

FOR INSTRUCTIONS, SEE BACK OF FORM

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DISCLOSURE SUMMARY PAGE

RECEIVED
EMAIL
SEP - 7 2006

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

Johnston for School Board

IMPORTANT. Indicate by # type of committee you are reporting for: 7
( 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: Gail Johnston, Political Party (if applicable):
Office Sought: Ames School Board, District (if Senate or House):

FORM DR-2 (Rev 12/2005) DISCLOSURE REPORT
For Office Use Only
Comm #
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.

SIGNATURE OF PERSON FILING REPORT: [Signature], TELEPHONE: 515 232 1690, DATE SIGNED: 09/07/06

I AM FILING A 5-day prior to election 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
September 12, 2006
County & Local Committees, enter County in which Election is held
Story County

STATEMENT OF CASH ON HAND

Table with columns for description and amount. Rows include: CASH ON HAND at the beginning of the reporting period (\$ 0.00), ADD TOTAL MONEY TAKEN IN THIS PERIOD (Schedule A: 740.00, Schedule F: 0.00, Schedule H: 0.00), SUB-TOTAL (\$ 740.00), SUBTRACT TOTAL MONEY SPENT THIS PERIOD (Schedule B: 205.22, Schedule F: 0.00), CASH ON HAND at the end of this reporting period (\$ 534.78).

\*\*UNPAID BILLS (From Schedule D - Attach Schedule D) \$ 0.00
\*\*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E) \$ 79.20
\*\*OUTSTANDING LOANS (From Schedule F - Attach Schedule F) \$ 0.00

CONSULTANT BREAKDOWN (Schedule G Attached?) YES [checked] NO

CANDIDATE COMMITTEES ONLY:
VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H) \$ 0.00

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

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SCHEDULE <b>A</b> (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)  
Johnston for School Board

**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
8/12/06	ID# CK#	Unitemized receipt		\$20.00	<input type="checkbox"/>
8/15/06	ID# CK#	Unitemized receipt		15.00	<input type="checkbox"/>
8/18/06	ID# CK#	Unitemized receipts		80.00	<input type="checkbox"/>
8/19/06	ID# CK#	Unitemized receipts		45.00	<input type="checkbox"/>
8/22/06	ID# CK#	Unitemized receipts		40.00	<input type="checkbox"/>
8/24/06	ID# CK#	Unitemized receipt		15.00	<input type="checkbox"/>
8/25/06	ID# CK#	Unitemized receipts		75.00	<input type="checkbox"/>
8/26/06	ID# CK#	Unitemized receipts		85.00	<input type="checkbox"/>
8/29/06	ID# CK#	Unitemized receipts		85.00	<input type="checkbox"/>
8/30/06	ID# CK#	Unitemized receipts		100.00	<input type="checkbox"/>

SUB-TOTAL

\$ 560

**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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**CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

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

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

Johnston for School Board

**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
8/31/06	ID# CK#	Unitemized receipts		\$35.00	<input type="checkbox"/>
9/01/06	ID# CK#	Unitemized receipt		20.00	<input type="checkbox"/>
9/02/06	ID# CK#	Carolyn Cornette 2814 Torrey Pines Cir., Ames, IA 50010		50.00	<input type="checkbox"/>
9/02/06	ID# CK#	Unitemized receipts		55.00	<input type="checkbox"/>
9/02/06	ID# CK#	Phyllis Bennett 15969-A Alta Vista Dr; La Mirada, CA 90638	Mother	20.00	<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"/>

SUB-TOTAL

\$ 180.00

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

\$ 740.00

\* 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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**EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT**

SCHEDULE <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)  
Johnston for School Board

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
08/23/06	ID# CK# 1001	Gail Johnston 840 Brookridge Ames, IA 50010	Reimbursement for: paper (\$4.00), copying (\$127.33); stamps (\$31.20), labels (\$28.65)	\$ 191.18
08/29/06	ID# CK# 1002	Gail Johnston 840 Brookridge Ames, IA 50010	Reimbursement for stamps	14.04
	ID# CK#			
SUB-TOTAL				\$ 205.22
<b>TOTAL (if last page of this schedule)</b>				<b>\$ 205.22</b>

**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).)

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**COMMITTEE NAME** (Must be same as on Statement of Organization)  
 Johnston for School Board

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SCHEDULE <b>E</b> (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
08/15/06	Jane Corrigan Acker 2107 Graeber, Ames, IA 50014		Stamps/Postcards	\$ 11.76	<input type="checkbox"/>
08/25/06	Stephen R. Ringlee 2325 Storm St., Ames, IA 50014		Stamps/Postcards	9.60	<input type="checkbox"/>
08/26/06	Carolyn Jons 2916 Forrest Hills, Ames, IA 50014		Stamps/Postcards	14.88	<input type="checkbox"/>
08/30/06	Susan M. Benson 2231 Ironwood Ct, Ames, IA 50014		Stamps/Postcards	7.20	<input type="checkbox"/>
08/31/06	Wendy Edelson 2417 Duff Ave., Ames, IA 50010		Labels/Postcards/ Stamps	18.56	<input type="checkbox"/>
09/2/06	David Benson 2231 Ironwood Ct., Ames, IA 50014		List of voters; CD	10.00	<input type="checkbox"/>
09/02	Jayne Staniforth 1634 Crestwood Cir., Ames, IA 50010		Stamps/Postcards	7.20	<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
SUB-TOTAL				\$ 79.20	
TOTAL (if last page of this schedule)				\$ 79.20	

\*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.