

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

Reset Form

FOR INSTRUCTIONS, SEE BACK OF FORM
DISCLOSURE SUMMARY PAGE

2009 MAY 20 AM 9:54

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

VOTE YES FOR FORT DODGE

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) _____

Office Sought _____ District (if Senate or House) _____

| | |
|------------------------------------|--------------------------|
| FORM DR-2 (Rev. 07/2007) | DISCLOSURE REPORT |
| For Office Use Only | |
| Comm. # _____ | |
| Logged In _____ | |
| Scanned _____ | |
| 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

An R Rodenborn
SIGNATURE OF PERSON FILING REPORT

(515) 573-8038
TELEPHONE

5/18/2009
DATE SIGNED

I AM FILING A JAN 1, 2009 - May 14, 2009 REPORT FOR (1) ELECTION // (2) NON-ELECTION YEAR.
(report date) Indicate by # 2

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>August 26, 2008</u> |
| County of Local Committees, enter County in which Election is held <u>Webster County</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.) | \$ | <u>759.55</u> |
| ADD TOTAL MONEY TAKEN IN THIS PERIOD | | |
| Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below) | | <u>1619.26</u> |
| 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 | \$ | <u>2378.81</u> |
| SUBTRACT TOTAL MONEY SPENT THIS PERIOD | | |
| Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below) | | <u>2378.81</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>- 0 -</u> |
| **UNPAID BILLS (From Schedule D - Attach Schedule D) | \$ | <u>- 0 -</u> |
| *IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E) | \$ | <u>5,006.00</u> |
| **OUTSTANDING LOANS (From Schedule F - Attach Schedule F) | \$ | <u>- 0 -</u> |
| CONSULTANT BREAKDOWN (Schedule G Attached?) | | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |
| CANDIDATE COMMITTEES ONLY: | | |
| VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H) | \$ | <u>- 0 -</u> |

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

For Instructions, See Back of Form

Reset Form

| | |
|---|----------------------|
| SCHEDULE 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)
VOTE YES FOR FORT DODGE

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 |
|--------------------------|--|--|--|-----------------|-----------------------------|
| 4/22/09 | ID# CK# 1079 | FDRT DODGE Betterment Foundation STE 400 822 Central Ave FORT DODGE IA 50501 | | \$ 1,619.26 | <input type="checkbox"/> |
| | ID# CK# | | | | <input type="checkbox"/> |
| | ID# CK# | | | | <input type="checkbox"/> |
| | ID# CK# | | | | <input type="checkbox"/> |
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| | ID# CK# | | | | <input type="checkbox"/> |
| | ID# CK# | | | | <input type="checkbox"/> |

SUB-TOTAL
\$ 1,619.26
TOTAL (if last page of this schedule)
\$ 1,619.26

* 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

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.

| | |
|---|--------------------------|
| SCHEDULE B (Rev. 07/03) | MONETARY EXPENDITURES |
| <input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM | |

COMMITTEE NAME (Must be same as on Statement of Organization)
VOTE YES FOR FORT DODGE

| 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 |
|---------------------------------------|--|---|----------------------------------|-----------------|
| 2/4/09 | ID# CK# 1110 | VICTORY ENTERPRISES 5200 SW 30 ST, STE 7 DAVENPORT IA 52802 | VOTER POST CARDS | \$ 759.00 |
| 4/23/09 | ID# CK# 1111 | DOUBLE M SIGNS 519 FIRST AVES FORT DODGE IA 50501 | ALUMALITE RENDERING BOARDS | 375.00 |
| 4/23/09 | ID# CK# 1112 | Messenger Printing 712 FIRST AVES. FORT DODGE IA 50501 | TRI-FOLD 10,000 | 546.35 |
| 4/23/09 | ID# CK# 1113 | VICTORY ENTERPRISES 5200 SW 30 ST, ST 7 DAVENPORT IA 52802 | VOTER POST CARDS | 698.00 |
| 5/13/09 | ID# CK# 1114 | US Postage | Postage | .46 |
| | ID# CK# | | | |
| | ID# CK# | | | |
| | ID# CK# | | | |
| SUB-TOTAL | | | | \$ 2378.81 |
| TOTAL (if last page of this schedule) | | | | \$ 2378.81 |

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

| | |
|---|--------------------------|
| SCHEDULE E (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)
VOTE YES FOR FORT DODGE

Reset Form

| 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 |
|--------------------------|---|---|-------------------------------------|-----------------------------|-----------------------------------|
| 9/24/08 | Webster County Development 1402 Central Ave Fort Dodge IA 50501 | | Messenger Advertising | \$ 5,000.00 | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> |
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| | | | | | <input type="checkbox"/> |

SUB-TOTAL \$ 5,000.00
TOTAL (if last page of this schedule) \$ 5000.00

*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.

RESET

| | |
|---|---|
| SCHEDULE G (Rev. 02/08) | BREAKDOWN OF MONETARY EXPENDITURES BY CONSULTANT |
| | <input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM |

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

VOTE YES FOR FORT DODGE

PART I - NAME AND ADDRESS OF CONSULTANT

| | | | |
|--|--------------------|--------------------------|--|
| Name of Consultant VICTORY ENTERPRISES | | | |
| Mailing Address 5260 SW 30 th ST, STE 7 | | | |
| City DAVENPORT | State IA | Zip Code 52802 | |

| | |
|--|---|
| CONTRACT PERIOD (MM/DD/YR) From 4/10/08 To 12/01/08 | TOTAL ANTICIPATED COMPENSATION FOR PERFORMANCE \$ 28,473.19 |
|--|---|

ESTIMATES OF PERFORMANCE

| | |
|--------------------|-----------|
| SURVEY | 7,625.00 |
| General Consulting | 11,216.00 |
| CARDS / Mail | 9,632.19 |

PART II - ITEMIZED BREAKDOWN OF UNREIMBURSED EXPENSES PAID BY CONSULTANT TO OTHERS IN PERFORMING SERVICES OF CONTRACT (These expenses should NOT be reported on Schedule B, as they are direct payment from the consultant.)

| DATE EXPENDED (MM/DD/YR) | NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE | PURPOSE | AMOUNT EXPENDED |
|--|--|---------|-----------------|
| | | | \$ |
| | | | |
| | | | |
| | | | |
| | | | |
| SUB-TOTAL | | | \$ |
| TOTAL (If last page of this schedule) | | | \$ |