FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

Reset Form

FORM DR-2 (Rev. 07/2004)	DISCLOSURE REPORT

For Office Use Only
Comm. # _____
Logged In _____
Scanned _____
Computer _____
Audited _____

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

Cross for Council

IMPORTANT: Indicate by # type of committee you are reporting for: 1a
(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: Russ Cross
Political Party (if applicable): _____
Office Sought: Council at Large
District (if Senate or House): _____

NOV - 3 2005

Late reports are subject to possible civil and criminal penalties.

SIGNATURE OF PERSON FILING REPORT	TELEPHONE	DATE SIGNED
Randall	515-232-0268	11/3/05

I AM FILING A Nov. 3, 2005 (report date) REPORT FOR (1) ELECTION /(2)NON-ELECTION YEAR. Indicate by # 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 DR-3 is filed.)

Local Committees, enter Date of Election: Nov. 8, 2005
County & Local Committees, enter County in which Election is held: Story

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)	5,700.00
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 $	5,700.00
SUBTRACT TOTAL MONEY SPENT THIS PERIOD	
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)	530.87
Schedule F: Loan Repayments total (Attach Schedule F)	0
CASH ON HAND at the end of this reporting period (if final report balance must be zero) (Attach DR-3) $	5,169.13
****UNPAID BILLS** (From Schedule D - Attach Schedule D) $	5,606.52
***IN KIND CONTRIBUTIONS** (From Schedule E - Attach Schedule E) $	45.00
****OUTSTANDING LOANS** (From Schedule F - Attach Schedule F) $	0
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

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SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
☐ 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)*
Cross for Council

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
9/7/05	ID# CK# N/A	unitemized contribution	N/A	$ 25.00	
9/8/05	ID# CK# N/A	unitemized contributions (15 @ $25 an 1 @ $20)	N/A	$395.00	
9/8/05	ID# CK# N/A	Diane Wilson 2009 Indiangrass Ct Ames, IA 50014	N/A	50.00	
9/8/05	ID# CK# N/A	Julie Larson 1130 Scholl Rd Ames, IA 50014	N/A	50.00	
9/8/05	ID# CK# N/A	Charles D. Jons 2916 Forest Hills Ames, IA 50014	N/A	50.00	
9/8/05	ID# CK# N/A	Ann M. Shuey 1408 Top-O-Hollow Rd Ames, IA 50010	N/A	50.00	
9/8/05	ID# CK# N/A	Robert L. Vohs 1601 Woodhaven Cir Ames, IA 50010	N/A	50.00	
9/8/05	ID# CK# N/A	Douglass R. McCay 5500 240th St Ames, IA 50014	N/A	50.00	
9/9/05	ID# CK# N/A	unitemized contributions (2 @ $25)	N/A	50.00	
9/9/05	ID# CK#	Craig T. Marrs 3020 Hemlock Cr Ames, IA 50014	N/A	50.00	
			SUB-TOTAL	$820.00	
			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.

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SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS

☐ 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)*

Cross for Council

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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
9/9/05	ID# CK# N/A	Thomas H. Pohlman 3117 Bayberry Rd Ames, IA 50014	N/A	$50.00	☐
9/9/05	ID# CK# N/A	Robert W. Boeke 2346 Hilton Ct Ames, IA 50014	N/A	50.00	☐
9/9/05	ID# CK# N/A	Wallace Sanders, Jr 1924 Northcrest Cir Ames, IA 50010	N/A	50.00	☐
9/10/05	ID# CK# N/A	unitemized contributions (4 @ $25)	N/A	100.00	☐
9/10/05	ID# CK# N/A	Lisa E. Sorenson 2000 Indian Grass Ct Ames, IA 50014	N/A	50.00	☐
9/10/05	ID# CK# N/A	Karen E. Strehlow 212 N. Russell Ames, IA 50010	N/A	50.00	☐
9/10/05	ID# CK# N/A	David W. Benson 2231 Ironwood Ct Ames, IA 50014	N/A	50.00	☐
9/11/05	ID# CK# N/A	Allen B. Weber 2022 Friley Rd Ames, IA 50014	N/A	50.00	☐
9/11/05	ID# CK# N/A	Scott E. Randall 3724 Cameron School Rd Ames, IA 50014	N/A	50.00	☐
9/12/05	ID# CK# N/A	unitemized contributions (1 @ $25 and 1 @ $20)	N/A	45.00	☐
			SUB-TOTAL	$545.00	
			TOTAL *(if last page of this schedule)*	$	

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SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
☐ 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)*

Cross for Council

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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
9/12/05	ID# CK# N/A	Shelli Munn 2928 Ross Rd Ames, IA 50014	N/A	$ 50.00	☐
9/12/05	ID# CK# N/A	Allan D. Warren 3121 Maplewood Rd Ames, IA 50014	N/A	50.00	☐
9/12/05	ID# CK# N/A	Janet L. Thompson 2531 Park Vista Cir Ames, IA 50014	N/A	50.00	☐
9/13/05	ID# CK# N/A	unitemized contributions (8 @ $25 and 1 @ $10)	N/A	210.00	☐
9/13/05	ID# CK# N/A	Janice L. Johansen 2128 Quail Ridge Rd Ames, IA 50010	N/A	50.00	☐
9/13/05	ID# CK# N/A	Tahira Hira 321 Hickory Dr Ames, IA 50014	N/A	50.00	☐
9/13/05	ID# CK# N/A	Karen L. Shirk 3201 Bayberry Rd Ames, IA 50014	N/A	50.00	☐
9/14/05	ID# CK# N/A	unitemized contributions (5 @ $25 and 1 @ $20)	N/A	145.00	☐
9/14/05	ID# CK# N/A	Deborah Z. Gitchell 2513 Northwood Dr Ames, IA 50010	N/A	50.00	☐
9/14/05	ID# CK# N/A	Warren R. Madden 2815 Oakwood Rd Ames, IA 50014	N/A	50.00	☐
			SUB-TOTAL	$ 755.00	
			TOTAL *(if last page of this schedule)*	$	

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SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS

☐ 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)*
Cross for Council

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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
9/14/05	ID# CK# N/A	Danny Wilson 3200 Tupelo Cr Ames, IA 50014	N/A	$ 50.00	☐
9/14/05	ID# CK# N/A	Barbara A. Utesch 3336 Bayberry Cir Ames, IA 50014	N/A	50.00	☐
9/14/05	ID# CK# N/A	Alicia Babcock 3240 Evergreen Rd Ames, IA 50014	N/A	50.00	☐
9/15/05	ID# CK# N/A	unitemized contributions (1@$20 and 2@$25)	N/A	70.00	☐
9/15/05	ID# CK# N/A	Mary T. Hasselman 3109 Burnham Dr Ames, IA 50010	N/A	50.00	☐
9/15/05	ID# CK# N/A	Dean M. Harms 3132 Sycamore Dr Ames, IA 50014	N/A	30.00	☐
9/15/05	ID# CK# N/A	Deb Winkleback 3320 Foxley Dr Ames, IA 50014	N/A	50.00	☐
9/15/05	ID# CK# N/A	Mary S. Merchant 2820 Northwood Dr Ames, IA 50010	N/A	50.00	☐
9/15/05	ID# CK# N/A	Robert L. Hildebrand 2877 Greensboro Cir Ames, IA 50010	N/A	50.00	☐
9/16/05	ID# CK# N/A	unitemized contributions (7@$25)	N/A	175.00	☐

SUB-TOTAL $625.00

TOTAL *(if last page of this schedule)* $

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SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS

☐ 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)*
Cross for Council

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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
9/16/05	ID# CK# N/A	Mark J. Hanson 3212 Sumac Cir Ames, IA 50014	N/A	$ 50.00	☐
9/16/05	ID# CK# N/A	Connie J. Underwood 5525 N. Dayton Ave Ames, IA 50014	N/A	50.00	☐
9/16/05	ID# CK# N/A	Yvonne Kinzler 2369 170th St Ames, IA 50014	N/A	50.00	☐
9/17/05	ID# CK# N/A	unitemized contributions (4 @ $25 and 1 @ $20)	N/A	120.00	☐
9/17/05	ID# CK# N/A	Brent Summers 3818 Valley View Rd Ames, IA 50010	N/A	50.00	☐
9/18/05	ID# CK# N/A	unitemized contributions (2 @ $25)	N/A	50.00	☐
9/19/05	ID# CK# N/A	Linda K. Doyle 1406 Curtiss Ave Ames, IA 50010	N/A	50.00	☐
9/20/05	ID# CK# N/A	unitemized contributions 1 @ $15 and 2 @ $25)	N/A	65.00	☐
9/20/05	ID# CK# N/A	Teresa Simpson 3121 Aspen Ames, IA 50014	N/A	50.00	☐
9/20/05	ID# CK# N/A	Betty E. Waters 1906 Paulson Dr Ames, IA 50010	N/A	50.00	☐

SUB-TOTAL $585.00

TOTAL *(if last page of this schedule)* $

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SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
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CONTRIBUTIONS – MONEY TAKEN IN
(Including candidate's personal funds)

COMMITTEE NAME *(Must be same as on Statement of Organization)*
Cross for Council

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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
9/20/05	ID# CK# N/A	Sherry Sargent 1932 Buchanan Dr Ames, IA 50010	N/A	$ 50.00	☐
9/21/05	ID# CK# N/A	unitemized contributions (2 @ $25 and 1 @ $15)	N/A	65.00	☐
9/21/05	ID# CK# N/A	Monte M. Parrish 1511 Stone Brooke Rd Ames, IA 50010	N/A	50.00	☐
9/21/05	ID# CK# N/A	Karen Bergan 3985 W. 190th St Ames, IA 50014	N/A	50.00	☐
9/21/05	ID# CK# N/A	Mike Roof 3222 Tupelo Cir Ames, IA 50014	N/A	50.00	☐
9/21/05	ID# CK# N/A	John Langeland 3324 Goldenrod Cir Ames, IA 50014	N/A	50.00	☐
9/22/05	ID# CK# N/A	unitemized contribution	N/A	25.00	☐
9/23/05	ID# CK# N/A	unitemized contributions (4 @ $25)	N/A	100.00	☐
9/24/05	ID# CK# N/A	unitemized contributions (2 @ $25)	N/A	50.00	☐
9/24/05	ID# CK# N/A	Karl Friedrich 1318 Big Bluestem Ct Ames, IA 50014	N/A	50.00	☐
			SUB-TOTAL	$540.00	
			TOTAL *(If last page of this schedule)*	$	

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SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
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CONTRIBUTIONS – MONEY TAKEN IN
(Including candidate's personal funds)

COMMITTEE NAME *(Must be same as on Statement of Organization)*
Cross for Council

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9/26/05	ID# CK# N/A	unitemized contributions (2 @ $25)	N/A	$ 50.00	☐
9/26/05	ID# CK# N/A	Ann Espeset 5004 Kansas Dr Ames, IA 50014	N/A	50.00	☐
9/27/05	ID# CK# N/A	unitemized contribution	N/A	25.00	☐
9/27/05	ID# CK# N/A	Mary K. Christy 3139 Bayberry Rd Ames, IA 50014	N/A	50.00	☐
9/27/05	ID# CK# N/A	William Burke, Jr. PO Box 209 Nevada, IA 50201	N/A	50.00	☐
9/27/05	ID# CK# N/A	Thomas M. Stark 2115 Hughes Ave Ames, IA 50014	N/A	50.00	☐
9/28/05	ID# CK# N/A	unitemized contributions (2 @ $25)	N/A	50.00	☐
9/29/05	ID# CK# N/A	unitemized contribution	N/A	25.00	☐
9/29/05	ID# CK# N/A	Alyce K. Thurman 14½ Meadowlane Ames, IA 50010	N/A	50.00	☐
9/30/05	ID# CK# N/A	unitemized contribution	N/A	25.00	☐
			SUB-TOTAL	$ 425.00	
			TOTAL *(if last page of this schedule)*	$	

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SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
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CONTRIBUTIONS – MONEY TAKEN IN
(Including candidate's personal funds)

COMMITTEE NAME *(Must be same as on Statement of Organization)*
Cross for Council

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9/30/05	ID# CK# N/A	Edward L. Steyer 3125 Maplewood Rd Ames, IA 50014	N/A	$ 50.00	☐
10/3/05	ID# CK# N/A	Steven P. Stephan PO Box 2371 Ames, IA 50010	N/A	50.00	☐
10/3/05	ID# CK# N/A	Kay M. Stephan 1605 Woodhaven Cir Ames, IA 50010	N/A	50.00	☐
10/4/05	ID# CK# N/A	unitemized contributions (3 @ $25)	N/A	75.00	☐
10/4/05	ID# CK# N/A	Peggy D. Johnson 3037 Evergreen Cir Ames, IA 50014	N/A	50.00	☐
10/4/05	ID# CK# N/A	Randy Woodbury 5319 Clemens Blvd Ames, IA 50014	N/A	50.00	☐
10/6/05	ID# CK# N/A	unitemized contributions (3 @ $25)	N/A	75.00	☐
10/6/05	ID# CK# N/A	Kurt Friedrich 3414 Honeysuckle Rd Ames, IA 50014	N/A	50.00	☐
10/7/05	ID# CK# N/A	Deb L. Fennelly 3431 Valley View Rd Ames, IA 50014	N/A	50.00	☐
10/10/05	ID# CK# N/A	unitemized contributions (2 @ $20 and 3 @ $25)	N/A	115.00	☐

SUB-TOTAL $ 615.00

TOTAL *(if last page of this schedule)* $

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SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
☐ 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)*

Cross for Council

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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# N/A	Chris Hunziker 3111 Oakland St Ames, IA 50014	N/A	$ 50.00	☐
10/12/05	ID# CK# N/A	unitemized contributions (2 @ $20 and 4 @ $25)	N/A	140.00	☐
10/13/05	ID# CK# N/A	unitemized contribution	N/A	25.00	☐
10/14/05	ID# CK# N/A	unitemized contributions (3 @ $25)	N/A	75.00	☐
10/16/05	ID# CK# N/A	unitemized contribution	N/A	25.00	☐
10/16/05	ID# CK# N/A	unitemized contribution	mother-in-law	25.00	☐
10/16/05	ID# CK# N/A	unitemized contribution	mother	25.00	☐
10/17/05	ID# CK# N/A	unitemized contributions (4 @ $25)	N/A	100.00	☐
10/17/05	ID# CK# N/A	Keith D. Arneson 3118 Aspen Rd Ames, IA 50014	N/A	50.00	☐
10/20/05	ID# CK# N/A	unitemized contributions (6 @ $25)	N/A	150.00	☐
			SUB-TOTAL	$665.00	
			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.

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For Instructions, See Back of Form

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SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
☐ 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)*
Cross for Council

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
10/22/05	ID# CK# N/A	unitemized contributions (20 @ $25)	N/A	$50.00	
10/22/05	ID# CK# N/A	Jerry Lee Hall 1609 Woodhaven Circle Ames IA 50010	N/A	50.00	
10/25/05	ID# CK# N/A	unitemized contribution	N/A	25.00	
	ID# CK#				
	ID# CK#				
	ID# CK#				
	ID# CK#				
	ID# CK#				
	ID# CK#				
	ID# CK#				

SUB-TOTAL $125.00

TOTAL *(If last page of this schedule)* $5700.00

* 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.

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(for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

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SCHEDULE **B** (Rev. 07/03)	MONETARY EXPENDITURES
☐ CHECK THIS BOX IF AMENDING FORM	

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

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)*
Cross for Council

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
9/20/05	ID# N/A CK#	Wells Fargo Bank, NA 666 Walnut St Des Moines, IA 50309	Checks for Cross for Council account	$ 15.45
10/6/05	ID# N/A CK#	Wells Fargo Bank, NA 666 Walnut St Des Moines, IA 50309	Checking account monthly service fee	5.35
10/6/05	ID# N/A CK#	Wells Fargo Bank, NA 666 Walnut St Des Moines, IA 50309	Deposited Item / Electronic Credit Fee	13.77
10/21/05	ID# 1001 CK#	Sigler Companies 413 Northwestern Ames, IA 50010	Postcard Imprint - Postage Payment	496.30
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
			SUB-TOTAL	$ 530.87
			TOTAL ***(if last page of this schedule)***	$ 530.87

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

SCHEDULE D (Rev. 08/98)	INCURRED INDEBTEDNESS
☐ CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME *(Must be same as on Statement of Organization)*
Cross for Council

NOTE: Debts previously reported that remain unpaid must be included on this Schedule, as well as any new obligations incurred in this period.

Reset Form

DEBTS/OBLIGATIONS REMAINING THIS REPORTING PERIOD (DO NOT INCLUDE LOANS -- SHOW LOANS ON SCHEDULE F)

An "incurred debt" is a debt for goods or services ordered or received, but not paid for by the end of the reporting period., regardless of whether an invoice has been received.

DATE INCURRED (MM/DD/YR)	NAME AND ADDRESS OF PERSON TO WHOM DEBT OR OBLIGATION IS OWED	DESCRIPTION OF GOODS OR SERVICES PROVIDED OR PURCHASED	BALANCE OWED AT CLOSE OF REPORTING PERIOD*
8/25/05	Sigler Companies 413 Northwestern Ames, IA 50010	Website development, design, programming, copywriting+ hosting	$ 2,101.20 estimated
9/12/05	Sigler Companies 413 Northwestern Ames, IA 50010	postcard printing and imprint	334.00 estimated
9/14/05	Sigler Companies 413 Northwestern Ames, IA 50010	yard signs -design/order	1,096.82 estimated
9/16/05	Sigler Companies 413 Northwestern Ames, IA 50010	Letterhead -design/copywriting	533.50 estimated
10/6/05	Sigler Companies 413 Northwestern Ames, IA 50010	Large yard signs	502.50 estimated
10/18/05	Sigler Companies 413 Northwestern Ames, IA 50010	postcard imprint and mailing	372.00 estimated
10/20/05	Sigler Companies 413 Northwestern Ames, IA 50010	Yard sign reorder	431.00 + shipping estimated
		SUB-TOTAL	$ 5371.02
		TOTAL DEBTS OWED BY COMMITTEE AT THE END OF THIS REPORTING PERIOD	$

*If actual figure is unknown, show "estimated" beside the figure.

Page 1 of 2 (for Schedule D)

CANDIDATE COMMITTEES NOTE:
*Incurred indebtedness also includes each person/entity with whom the candidate's committee has entered into a contract during the reporting period for future or continuing performance. Enter the name of the consultant who provides or procures services for items such as advertising, fund-raising, polling, managing, or organizing services. Report on Schedule G the nature of performance and the estimated performance reasonably expected of the consultant.

FOR INSTRUCTIONS, SEE BACK OF FORM

SCHEDULE D (Rev. 08/98)	INCURRED INDEBTEDNESS
☐ CHECK THIS BOX IF AMENDING FORM	

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

Cross for Council

NOTE: Debts previously reported that remain unpaid must be included on this Schedule, as well as any new obligations incurred in this period.

Reset Form

DEBTS/OBLIGATIONS REMAINING THIS REPORTING PERIOD (DO NOT INCLUDE LOANS -- SHOW LOANS ON SCHEDULE F)

An "Incurred debt" is a debt for goods or services ordered or received, but not paid for by the end of the reporting period., regardless of whether an invoice has been received.

DATE INCURRED (MM/DD/YR)	NAME AND ADDRESS OF PERSON TO WHOM DEBT OR OBLIGATION IS OWED	DESCRIPTION OF GOODS OR SERVICES PROVIDED OR PURCHASED	BALANCE OWED AT CLOSE OF REPORTING PERIOD*
10/25/05	Sigler Companies 413 Northwestern Ames, IA 50010	Postcard imprint + design	$ 115.00 estimated
10/27/05	Sigler Companies 413 Northwestern Ames, IA 50010	postcard imprint + design	94.00 estimated
10/28/05	Sigler Companies 413 Northwestern Ames, IA 50010	postcard imprint	26.50 estimated
		SUB-TOTAL	$ 235.50
		TOTAL DEBTS OWED BY COMMITTEE AT THE END OF THIS REPORTING PERIOD	$ 5606.52

*If actual figure is unknown, show "estimated" beside the figure.

Page 2 of 2 (for Schedule D)

CANDIDATE COMMITTEES NOTE:
*Incurred indebtedness also includes each person/entity with whom the candidate's committee has entered into a contract during the reporting period for future or continuing performance. Enter the name of the consultant who provides or procures services for items such as advertising, fund-raising, polling, managing, or organizing services. Report on Schedule G the nature of performance and the estimated performance reasonably expected of the consultant.

FOR INSTRUCTIONS, SEE BACK OF FORM

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

Cross for Council

Reset Form

SCHEDULE E (Rev. 06/97)	IN-KIND CONTRIBUTIONS

☐ 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
10/21/05	Mary Nelson 1423 Linden Ames, IA 50010	N/A	9x13 Pumpkin Cheesecake	$ 45.00	☐
					☐
					☐
					☐
					☐
					☐
					☐
					☐
					☐
					☐
			SUB-TOTAL	$ 45.00	
			TOTAL (if last page of this schedule)	$ 45.00	

*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.

Page 1 of 1 (for Schedule E)