

**Reset Form**

**DISCLOSURE SUMMARY PAGE**

<b>FORM DR-2</b> (Rev. 12/2005)	DISCLOSURE REPORT
<b>For Office Use Only</b>	
Comm. # _____	Logged In _____
Scanned _____	Computer _____
Audited _____	
File with: Iowa Ethics and Campaign Disclosure Board 510 E. 12 <sup>th</sup> , Ste. 1A Des Moines, Iowa 50319 Fax: 515-281-3701	

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

Neighbors to Elect Sheets

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**IMPORTANT:** Indicate by # type of committee you are reporting for: 5

( 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

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**CANDIDATE COMMITTEES ONLY:**

Candidate Name Kimberly Sheets	Political Party (if applicable) Democrat
Office Sought Warren County Recorder	District (if Senate or House)

*ETHICS & CAMPAIGN DISCLOSURE BOARD*  
JUL 9 1 29 05  
FILED

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.

*Synda Christiansen*      515-283-1227      7-19-06  
SIGNATURE OF PERSON FILING REPORT      TELEPHONE      DATE SIGNED

I AM FILING A DR-2 Report (07/19/06) 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 <u>06/06/06</u>
County & Local Committees, enter County in which Election is held <u>Warren</u>

**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.) .....\$ 662.43

**ADD TOTAL MONEY TAKEN IN THIS PERIOD**

Schedule A: Cash Contributions total (Attach Schedule A) (\*also see in-kind below)..... 528.00

Schedule F: Loans Received total (Attach Schedule F)..... \_\_\_\_\_

Schedule H: Total Sales of Campaign Property (Attach Schedule H) ..... \_\_\_\_\_

**(Schedule H applies to Candidates' Committees Only)**

**SUB-TOTAL** 1,190.43

**SUBTRACT TOTAL MONEY SPENT THIS PERIOD**

Schedule B: Expenditures total (Attach Schedule B) (\*\*also see debts and loans below)..... 1,190.43

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).....\$ *0*

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\*\*UNPAID BILLS (From Schedule D - Attach Schedule D) .....\$ 0.00

\*\*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)      \$ 0.00

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

For Instructions, See Back of Form

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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)

Neighbors to Elect Sheets

**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
05/17/06	ID# CK#	Robert & Judy Sheets 4600 SW 6th St. Des Moines, IA 50315	In-Laws	\$100.00	<input type="checkbox"/>
05/23/06	ID# CK#	Lynda Christiansen 1204 SE Lacona Des Moines, IA 50315	Mother	300.00	<input type="checkbox"/>
05/23/06	ID# CK#	Dee Cross 501 E. 1st Indianola, IA 50125		100.00	<input type="checkbox"/>
06/30/06	ID# 120890 CK#	Community State Bank Indianola, IA 50125	Candidate	3.00	<input type="checkbox"/>
04/03/06	ID# CK#	Cody Peterson Des Moines, IA 50313		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"/>
SUB-TOTAL				\$	
<b>TOTAL (if last page of this schedule)</b>				\$ 528.00	

\* 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.

FOR INSTRUCTIONS, SEE BACK OF FORM

**Reset Form**

**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)**  
Neighbors to Elect Sheets

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
05/25/06	ID# CK# 1037	Wal-Mart Indianola, IA	Flags for parade	\$ 16.09
05/31/06	ID# CK# 1036	Record Herald 1801 W 2nd St Indianola, IA 50215	Campaign Ad in paper	95.00
05/31/06	ID# 120890 CK#	Community State Bank Indianola, IA	Bank Charges	1.11
05/24/06	ID# CK# 1038	Record Herald 1801 W 2nd St Indianola, IA 50215	Campaign Ad in paper	115.00
05/25/06	ID# CK# 1039	Linda Ray Promotions Plus 9459 Elmcrest Drive Norwalk, IA 50211	Car signs, stickers, business cards, brochures	612.87
06/15/06	ID# CK# 1003	Photo Printing Inc. 210 S 1st St Carlisle, IA 50047	Yard Signs (500)	345.28
06/30/06	ID# 120890 CK#	Community State Bank Indianola, IA 50125	Bank charges	.48
04/28/06	ID# 120890 CK#	Community State Bank Indianola, IA 50125	Bank charges	2.07
<b>SUB-TOTAL</b>				<b>\$ 1187.90</b>
<b>TOTAL (if last page of this schedule)</b>				<b>\$</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).)

FOR INSTRUCTIONS, SEE BACK OF FORM

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Neighbors to Elect Sheets

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
07/19/06	ID# CK# 1004	Nicholls Memorial Fund Bank of the West Indianola, IA 50125	Donation to memorial fund	\$ 2.53
	ID# CK#			
<b>SUB-TOTAL</b>				<b>\$</b>
<b>TOTAL (if last page of this schedule)</b>				<b>\$ 1190.43</b>

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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).)