

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

DISCLOSURE SUMMARY PAGE

Effective January 1, 2010, all statements and reports filed by new committees for state office must be filed electronically and effective January 1, 2012, all statements and reports filed by all committees for state office must be filed electronically.
Effective May 1, 2010, all statements and reports for State PACs and State Parties must be filed electronically.

IS ETHICS AND
DISCLOSURE

2015 OCT 29 PM 3:33

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

STREEBY FOR OTTUMWA

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 _____ Political Party (if applicable) _____

VICTOR STREEBY

Office Sought _____ District (if Senate or House) _____

CITY COUNCIL OTTUMWA

FORM DR-2 (Rev. 12/2009)	DISCLOSURE REPORT
For Office Use Only	
Comm. # <u>14373</u>	
Logged In <u>I</u>	
Scanned <u>JA</u>	
Computer _____	
Audited _____	

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), 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.

Victor Streeby

SIGNATURE OF PERSON FILING REPORT

644-682-648

TELEPHONE

11/29/15

DATE SIGNED

I AM FILING A _____ 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 _____
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</u>
ADD TOTAL MONEY TAKEN IN THIS PERIOD		
Schedule A: Cash Contributions total (Attach Schedule A) (**also see in-kind below)		<u>635.00</u>
Schedule F: Loans Received total (Attach Schedule F)		<u>709.89</u>
Schedule H: Total Sales of Campaign Property (Attach Schedule H)		<u>-0-</u>
<u>(Schedule H applies to Candidates' Committees Only)</u>		
SUB-TOTAL	\$	<u>1344.89</u>
SUBTRACT TOTAL MONEY SPENT THIS PERIOD		
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)		<u>969.89</u>
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)	\$	<u>435.00</u>
**UNPAID BILLS (From Schedule D - Attach Schedule D)	\$	<u>466.62</u>
**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)	\$	



A (Rev. 12/13)	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)

STREEBY FOR OTTUMWA

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.

FOR 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 FUND-RAISER INCOME
10/15	ID# CK#	PAM KAUPINS 2 TERRACE COURT OTTUMWA		\$ 100.00	<input type="checkbox"/>
10/15	ID# CK#	MRS DELOZIER 1106 FINLEY OTTUMWA		20.00	<input type="checkbox"/>
10/15	ID# CK#	SHARON STACH 117 R MAIN, OTTUMWA		50.00	<input type="checkbox"/>
10/15	ID# CK#	TOM LAZIO 2301 N COURT OTTUMWA		50.00	<input type="checkbox"/>
10/15	ID# CK#	MARY LAZIO 2301 N. COURT OTTUMWA		50.00	<input type="checkbox"/>
10/17/15	ID# CK#	BOB KRAMER 2116 D COURT OTTUMWA		50.00	<input type="checkbox"/>
10/18/15	ID# CK#	NANCY MENKE 4 RAYMAN DR OTTUMWA		40.00	<input type="checkbox"/>
10/20/15	ID# CK#	JULIE LORAN 2 RAYMAN DR OTTUMWA		50.00	<input type="checkbox"/>
10/22/15	ID# CK#	GORDON AISTRUP 10 RAYMAN DR OTTUMWA		50.00	<input type="checkbox"/>
10/23/15	ID# CK#	MARK ALTFILBER 1 SAW GRUBS TAIL OTTUMWA		100.00	<input type="checkbox"/>
SUB-TOTAL				\$ 610.00	
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 applicable* in the relationship column.



A (Rev. 12/13)	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)
STREBY FOR OTTUMWA

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FOR 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 FUND-RAISER INCOME
10/26/13	ID# CK#	RON BRICKY 14 WEAVER DR OTTUMWA		\$ 25.00	<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"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL \$ 635.00
TOTAL (if last page of this schedule) \$ 635.00

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EXPENDITURES - MONEY SPENT FROM COMMITTEE ACCOUNT

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF A MENDING 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)
STREEBY FOR OTTUMWA

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
	ID# CK#	OTTUMWA PRINTING	YARD SIGNS & STAPES 3 CAR MAGNETS	\$489.35
	ID# CK#	COPY MAT	1100 LABELS	107.00
	ID# CK#	ORIENTAL TRADING	FRIGGERS 1000 MINI FRIGGERS	119.54
10/29/15	CK# 900	OTTUMWA EVENING POST	PRINT AD	200.00
	ID# CK#			
SUB-TOTAL				\$ 909.89
TOTAL (if last page of this schedule)				\$ 909.89

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).)

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

STREEBY FOR OTTUMWA

D (Rev. 08/98)	INCURRED INDEBTEDNESS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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

**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*
			\$
10/24/15	FOOD REE'S GRAPHICS	4 2x6 YARD SIGNS	188.32
10/29/15	OTTUMWA PRINTING	1500 FLYERS	181.90
9/30	CIRCLES SCREENING	TEE SHIRTS	96.30
		SUB-TOTAL	\$ 466.52
		TOTAL DEBTS OWED BY COMMITTEE AT THE END OF THIS REPORTING PERIOD	\$ 466.52

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

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.

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

F
 (Rev. 02/08) **LOANS RECEIVED & REPAID**
 CHECK THIS BOX IF AMENDING FORM

NOTE: This schedule reports money loaned to the committee which is deposited in the committee account.

TOTAL UNPAID LOANS FROM LAST REPORTING PERIOD \$ _____

PART I - MONETARY LOANS RECEIVED THIS REPORTING PERIOD
 (Original source of loan, such as a bank, must be shown if a third party is involved. Include loans from candidate's personal funds.)

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, if Applicable)	RELATIONSHIP TO CANDIDATE* (If Applicable)	AMOUNT OF LOAN
9/18/15	TIFFANY STREBY 231 FILMORE OTTUMWA	SPOUSE	\$ 489.35
9/29/15	TIFFANY STREBY 231 FILMORE, OTTUMWA	SPOUSE	107.00
8/22/15	TIFFANY STREBY 231 FILMORE	SPOUSE	119.54

TOTAL (PART I) \$ 709.89

PART II - MONETARY LOAN REPAYMENTS MADE THIS REPORTING PERIOD
 (Loans forgiven must be reported on Schedule E - In-kind Contributions.)

DATE PAID (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, if Applicable)	RELATIONSHIP TO CANDIDATE* (If Applicable)	AMOUNT REPAID
			\$

TOTAL CASH REPAYMENTS (PART II) \$ _____

From Schedule E - TOTAL LOANS FORGIVEN \$ _____

TOTAL OUTSTANDING LOANS END OF REPORT PERIOD \$ _____

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