

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE



FORM DR-2 (Rev. 07/2004)	DISCLOSURE REPORT
For Office Use Only	
Comm. # <u>21321</u>	Logged In _____
Scanned _____	Computer _____
Audited _____	

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

Friends of EICCD

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 School Board or Other Political Subdivision PAC (11) Local Ballot Issue

CANDIDATE COMMITTEES ONLY:

Candidate Name _____ Political Party (if applicable) _____

Office Sought _____ District (if Senate or House) _____

Late reports are subject to possible civil and criminal penalties.

[Signature] 563-336-3335 9/16/05
 SIGNATURE OF PERSON FILING REPORT TELEPHONE DATE SIGNED

I AM FILING A September 8, 2005 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 <u>September 13, 2005</u>
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.)	\$	<u>0.00</u>
ADD TOTAL MONEY TAKEN IN THIS PERIOD		
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)		<u>5,600.00</u>
Schedule F: Loans Received total (Attach Schedule F)		<u>0.00</u>
Schedule H: Total Sales of Campaign Property (Attach Schedule H)		<u>0.00</u>
(Schedule H applies to Candidates' Committees Only)		
	SUB-TOTAL	\$ <u>5,600.00</u>
SUBTRACT TOTAL MONEY SPENT THIS PERIOD		
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)		<u>4,719.48</u>
Schedule F: Loan Repayments total (Attach Schedule F)		<u>0.00</u>
CASH ON HAND at the end of this reporting period (if final report balance must be zero) (Attach DR-3)	\$	<u>880.52</u>
**UNPAID BILLS (From Schedule D - Attach Schedule D)	\$	<u>0.00</u>
*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)	\$	<u>160.13</u>
**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)	\$	<u>0.00</u>
CANDIDATE COMMITTEES ONLY:		
CONSULTANT BREAKDOWN (Schedule G Attached?)		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)	\$	<u>0.00</u>

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)
FRIENDS OF EICCD

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
04/15/05	ID# CK# 7336	LANA J DETTBARN 34 TIMBERLINE DRIVE BLUE GRASS, IA 52726		\$ 200.00	<input type="checkbox"/>
4/22/05	ID# CK# 5319	GARY M MOHR 4755 SCHOOL HOUSE RD BETTENDORF, IA 52722		200.00	<input type="checkbox"/>
04/22/05	ID# CK# 5161	NEIL AND SUZANNE MANDSAGER 10405 282ND ST DONAHUE, IA 52746		200.00	<input type="checkbox"/>
04/22/05	ID# CK# 1397	DAVID AND SUZANNE CLAEYS 1587 DEERWOOD DRIVE BETTENDORF, IA 52722		200.00	<input type="checkbox"/>
04/22/05	ID# CK# 2818	KAREN AND DAVID VICKERS 583 WOODLAND DRIVE CLINTON, IA 52732		200.00	<input type="checkbox"/>
04/22/05	ID# CK# 3455	NANCY KOTHENBEUTEL 1730 20TH ST. BETTENDORF, IA 52722		200.00	<input type="checkbox"/>
04/25/05	ID# CK# 553	JEFFREY ARMSTRONG 1025 ORCHARD AVE MUSCATINE, IA 52761		100.00	<input type="checkbox"/>
04/25/05	ID# CK# 4274	HONEY AND DANIEL BEDELL 23 EDGEHILL TERRACE DAVENPORT, IA 52803		200.00	<input type="checkbox"/>
05/03/05	ID# CK# 1152	PATRICIA KEIR 1599 DEERWOOD DRIVE BETTENDORF, IA 52722		400.00	<input type="checkbox"/>
05/12/05	ID# CK# 2921	MARK AND REBECCA KAPFER 2915 SUN VALLEY CT. BETTENDORF, IA 52722		200.00	<input type="checkbox"/>
SUB-TOTAL				\$2100.00	
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



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)
Friends of EICCD

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
051205	ID# CK#	Barkdoll, Kirk R. 3440 Jersey Ridge Road Apt. 14 Davenport, Iowa 52807		\$ 100.00	<input type="checkbox"/>
051205	ID# CK#	Stoessel, Edward 5210 W. 11th Davenport, Iowa		200.00	<input type="checkbox"/>
051205	ID# CK#	Spies, Frank 11760 100th Ave. Davenport, Iowa 52804		20.00	<input type="checkbox"/>
051705	ID# CK#	McAvoy, Victor 1732 70th Ave. Aledo, Illinois 61231		200.00	<input type="checkbox"/>
061005	ID# CK#	Gallagher, Robert 1560 25th Street Bettendorf, Iowa 52722		250.00	<input type="checkbox"/>
061005	ID# CK#	Perkins, Teresa 3308 E. Harbor Drive Bettendorf, Iowa 52722		250.00	<input type="checkbox"/>
061005	ID# CK#	Hyland, Jeff 4443 Spring Street Davenport, Iowa 52807		100.00	<input type="checkbox"/>
061005	ID# CK#	Thuenen, George 47 Riverview Park Drive Bettendorf, Iowa 52722		50.00	<input type="checkbox"/>
061005	ID# CK#	Silver, Linda 4415 State Street Apt. 2 Bettendorf, Iowa 52722		25.00	<input type="checkbox"/>
061305	ID# CK#	Meier, David 1936 Streamside Drive Bettendorf, Iowa 52722		250.00	<input type="checkbox"/>
SUB-TOTAL				\$ 1445.00	
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



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)

Friends of EICCD

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
061305	ID# CK#	Wagoner, Kay 5296 Coachman Road Bettendorf, Iowa 52722		\$ 250.00	<input type="checkbox"/>
061605	ID# CK#	Schmidt, Anne 1025 5th Ave. North Clinton, Iowa 52732		10.00	<input type="checkbox"/>
061605	ID# CK#	Marlowe, Jane 814 13th Ave. N Apt. 4-C Clinton, Iowa 52732		20.00	<input type="checkbox"/>
061605	ID# CK#	Horst, Richard 4195 Apple Valley Drive Bettendorf, Iowa 52722		250.00	<input type="checkbox"/>
061605	ID# CK#	W.G. Block P.O. Box 280 Bettendorf, Iowa 52722		250.00	<input type="checkbox"/>
061605	ID# CK#	King, Keven 428 Middle Road Camanche, Iowa 52730		10.00	<input type="checkbox"/>
061605	ID# CK#	O'Donnell, Kari 2521 West Haven Place Clinton, Iowa 52732		20.00	<input type="checkbox"/>
062405	ID# CK#	Eiseman, Anne 1303 12th Ave. North Clinton, Iowa 52732		10.00	<input type="checkbox"/>
070605	ID# CK#	Eiseman, Anne 1303 12th Ave. North Clinton, Iowa 52732		10.00	<input type="checkbox"/>
070605	ID# CK#	Gruhn, Amy 10147 550th Ave. Sabula, Iowa 52070		10.00	<input type="checkbox"/>
SUB-TOTAL				\$ 840.00	
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



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)
Friends of EICCD

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
070705	ID# CK#	Michel, Robin 2529 Belle Ave. Davenport, Iowa 52803		\$ 50.00	<input type="checkbox"/>
071505	ID# CK#	Valley Vending 2501 Blackhawk Street Davenport, Iowa 52802		100.00	<input type="checkbox"/>
071505	ID# CK#	Muller, Teresa 5001 Sheridan #146 Davenport, Iowa 52806		100.00	<input type="checkbox"/>
071505	ID# CK#	Coley, Thomas 1761 Cindy Court Bettendorf, Iowa 52722		200.00	<input type="checkbox"/>
071505	ID# CK#	Serpliss, Ronald 509 Washington Street Galena, Illinois 61036		50.00	<input type="checkbox"/>
072005	ID# CK#	Leben Spies, Gail 2319 Box Car Road Muscatine, Iowa 52761		50.00	<input type="checkbox"/>
072005	ID# CK#	Deckert, Ilene 1303 Forest Court DeWitt, Iowa 52742		30.00	<input type="checkbox"/>
072105	ID# CK#	Kabat-Lensch, Ellen 5005 Fox Ridge Road Bettendorf, Iowa 52722		200.00	<input type="checkbox"/>
072105	ID# CK#	Brown, Lisa 5331 Taylor Ave. Bettendorf, Iowa 52722		100.00	<input type="checkbox"/>
072105	ID# CK#	Engler, Mary Lou 1132 W. Price Court Eldridge, Iowa 52748		25.00	<input type="checkbox"/>
SUB-TOTAL				\$ 905.00	
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



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)
 Friends of EICCD

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
080405	ID# CK#	Scheoeder, Mark 1830 5th Ave. Clinton, Iowa 52732		\$ 20.00	<input type="checkbox"/>
080405	ID# CK#	Wiebel, Catherine 2560 9 1/2 Street East Moline, Illinois 61244		75.00	<input type="checkbox"/>
080905	ID# CK#	Goodall, Debora 4110 E. 60th Street Davenport, Iowa 52807		25.00	<input type="checkbox"/>
080905	ID# CK#	Stewart, Shirley 3400 Telegraph Road Davenport, Iowa 52804		50.00	<input type="checkbox"/>
062405	ID# CK#	Drury, Melanie 1904 Circle Drive N Clinton, Iowa 52732		10.00	<input type="checkbox"/>
081505	ID# CK#	Richter, Deb 1751 335th Ave. Charlotte, Iowa 52731		20.00	<input type="checkbox"/>
081505	ID# CK#	Putman, Curtis 909 17th Street Moline, Illinois 61265		50.00	<input type="checkbox"/>
090205	ID# CK#	Debourcy, Harry 1665 W. 53rd Street Davenport, Iowa 52806		50.00	<input type="checkbox"/>
090205	ID# CK#	Eisenman, Ann 1303 12th Ave. North Clinton, Iowa 52732		10.00	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
SUB-TOTAL				\$ 310.00	
TOTAL (if last page of this schedule)				\$ 5600.00	

* 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



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)
Friends of EICCD

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
042605	ID# CK#	Wells Fargo Bank 666 Walnut Street Des Moines, Iowa 50309	Print Checks	\$ 102.28
051805	ID# CK#	Wells Fargo Bank 666 Walnut Street Des Moines, Iowa 50309	Bank Service Charge	5.35
061705	ID# CK#	Wells Fargo Bank 666 Walnut Street Des Moines, Iowa 50309	Bank Service Charge	5.35
082305	ID# CK#	U.S. Post Office 933 W. 2nd Street Davenport, Iowa 52801	Postage	1,110.00
090205	ID# CK#	U.S. Post Office 933 W. 2nd Street Davenport, Iowa 52801	Postage	2,863.50
090205	ID# CK#	Union-Hoermann Press P.O. Box 916 Kerper Blvd. Dubuque, Iowa 52001	Printing	633.00
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$ 4,719.48
TOTAL (if last page of this schedule)				\$ 4,719.48

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)

Friends of EICCD

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
050205	Dastmozd, Rassoul 4190 Mallard Court #12 Bettendorf, Iowa 52722		Stamps	\$ 37.00	<input type="checkbox"/>
061505	Allbee, Robert 2443 Humingbird Lane Muscatine, Iowa 52761		Printing	78.73	<input type="checkbox"/>
070605	Plummer, Julies 3902 Sunset Beach Montperlier, Iowa 52759		Stamps	37.00	<input type="checkbox"/>
080205	Swanson, Doris 11622 28th Street W. Milan, Illinois 61264		Stamps	7.40	<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				\$ 160.13	
TOTAL (if last page of this schedule)				\$ 160.13	

*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.