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.

IOWA ETHICS AND CAMPAIGN DISCLOSURE

Reset Form 2015 NOV 30 PM 1:35 AMEND 10/29 REPORT

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

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

FORM DR-2 (Rev. 12/2009) DISCLOSURE REPORT

For Office Use Only
Comm. # 14373
Logged In
Scanned
Computer
Audited

CANDIDATE COMMITTEES ONLY:
Candidate Name: VICTOR STREEBY
Political Party (if applicable):
Office Sought: COUNCIL PERSON
District (If Senate or House):

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.

SIGNATURE OF PERSON FILING REPORT	TELEPHONE	DATE SIGNED
[signature]	641-682-6118	11/25/15

I AM FILING A _____ REPORT FOR (1) ELECTION /(2)NON-ELECTION YEAR.
(report date) Indicate by # ☐

☑ CHECK IF AMENDMENT TO REPORT DATED 10/29/15

☐ 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.) $	0
ADD TOTAL MONEY TAKEN IN THIS PERIOD	
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)	585.00
Schedule F: Loans Received total (Attach Schedule F)	709.89
Schedule H: Total Sales of Campaign Property (Attach Schedule H)	-0-
(Schedule H applies to Candidates' Committees Only)	
SUB-TOTAL $	1,294.89
SUBTRACT TOTAL MONEY SPENT THIS PERIOD	
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)	909.89
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) $	385.00
****UNPAID BILLS** (From Schedule D - Attach Schedule D) $	466.52
***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) $	

For instructions, see back of form

SCHEDULE A (Rev. 12/13) 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)*
STREEBY 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.

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, IA		$ 100.00	
10/15	ID# CK#	MRS DELOZIER 1106 FINLEY OTTUMWA, IA		20.00	
10/15	ID# CK#	SHARON STROH 117 E MAIN OTTUMWA, IA		50.00	
10/15	ID# CK#	TOM LAZIO 2301 N COURT OTTUMWA		50.00	
10/15	ID# CK#	MARY LAZIO 2301 N. COURT OTTUMWA		50.00	
10/17	ID# CK#	ROBERT KRAMER 2116 N COURT OTTUMWA		50.00	
10/18	ID# CK#	NANCY MERKE 4 RAYNAN DR OTTUMWA		40.00	
10/20	ID# CK#	JULIE ZORN 2 RAYNAN DR OTTUMWA		50.00	
10/22	ID# CK#	GORDON AISTROPE 10 RAYNAN DR		50.00	
10/15	ID# CK#	MARK ALTFILLISH 1340 GRASS TRAIL OTTUMWA		100.00	

SUB-TOTAL $ 360

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 relation applicable" in the relationship column.

For instructions, see back of form

Reset form

SCHEDULE **A** (Rev. 12/13) 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)*
STREEBY FOR COUNCL

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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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
10/26	ID# CK#	RON BRICKEY 74 WEAVER DR OTTUMWA		$ 25.00	
	ID# CK#				
	ID# CK#				
	ID# CK#				
	ID# CK#				
	ID# CK#				
	ID# CK#				
	ID# CK#				
	ID# CK#				
	ID# CK#				
			SUB-TOTAL	$ 25.00	
			TOTAL *(if last page of this schedule)*	$ 585 00	

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FOR INSTRUCTIONS, SEE BACK OF FORM

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)*

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 & STAKES 3 CAR MAGNETS	$483.35
	ID# CK#	COPY MAX	1100 LABELS	107.00
	ID# CK#	ORIENTAL TRADING	1000 MINI ~~FRISBEES~~ FRISBEES	119.54
10/20/15	ID# CK# 900	OTTUMWA EVENING POST	PRINT AD	200.00
	ID# CK#			
	ID# CK#			
	ID# CK#			
	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

SCHEDULE **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 STREEBY 231 FILMORE OTTUMWA	SPOUSE	$ 483.35
9/29/15	TIFFANY STREEBY 231 FILMORE, OTTUMWA	SPOUSE	107.00
8/27/15	TIFFANY STREEBY 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 $ _____

*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