

*Scott*

File with:  
Iowa Ethics and Campaign  
Disclosure Board  
510 F. 12<sup>th</sup>, Ste. 1A  
Des Moines, Iowa 50319  
Fax: 515-281-4073



IA ETHICS AND  
CAMPAIGN DISCLOSURE BOARD

FOR INSTRUCTIONS, SEE BACK OF FORM  
**DISCLOSURE SUMMARY PAGE**

2007 OCT -2 PM 3:02

**COMMITTEE NAME** (Must be same as on Statement of Organization)  
Citizens For A Better Des Moines

**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 NA Political Party (if applicable) \_\_\_\_\_  
 Office Sought \_\_\_\_\_ District (if Senate or House) \_\_\_\_\_

**FORM DR-2**  
(Rev. 01/2007)

**DISCLOSURE REPORT**

**For Office Use Only**  
 Comm. # 35007  
 Logged In \_\_\_\_\_  
 Scanned DM  
 Computer DM  
 Audited \_\_\_\_\_

2

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.101(3), the candidate, for a

[Signature]  
SIGNATURE OF PERSON FILING REPORT

563-359-5583  
TELEPHONE

10-2-07  
DATE SIGNED

I AM FILING A Oct 4th 5 days before primary 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  
Oct 9-07

County & Local Committees, enter County in which election is held  
Scott Co.

**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>0</u>
<b>ADD TOTAL MONEY TAKEN IN THIS PERIOD</b>		
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)		<u>12,650.00</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>
<u>(Schedule H applies to Candidates' Committees Only)</u>		
<b>SUB-TOTAL</b>	\$	<u>12,650.00</u>
<b>SUBTRACT TOTAL MONEY SPENT THIS PERIOD</b>		
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)		<u>10.00</u>
Schedule F: Loan Repayments total (Attach Schedule F)		<u>0</u>
<b>CASH ON HAND at the end of this reporting period (if final report balance must be zero)</b>	\$	<u>12,640.00</u>
**UNPAID BILLS (From Schedule D - Attach Schedule D)	\$	<u>3883.45</u>
*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)	\$	_____
**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)	\$	<u>0</u>
CONSULTANT BREAKDOWN (Schedule G Attached?)		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
<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

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

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

**COMMITTEE NAME** (Must be same as on Statement of Organization)  
*Citizens for A Better Davenport*

**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
8/8/07	ID# CK# 4841	Mary Ellen Chamberlin 709 Grand Ave. Davenport, Ia. 52803	NA	\$ 250. <sup>00</sup>	<input type="checkbox"/>
8/16/07	ID# CK# 3069	Cal Werner 25370 W Valley Dr Bethesda, Md. 52722	NA	\$ 150. <sup>00</sup>	<input type="checkbox"/>
8/22/07	ID# CK# 5455	Gary Mohr 4755 School House Rd Bethesda, Md. 52722	NA	\$ 150. <sup>00</sup>	<input type="checkbox"/>
8/22/07	ID# CK# 1220	Donal Fortes 109 Essex Lane Davenport, IA 52803	NA	\$ 1000. <sup>00</sup>	<input type="checkbox"/>
8/22/07	ID# CK# 1187	Temance Lwardi 2443 E Central Park Davenport, IA 52803	NA	\$ 1000. <sup>00</sup>	<input type="checkbox"/>
9-1-07	ID# CK# 3065	Mary Elizabeth Brandsgard 715 N Pine St Davenport, IA 52804	NA	\$ 500. <sup>00</sup>	<input type="checkbox"/>
9-7-07	ID# CK# 2877	Robert Young 3000 E 3rd St Suite 3 Davenport, IA	NA	\$ 100. <sup>00</sup>	<input type="checkbox"/>
9-11-07	ID# CK# 1258	Nicole Christian 2611 E Oakfield St. Davenport, IA 52803	NA	\$ 150. <sup>00</sup>	<input type="checkbox"/>
9-11-07	ID# CK# 1869	Marjoh Volz 2304 Wynnwood Ct. Davenport, IA 52807	NA	\$ 500. <sup>00</sup>	<input type="checkbox"/>
9-11-07	ID# CK# 1276	Thomas Brockmann 2446 E. Rivon St. Davenport, IA 52802	NA	\$ 2000. <sup>00</sup>	<input type="checkbox"/>
SUB-TOTAL				\$ 5800. <sup>00</sup>	
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

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

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

COMMITTEE NAME (Must be same as on Statement of Organization)  
Citizens for A Better Davenport

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 60B.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/YY)	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
9-12-07	ID# CK# 5116	Peter Pohlmann 235 Fernwood Ave Davenport, IA 52803	NA	\$ 1000.00	<input type="checkbox"/>
9-16-07	ID# CK# 3495	William Leaver 3280 Camp Creek Road Lynn Center, IA 51262	NA	1000 <sup>00</sup>	<input type="checkbox"/>
9-19-07	ID# CK# 3180	Carolino Ruhl 233 Fernwood Ave Davenport, IA 52803	NA	1000 <sup>00</sup>	<input type="checkbox"/>
9-19-07	ID# CK# 3571	Mark Schupp 7010 Nottingham Ln Bellefontaine, IA 52722	NA	1000 <sup>00</sup>	<input type="checkbox"/>
9-20-07	ID# CK# 7022	Michael Bauer 2923 E 18th St Davenport, IA 52802	NA	500 <sup>00</sup>	<input type="checkbox"/>
9-21-07	ID# CK# 3172	James Russell 6401 Utica Ridge Unit 3 Davenport, IA 52807	NA	1000 <sup>00</sup>	<input type="checkbox"/>
9-25-07	ID# CK# 6938	David Emrick Holl Orange Blvd Davenport, IA 52807	NA	500 <sup>00</sup>	<input type="checkbox"/>
9-25-07	ID# CK# 4555	William Wilke 3547 Deer Ridge Ct Bellefontaine, IA 52722	NA	100 <sup>00</sup>	<input type="checkbox"/>
9-26-07	ID# CK# 2405	Hugh Stafford 6125 Valley Dr. Bellefontaine, IA 52722	NA	250 <sup>00</sup>	<input type="checkbox"/>
9-29-07	ID# CK# 10054	Leo Bresanelli 6584 Junco Rd Bellefontaine, IA 52722	NA	500 <sup>00</sup>	<input type="checkbox"/>
SUB-TOTAL				\$6950	
TOTAL (if last page of this schedule)				\$12,650	

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FOR INSTRUCTIONS, SEE BACK OF FORM



**EXPENDITURES – MONEY SPENT FROM COMMITTEE ACCOUNT**

SCHEDULE F <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)  
*Citizens For A Better Des Moines*

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
8-23-07	ID# CK# 100.3	Scott Co. Auditor 426 Western Des Moines, IA 52001	Voter registration CD	\$ 10.00
	ID# CK#			
SUB-TOTAL				\$ 10.00
TOTAL (If last page of this schedule)				\$ 10.00

**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)(1).)



## **ADDENDUM TO SCHEDULE D**

The Citizens for a Better Davenport committee purchased the services of the following firms as in-kind contributions to the committees listed below.

Robin A Johnson  
2117 58<sup>th</sup> St                      Political Consulting  
Monmouth, IL 61462

Photo Prose  
3729 S Morgan                      Photography Services  
Chicago, IL 60609

Committees receiving the in-kind contributions from Citizens for a Better Davenport:

9-1-07 through 9-30-07

#13733	Committee to Elect Tom Carnahan	\$450
#13716	Lewis 4 Davenport	\$450
#13472	Friends of Bill Boom	\$450
#13466	Frink for Davenport City Council	\$450
#13737	Meeker for City Council	<u>\$450</u>
		\$2,250

FOR INSTRUCTIONS, SEE BACK OF FORM



<b>SCHEDULE G</b> (Rev. 02/96)	<b>BREAKDOWN OF MONETARY EXPENDITURES BY CONSULTANT</b>
	<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM

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

*Citizens For A Better Doverport*

PART I - NAME AND ADDRESS OF CONSULTANT

Name of Consultant  
*Robert A. Johnson*

Mailing Address  
*2117 58th St.*

City State Zip Code  
*Mommsville, IL 61462*

CONTRACT PERIOD (MMDD/YR)

From *6-07* To *11-07*

TOTAL ANTICIPATED COMPENSATION FOR PERFORMANCE  
\$ *9000.00*

ESTIMATES OF PERFORMANCE

*advise committee and candidates on message & targeting*

PART II - ITEMIZED BREAKDOWN OF UNREIMBURSED EXPENSES PAID BY CONSULTANT TO OTHERS IN PERFORMING SERVICES OF CONTRACT (These expenses should NOT be reported on Schedule B, as they are direct payment from the consultant.)

DATE EXPENDED (MMDD/YR)	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE	AMOUNT EXPENDED
			\$

SUB-TOTAL \$

TOTAL (if last page of this schedule) \$

**Fax From: Citizens for a Better Davenport**  
**2721 East Pleasant**  
**Davenport, IA 52803**  
**Loxi Hopkins**  
**563-359-5583**

IA ETHICS AND  
CAMPAIGN DISCLOSURE BOARD  
2007 OCT -2 PM 3:02

**Fax To: Iowa Ethics and Campaign Disclosure Board**

**Report forms A,B,D,E,G included; 7 pages**

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)  
**CITIZENS for a Better Doverport**

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

DATE RECEIVED (MM/DD/YY)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	IF FOR FUND RAISER CONTRIBUTION
9-1-07 thru 9-30-07	Committee to elect Tom Carnahan 2007 Emerald Dr Doverport, IA 52804		Creative Consulting Services/Photo	\$ 450.00	<input type="checkbox"/>
9-1-07 thru 9-30-07	Lewis H Doverport 2827 Fillmore Lane Doverport, IA 52804		"	450.00	<input type="checkbox"/>
9-1-07 thru 9-30-07	Friends of Bill Boom 417 W. 7th Doverport, IA 52803		"	450.00	<input type="checkbox"/>
9-1-07 thru 9-30-07	Frank On Doverport City Council 2505 Fulton Ave Doverport, IA 52803		"	450.00	<input type="checkbox"/>
9-1-07 thru 9-30-07	Merker On City Council 219 E 4th Doverport, IA 52807		"	450.00	<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

SUB-TOTAL \$ 2250.00  
 TOTAL (if last page of this schedule) \$ 2250.00

\*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown in 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.