

DISCLOSURE SUMMARY PAGE

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

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

RIVER 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

CANDIDATE COMMITTEES ONLY:

Candidate Name Jim Bixner NOV 7 2005 Political Party (if applicable) _____

Office Sought Soox City City Council District (if Senate or House) _____

Late reports are subject to possible civil and criminal penalties.

[Signature] (712) 258-7855 Nov. 2, 2005

SIGNATURE OF PERSON FILING REPORT TELEPHONE DATE SIGNED

I AM FILING A Nov. 2, 2005 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 11/8/05

County & Local Committees, enter County in which Election is held Woodbury

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>1248.57</u>
ADD TOTAL MONEY TAKEN IN THIS PERIOD		
Schedule A: Cash Contributions total (Attach Schedule A) (**also see in-kind below)		<u>4330.00</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>5578.57</u>
SUBTRACT TOTAL MONEY SPENT THIS PERIOD		
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)		<u>1338.26</u>
Schedule F: Loan Repayments total (Attach Schedule F)		<u>4240.31</u>
CASH ON HAND at the end of this reporting period (if final report balance must be zero) (Attach DR-3)	\$	<u>4240.31</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)	\$	<u>4,600.00</u>
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

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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

Rixner 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.

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
10/7/05	ID# CK#	Rick Mullin 3715 Cheyenne Blvd. Sioux City, IA. 51104	NONE	\$ 100	<input type="checkbox"/>
10/9/05	ID# CK#	Robert P. Sheehan 2419 E. Solway St. Sioux City, IA. 51104	"	100	<input type="checkbox"/>
10/12/05	ID# CK#	Chris Jensen 112 24th St. Sioux City, IA. 51104	"	50	<input type="checkbox"/>
10/13/05	ID# CK#	Dale R. Wassmuth, M.D. 5009 Hamilton Blvd. Sioux City, IA. 51104	"	250	<input type="checkbox"/>
10/14/05	ID# CK#	Lewis F. Weisberg 505 5th St. Suite 200 Sioux City, IA. 51101	"	500	<input type="checkbox"/>
10/17/05	ID# CK#	Northwest IA Labor Council COPE Fund 3038 S. Lakeport Suite 100 Sioux City, IA 51106	"	250	<input type="checkbox"/>
10/19/05	ID# CK#	Kermit Dahlen 485 Titan Rd. Hiataw, IA. 51024	"	50	<input type="checkbox"/>
10/20/05	ID# CK#	B. Gail Dooley 3003 Jackson St. Sioux City, IA 51104	"	50	<input type="checkbox"/>
10/20/05	ID# CK#	Judith Newton 20 Schoolhouse Rd. Clarksburg, W. V. 08510	Sister-in-law	50	<input type="checkbox"/>
10/20/05	ID# CK#	MacDonald Smith 505 5th St. Suite 530 Sioux City, IA. 51101	NONE	150	<input type="checkbox"/>
SUB-TOTAL				\$1950.00	
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.

For Instructions, See Back of Form

CONTRIBUTIONS – MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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

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/YY)	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
10/21/05	ID# CK#	W Mark Rosenbury JUNET K. ROSEN BURY 4559 HAMILTON BLVD. 3, BOX CITY, IA. 51104	NONE	\$ 150 ⁰⁰	<input type="checkbox"/>
10/21/05	ID# CK#	Joseph Rixner 21 Columbia Ct. Fairport, N.Y. 14450	brother	100 ⁰⁰	<input type="checkbox"/>
10/22/05	ID# CK#	John C. Gray 3801 Orchard St. Sioux City, IA. 51104	NONE	50 ⁰⁰	<input type="checkbox"/>
10/22/05	ID# CK#	Marilyn D. Murphy 10 Blackstone Sioux City, IA 51104	"	75 ⁰⁰	<input type="checkbox"/>
10/22/05	ID# CK#	Ray & Marlene Sturdevant 222 Nebraska St. Sioux City, IA. 51104	"	250 ⁰⁰	<input type="checkbox"/>
10/22/05	ID# CK#	Sioux City Home Builders PAC 3900 Stadium Dr. Sioux City, IA. 51106	"	200 ⁰⁰	<input type="checkbox"/>
10/24/05	ID# CK#	Peter W. Threen 110 W. 40th St. Sioux City, IA. 51104	"	200 ⁰⁰	<input type="checkbox"/>
10/24/05	ID# CK#	Susan Diehl 14 E11ton Ave Pittsburgh, PA. 15227	niece	25 ⁰⁰	<input type="checkbox"/>
10/26/05	ID# CK#	Auray Brothers LLC-partnership 3470 Correctionville Rd. Sioux City, IA. 51106	NONE	250 ⁰⁰	<input type="checkbox"/>
10/26/05	ID# CK#	James Yannev 3915 Sylvian way Sioux City, IA. 51104	"	100 ⁰⁰	<input type="checkbox"/>
SUB-TOTAL				\$ 1400 ⁰⁰	<input type="checkbox"/>
TOTAL (if last page of this schedule)				\$	

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For Instructions, See Back of 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)
RIXNER 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.

CAUTION: Section 88B.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/YYR)	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
10/27/05	ID# CK#	Katie Collins 2228 Terrace Place Sioux City, IA. 51104	NONE	\$ 00 35	<input type="checkbox"/>
10/27/05	ID# CK#	Michael Prosser 206 Lindenwood Pl. Sioux City, IA. 51104	"	00 50	<input type="checkbox"/>
10/27/05	ID# CK#	UPCW LOCAL NO. 1142 Political Fund P.O. Box 3151 Sioux City, IA. 51106	"	00 1,000	<input type="checkbox"/>
10/27/05	ID# CK#	Kenneth Montes 26075 Highway 145 Osawa, IA. 51040	"	00 100	<input type="checkbox"/>
10/28/05	ID# CK#	Michael Bennett 4808 Stone Ridge Pt. Sioux City, IA. 51106	"	00 50	<input type="checkbox"/>
10/28/05	ID# CK#	Mike Peters 3319 Park View Blvd. Sioux City, IA. 51105	"	00 50	<input type="checkbox"/>
10/19/05 - 11/23/05	ID# CK#	Unitemized		00 95	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
SUB-TOTAL				\$1380	00
TOTAL (if last page of this schedule)				\$4330	

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FOR INSTRUCTIONS, SEE BACK OF FORM



EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

SCHEDULE
B
(Rev. 07/03)

MONETARY
EXPENDITURES

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)
RIXNER FOR COUNCIL

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
<i>10/04/05</i>	ID# CK#	<i>Sioux City Journal 515 Pavena St. Sioux City, IA 51102</i>	<i>3 ads</i>	<i>\$ 654.32</i>
<i>10/07/05</i>	ID# CK#	<i>Staples 840 Gordon Dr. Sioux City, IA 51101</i>	<i>Staples for yard signs</i>	<i>3.20</i>
<i>10/07/07</i>	ID# CK#	<i>m+m Copy Quick 422 Pierce St. Sioux City, IA 51101</i>	<i>brochures/handouts</i>	<i>93.46</i>
<i>10/15/07</i>	ID# CK#	<i>USPS 214 Jackson St. Sioux City, IA 51101</i>	<i>stamps</i>	<i>37.00</i>
<i>10/15/07</i>	ID# CK#	<i>Staples 840 Gordon Dr. Sioux City, IA 51101</i>	<i>envelopes (long)</i>	<i>4.98</i>
<i>10/16/07</i>	ID# CK#	<i>Fed Ex Kinko's 1801 Hamilton Blvd. Sioux City, IA 51103</i>	<i>address labels & copies</i>	<i>20.80</i>
<i>10/26</i>	ID# CK#	<i>Walgreen's 100 Pierce St. Sioux City, IA 51104</i>	<i>envelopes (short)</i>	<i>1.06</i>
<i>10/26</i>	ID# CK#	<i>USPS 214 Jackson St. Sioux City, IA 51101</i>	<i>stamps</i>	<i>37.00</i>
SUB-TOTAL				<i>\$ 824.82</i>
TOTAL (if last page of this schedule)				\$

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

Reset Form

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

SCHEDULE 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)
RIXNER FOR COUNCIL

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
10/26/05	ID# CK#	Sioux City Journal 515 Pavana St. Sioux City, IA 51102	ad	\$ 311.60
10/26/05	ID# CK#	m+m Copy Quick 422 Pierce St. Sioux City, IA 51101	more brochures	96.84
10/27/05	ID# CK#	Sioux City Journal 515 Pavana St. Sioux City, IA 51102	3 Ads in Hispanic newspaper	108.00
	ID# CK#			

SUB-TOTAL \$ 516.44

TOTAL (if last page of this schedule) \$ 7338.26

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

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

NOTE: This schedule reports money loaned to the committee which is deposited in the committee account.

TOTAL UNPAID LOANS FROM LAST REPORTING PERIOD \$ 4,600.00

SCHEDULE F (Rev. 07/03)	LOANS RECEIVED & REPAY
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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/YY)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, if Applicable)	RELATIONSHIP TO CANDIDATE (if Applicable)	AMOUNT OF LOAN
			\$

TOTAL (PART I) \$ _____

PART II - MONETARY LOAN REPAYMENTS MADE THIS REPORTING PERIOD

(Loans forgiven must be reported on Schedule E - In-kind Contributions.)

DATE PAID (MM/DD/YY)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, if Applicable)	RELATIONSHIP TO CANDIDATE* (if Applicable)	AMOUNT REPAY
			\$

TOTAL CASH REPAYMENTS (PART II) \$ _____

From Schedule E - TOTAL LOANS FORGIVEN \$ _____

TOTAL OUTSTANDING LOANS END OF REPORT PERIOD \$ 4,600.00

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