

FOR INSTRUCTIONS, SEE BACK OF FORM
DISCLOSURE SUMMARY PAGE

IA ETHICS AND
 CAMPAIGN DISCLOSURE
 2013 OCT 31 PM 3:40

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

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.

Reset Form

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

IMPORTANT: Indicate by # type of committee you are reporting for: 6
 (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. #	<u>14230</u>
Logged In	_____
Scanned	_____
Computer	_____
Audited	_____

CANDIDATE COMMITTEES ONLY:

Candidate Name KELLY B. SHAW Political Party (if applicable) _____

Office Sought MAYOR, INDIANOLA 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.

Kelly B. Shaw
 SIGNATURE OF PERSON FILING REPORT

(515) 961-5044
 TELEPHONE

10-30-2013
 DATE SIGNED

I AM FILING A OCTOBER 31 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
NOVEMBER 5, 2013
 County & Local Committees, enter County in which Election is held
Warten

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) 1450.00

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 \$ _____

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below) 844.80

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) \$ 605.20

**UNPAID BILLS (From Schedule D - Attach Schedule D) \$ 940.00

**IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E) \$ 0

**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.

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)
SHAW FOR MAYOR 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.

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
10/4/13	ID# CK#	LOREN/CAROL SHAW 1004 KENSINGTON CT. INDIANOLA, IA 50125	PARENTS	\$250	<input type="checkbox"/>
10/4/13	ID# CK#	G. ALLEN & MARILYN WOOD P.O. BOX 157 INDIANOLA, IA 50125		100	<input type="checkbox"/>
10/4/13	ID# CK#	BEVERNE & DAWN DIXON 14842 KENNEDY ST. INDIANOLA, IA 50125	AUNT/UNCLE	100	<input type="checkbox"/>
10/4/13	ID# CK#	ED & DRU McLEHEN 503 N. J INDIANOLA, IA 50125		25	<input type="checkbox"/>
10/4/13	ID# CK#	EURETT & LOUISE BROWN 904 S. Y INDIANOLA, IA 50125		50	<input type="checkbox"/>
10/7/13	ID# CK#	DR. MARK & CINDY SHAW 1087 WILMINGTON WAY BRENTWOOD, TN 37027	BROTHER	300	<input type="checkbox"/>
10/10/13	ID# CK#	DENISE & ALAN CORE 306 W. BOSTON INDIANOLA, IA 50125	COUSIN	150	<input type="checkbox"/>
10/17/13	ID# CK#	DR. JOSEPH CARRIER 3709 ARMADILLO DR. COLUMBIA, MO 65202		100	<input type="checkbox"/>
10/13/13	ID# CK#	ROGER UNDERWOOD P.O. BOX 216 GUTHRIE CENTER, IA 50115	Father-in-law	100	<input type="checkbox"/>
10/16/13	ID# CK#	DR. CRAIG WINJUM 100 E. ORCHARD INDIANOLA, IA 50125		100	<input type="checkbox"/>
SUB-TOTAL				\$1275	
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.

Reset form

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)

SHAW FOR MAYOR 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.

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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
10/18/13	ID# CK#	ORRIE & BEV KOEHLMOOS 804 SUNSET DR. INDIANOLA, IA 50125		\$ 100	<input type="checkbox"/>
10/22/13	ID# CK#	SUSAN GLICK 511 W. BOSTON INDIANOLA, IA 50125		25	<input type="checkbox"/>
10/22/13	ID# CK#	SHIRLEY/DUANE CLARK 403 N. Y INDIANOLA, IA 50125		50	<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				\$ 175	
TOTAL (if last page of this schedule)				\$ 1450	

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FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> 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)
SHAW FOR MAYOR COMMITTEE

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
10/23/13	ID# CK# 1001	NATHAN VOS 1429 WALTON DR. APT. 102 AMES, IA 50014	GASOLINE REIMBURSEMENT FOR MILEAGE	\$ 32.00
10/25/13	ID# CK# 1002	EDJE TECHNOLOGIES 1005 S. JEFFERSON, INDIANOLA, IA 50125	CAMPAIGN WEB PAGE, BUSINESS CARDS	\$ 812.80
	ID# CK#			
SUB-TOTAL				\$
TOTAL (if last page of this schedule)				\$ 844.80

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)

SHAW FOR MAYOR COMMITTEE

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.

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*
NOT YET BILLED	EDGE TECHNOLOGIES 1005 S. JEFFERSON INDIANOLA, IA 50125	CAMPAIGN SIGNS	\$ ~ 580. ⁰⁰
10/28/13	ACTION PRINT 1776 22ND ST WEST DES MOINES, IA 50266	CAMPAIGN BROCHURES	paid 360. ⁰⁰
SUB-TOTAL			\$ 940. ⁰⁰
TOTAL DEBTS OWED BY COMMITTEE AT THE END OF THIS REPORTING PERIOD			\$ 940. ⁰⁰

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

Page _____ of _____
(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.