

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

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

No Classroom Left Behind Committee

IMPORTANT: Indicate by # type of committee you are reporting for: 11

(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 _____ Political Party (if applicable) _____

Office Sought _____ District (if Senate or House) _____

Story

FORM DR-2 DISCLOSURE REPORT
(Rev. 12/2005)

For Office Use Only

Comm. # 21396

Logged In _____

Scanned _____

Computer _____

Audited _____

File with:
 Iowa Ethics and Campaign
 Disclosure Board
 510 E. 12th, Ste. 1A
 Des Moines, Iowa 50319
 Fax: 515-281-3701

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.

Shanika 515-382-3050 4-10-06
 SIGNATURE OF PERSON FILING REPORT TELEPHONE DATE SIGNED

I AM FILING A 5 day REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR.
 (report date) 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
April 18, 2006

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.)	\$ 0.00
ADD TOTAL MONEY TAKEN IN THIS PERIOD	
Schedule A: Cash Contributions total (Attach Schedule A) (**also see in-kind below)	1,850.00
Schedule F: Loans Received total (Attach Schedule F)	_____
Schedule H: Total Sales of Campaign Property (Attach Schedule H)	_____
<u>(Schedule H applies to Candidates' Committees Only)</u>	
SUB-TOTAL	\$ _____
SUBTRACT TOTAL MONEY SPENT THIS PERIOD	
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)	_____
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)	\$ 1,850.00

**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) \$ _____

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

CANDIDATE COMMITTEES ONLY:
 VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H) \$ _____

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)

No Classroom Left Behind Committee

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
03/09/06	ID# CK#	SIRES ARCHITECTS, PC 5619 NW 86TH ST., STE 800 JOHNSTON, IA 50131		\$500.00	<input type="checkbox"/>
03/09/06	ID# CK#	MADELEINE WALKER 712 WESTWOOD DR NEVADA, IA 50201		100.00	<input type="checkbox"/>
03/21/06	ID# CK#	GETHMANN CONSTRUCTION 320 FRONT ST GLADBROOK, IA 50635		500.00	<input type="checkbox"/>
03/21/06	ID# CK#	PAULA TOMS 740 14TH ST PL NEVADA, IA 50201		25.00	<input type="checkbox"/>
03/22/06	ID# CK#	NEVADA ECONOMIC DEVELOPMENT 516 K AVE NEVADA, IA 50201		200.00	<input type="checkbox"/>
03/28/06	ID# CK#	MIDWEST INSURANCE CORPORATION 1125 6TH ST NEVADA, IA 50201		100.00	<input type="checkbox"/>
03/29/06	ID# CK#	STATE BANK & TRUST CO 1025 6TH ST NEVADA, IA 50201		100.00	<input type="checkbox"/>
03/29/06	ID# CK#	SHARON BLACK REAL ESTATE 25141 COUNTRY CLUB RD NEVADA, IA 50201		25.00	<input type="checkbox"/>
04/03/06	ID# CK#	DONNA BORTON 120 8TH ST NEVADA, IA 50201		50.00	<input type="checkbox"/>
04/03/06	ID# CK#	LISA NADY, INC 711 CHEROKEE ST NEVADA, IA 50201		150.00	<input type="checkbox"/>
SUB-TOTAL				\$ 1,750.00	
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
<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)*
 No Classroom Left Behind Committee

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04/03/06	ID# CK#	FIRST FEDERAL SAVINGS BANK 825 CENTRAL AVE FORT DODGE, IA 50501		\$50.00	<input type="checkbox"/>
04/03/06	ID# CK#	FIRST HALEY REALTY, INC 1111 6TH ST NEVADA, IA 50201		50.00	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
SUB-TOTAL				\$ 100.00	
TOTAL (if last page of this schedule)				\$ 1,850.00	

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