

FOR INSTRUCTIONS, SEE BACK OF FORM

# DISCLOSURE SUMMARY PAGE

<b>FORM DR-2</b> (Rev. 07/2004)	DISCLOSURE REPORT
<b>For Office Use Only</b>	
Comm. # _____	
Logged In _____	
Scanned _____	
Computer _____	
Audited _____	

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

Cicalo For Mayor Committee

**IMPORTANT:** Indicate by # type of committee you are reporting for: 06  
 ( 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 Richard J. Cicalo Political Party (if applicable) \_\_\_\_\_  
NOV 4 2005

Office Sought Mayor District (if Senate or House) \_\_\_\_\_

Late reports are subject to possible civil and criminal penalties.

Bill 314-653-2719 11-1-05  
 SIGNATURE OF PERSON FILING REPORT TELEPHONE DATE SIGNED

I AM FILING A 11-1-05 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  
11/08/05  
 County & Local Committees, enter County in which Election is held  
Washington

## STATEMENT OF CASH ON HAND

<b>CASH ON HAND</b> at the beginning of the reporting period. (Total of all funds held by the committee. This amount <b>MUST</b> 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>00.00</u>
<b>ADD TOTAL MONEY TAKEN IN THIS PERIOD</b>		
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below) .....		<u>990.00</u>
Schedule F: Loans Received total (Attach Schedule F) .....		_____
Schedule H: Total Sales of Campaign Property (Attach Schedule H) .....		_____
<u>(Schedule H applies to Candidates' Committees Only)</u>		
	<b>SUB-TOTAL</b> .....	\$ _____
<b>SUBTRACT TOTAL MONEY SPENT THIS PERIOD</b>		
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below) .....		<u>453.32</u>
Schedule F: Loan Repayments total (Attach Schedule F) .....		_____
<b>CASH ON HAND</b> at the end of this reporting period (if final report balance must be zero) (Attach DR-3) .....	\$	<u>536.68</u>

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

**\*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) \$ \_\_\_\_\_

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

For Instructions, See Back of Form

Reset Form

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)  
*Circle 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.

**CAUTION:** Section 68B.32A(6), Iowa Code, 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
09-30-05	ID# CK# <i>⊖</i>	401 S 9th Ave James Marsh. Washington, IA 52353	<i>⊖</i>	\$ 20.00	<input type="checkbox"/>
09-30-05	ID# CK# <i>⊖</i>	Karen/James Gorham 608 W Washington BLVD Washington, IA 52353	<i>⊖</i>	100.00	<input type="checkbox"/>
09-30-05	ID# CK# <i>⊖</i>	Ted R. Thorton 810 N. Iowa Washington, IA. 52353	<i>⊖</i>	50.00	<input type="checkbox"/>
10-01-05	ID# CK# <i>⊖</i>	John/Miriam Mangold 422 W. Washington Washington, IA 52353	<i>⊖</i>	100.00	<input type="checkbox"/>
10-01-05	ID# CK# <i>⊖</i>	Bruce Frewin 320 N. Marion Ave Washington, IA 52353	<i>brother in law</i>	100.00	<input type="checkbox"/>
10-01-05	ID# CK# <i>⊖</i>	Joann Reynolds 411 S. Iowa Ave. Washington, IA 52353	<i>⊖</i>	50.00	<input type="checkbox"/>
10-01-05	ID# CK# <i>⊖</i>	Norma J Loeffler 908 Paradise Dr. Washington, IA. 52353	<i>⊖</i>	20.00	<input type="checkbox"/>
10-01-05	ID# CK# <i>⊖</i>	William Sr. / Mildred Widen 709 N. Marion Ave Washington IA 52353	<i>⊖</i>	25.00	<input type="checkbox"/>
10-03-05	ID# CK# <i>⊖</i>	Virginia "Fonda" Bestert 1608 N 3rd Ive Washington, IA 52353	<i>⊖</i>	20.00	<input type="checkbox"/>
10-03-05	ID# CK# <i>⊖</i>	Don/Arlene Finner 124 S Ave Washington, IA. 52353	<i>⊖</i>	20.00	<input type="checkbox"/>
<b>SUB-TOTAL</b>				\$ 505.00	
<b>TOTAL (if last page of this schedule)</b>				\$	

\* 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

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)

*Jobs 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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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
10-04-05	ID# CK# <i>e</i>	Gary / Frank Howard 701 Prudock Ct. Washington, IA 52353	<i>e</i>	\$ 10.00	<input type="checkbox"/>
10-10-05	ID# CK# <i>e</i>	Stephens Butler 407 E. Main St Washington, IA 52353	<i>e</i>	20.00	<input type="checkbox"/>
10-10-05	ID# CK# <i>e</i>	Lauren/Leta Chalupa 708 E. Jefferson Washington, IA 52353	<i>e</i>	20.00	<input type="checkbox"/>
10-10-05	ID# CK# <i>e</i>	Jeff Libe 504 S. 9th Ave Washington, IA 52353	<i>e</i>	50.00	<input type="checkbox"/>
10-05-05	ID# CK# <i>e</i>	M. Jean Robertson 805 S. 11th Washington, IA 52353	<i>e</i>	20.00	<input type="checkbox"/>
10-11-05	ID# CK# <i>e</i>	May Rich 704 N. Mason Ave Washington, IA 52353	<i>e</i>	10.00	<input type="checkbox"/>
10-15-05	ID# CK# <i>e</i>	Tom Hazell 220 E. 17th Washington, IA 52353	<i>e</i>	100.00	<input type="checkbox"/>
10-15-05	ID# CK# <i>e</i>	Blue Mountain Friends Patrick Hazell 220 E. 17th Washington, IA 52353	<i>e</i>	50.00	<input type="checkbox"/>
10-25-05	ID# CK# <i>e</i>	Adela Reese Adella's 124 W Wash- ington Washington, IA 52353	<i>e</i>	100.00	<input type="checkbox"/>
10-25-05	ID# CK# <i>e</i>	Jo Weidner 123 N 15th Washington Washington, IA 52353	<i>e</i>	25.00	<input type="checkbox"/>
<b>SUB-TOTAL</b>				\$ 405.00	
<b>TOTAL (if last page of this schedule)</b>				\$	

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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)

**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.

**CAUTION:** Section 68B.32A(6), Iowa Code, 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
10-25-05	ID# CK# 2	John Harrison Wagner 1305 E Harrison Washington, IA 52353	neighbor in law	\$ 20.00	<input type="checkbox"/>
10-25-05	ID# CK# 2	Jean Moody 2011 Lorraine Drive Washington, IA 52353	mother in law	50.00	<input type="checkbox"/>
10-25-05	ID# CK# 2	Raph Goncharowaki - Raph's Home Improvements 207 W. Washington Washington, IA 52353		10.00	<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"/>
SUB-TOTAL				\$ 80.00	
<b>TOTAL (if last page of this schedule)</b>				\$ 940.00	

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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)

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
10-11-05	ID# CK# <input checked="" type="checkbox"/>	Washington Evening Journal 111 N Marion Ave	Advertising - Ad placement	\$ 285.56
10-28-05	ID# CK# <input checked="" type="checkbox"/>	Washington Evening Journal 111 N Marion Ave	Advertising - Ad placement	105.76
10-28-05	ID# CK# <input checked="" type="checkbox"/>	KCII AM/FM Radio 110 E Main St	Radio Advertising - Town Hall Meeting	62.00
	ID# CK#			
SUB-TOTAL				\$ 453.32
<b>TOTAL (if last page of this schedule)</b>				\$ 453.32

**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).)

SCHEDULE <b>E</b> (Rev. 06/97)	IN-KIND CONTRIBUTIONS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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

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\* THIS IS THE FUNDS OF MY OWN PERSONAL CONTRIBUTIONS PRIOR TO THE COMMITTEE BEING FORMED - (\$750) UP TO PER CANDIDATE  
**Rick Cicalo**

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
9/26	RICK CICALO 725 E. MAIN ST WASHINGTON, IA 52353	CANDIDATE	FOR COMMITTEE STAMP	\$ 11.50	<input type="checkbox"/>
9/26	RICK CICALO "	"	FOR US POST OFF. STAMPS	22.20	<input type="checkbox"/>
9/28	"	"	FOR KCIF RADIO ADS	31.00	<input type="checkbox"/>
9/28	"	"	FOR CARTRIDGES PAPER STOCK OFFICE PAPER	60.29	<input type="checkbox"/>
9/29	"	"	FOR CARTRIDGES PAPER / STOCK CARD STOCK	34.58	<input type="checkbox"/>
9/29	"	"	FOR NEW CORRECT COMMITTEE STAMP	8.03	<input type="checkbox"/>
9/30	"	"	FOR CARTRIDGES PAPER STOCK RUBBER BANDS	63.35	<input type="checkbox"/>
9/29	"	"	FOR YARD SIGN ORDER	339.07	<input type="checkbox"/>
9/21	"	"	FOR KCIF ADS	46.50	<input type="checkbox"/>
					<input type="checkbox"/>

SUB-TOTAL \$ **616.52**

TOTAL (if last page of this schedule) \$ **616.52**

\*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.