTAL CASH REPAYMENTS (PART II) \$ _____

From Schedule E -- TOTAL LOANS FORGIVEN \$ _____

TOTAL OUTSTANDING LOANS END OF REPORT PERIOD \$ 1,055.85

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