

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

Reset Form

COMMITTEE NAME (Must be same as on Statement of Organization)  
Committee to Elect Allison  
State Representative

IMPORTANT: Indicate type of committee you are reporting for:  1

( 1 ) Statewide/Legislative Candidate ( 2 ) Statewide PAC ( 3 ) State Party ( 4 ) County/Local Candidate  
 ( 5 ) County PAC ( 6 ) Ballot Issue/Franchise Committee ( 7 ) County/City Central Committee

FORM DR-2 DISCLOSURE REPORT  
 (Rev. 07/2003)

For Office Use Only  
 Comm. # 1552  
 Logged in [Signature]  
 Scanned \_\_\_\_\_  
 Computer \_\_\_\_\_  
 Audited \_\_\_\_\_

CANDIDATE COMMITTEES ONLY:

Candidate Name Charles Allison Political Party Republican  
 Office Sought State Representative District (if Senate or House) 68

JUL 15 2004  
fax

July Allison (615) 261-3571 7-14-04  
 SIGNATURE OF TREASURER (or person filing this report) TELEPHONE DATE SIGNED

Late filed reports are subject to possible civil and criminal penalties.

SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE:

I AM FILING A July 14, 2004 REPORT FOR AN/A (1) ELECTION / (2) NON-ELECTION YEAR  
 (report date) Indicate one

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 Notice of Dissolution is filed.)

Local Committees, enter Date of Election \_\_\_\_\_  
 County & Local Committees, enter County in which Election is held \_\_\_\_\_

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period (This is the total of all monies 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>2024.74</u>
<b>ADD TOTAL MONEY TAKEN IN THIS PERIOD</b>		
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)		<u>370.00</u>
Schedule F: Loans Received total (Attach Schedule F)		<u>0</u>
Schedule H: Total Sales of Campaign Property (Attach Schedule H)		<u>0</u>
<b>(Schedule H applies to Candidates' Committees Only)</b>		
SUB-TOTAL	\$	<u>2394.74</u>
<b>SUBTRACT TOTAL MONEY SPENT THIS PERIOD</b>		
Schedule B: Expenditures total (Attach Schedule B) (**also see debits and loans below)		<u>717.48</u>
Schedule F: Loan Repayments total (Attach Schedule F)		<u>0</u>
CASH ON HAND at the end of this reporting period (if final report, balance must be zero) (Attach DR-3)	\$	<u>1677.26</u>
*UNPAID BILLS (From Schedule D - Attach Schedule D)	\$	<u>0</u>
**IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)	\$	<u>2,237.00</u>
**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)	\$	<u>0</u>
CANDIDATE COMMITTEES ONLY:		
CONSULTANT BREAKDOWN (Schedule G Attached?)		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)	\$	<u>0</u>

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)  
 Comm. Fee to Elect Allison  
 State Representative

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/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
5/22/04	ID# CK#	Dr Rodney Dempewolf 8. South 5th Ave Box 816 Marshalltown IA 50158		\$ 25-	<input type="checkbox"/>
5/22/04	ID# CK#	Mr. Larry Waychoff 1912 E. 27th St Des Moines IA 50317		\$ 25-	<input type="checkbox"/>
5/23/04	ID# CK#	Dr + Mrs Charles Gilarski 2304 Buchanan Dr. Ames IA 50010		\$ 50-	<input type="checkbox"/>
5/23/04	ID# CK#	Dr. + Mrs. Michael Ward 1951 S. Grandview Ave. Dubuque IA 52003		\$ 100-	<input type="checkbox"/>
5/23/04	ID# CK#	Mrs. Connie Maurer 12 Ethel Lane Council Bluffs IA 51503		\$ 20-	<input type="checkbox"/>
6/6/04	ID# CK#	Dr. Gary Nutt 2541 Hill Ave. Des Moines IA 50317		\$ 25-	<input type="checkbox"/>
7/1/04	ID# CK#	Tiffany Hauptman 1512 S. Spruce Ave. Mt. Pleasant IA 52641		\$ 25-	<input type="checkbox"/>
7/1/04	ID# CK#	Mr. Andrew Christensen 5200 NW 55th Ave. Johnston, IA 50131		\$ 100-	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

\$ 370  
\$ 370

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

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)  
*Committee to Elect Allison  
 State Representative*

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
6/17/04	ID# CK#	Copy Max University Ave Des Moines IA	flyers	\$ 38 <sup>00</sup>
6/24/04	ID# CK#	walmart Altoona IA	ink, office supply	\$ 78 <sup>65</sup>
6/24/04	ID# CK#	Office Max West Des Moines W. Des Moines IA	paper, envelopes ink	\$ 111. <sup>23</sup>
6/29/04	ID# CK#	Factory Card Outlet West Des Moines IA	supplies, doorknack	\$ 80 <sup>00</sup>
7/10/04	ID# CK#	Capital Promotion Box 231 Glenside PA 19038	campaign flyers	389 <sup>60</sup>
	ID# CK#			
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$ 717 <sup>48</sup>
TOTAL (if last page of this schedule)				\$ 717 <sup>48</sup>
SIB 697.48				

**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)  
**Committee to Elect Allison  
 State Representative**

Reset form

SCHEDULE <b>E</b> (Rev. 06/97)	IN KIND CONTRIBUTIONS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING 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
7/1/04	Steven Fuller 2822 E 29th Des Moines IA 50317		hundreds	\$ 750-	<input checked="" type="checkbox"/>
7/1/04	Judy Allison 3001 E 42 St. Des Moines IA 50317	wife	printing mailing party	\$ 2,000	<input type="checkbox"/>
7/1/04	Vivian Huber 6716 Threebakes Pkwy Des Moines IA 50320		stamps	\$ 30-	<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
SUB-TOTAL				\$ 2787	
TOTAL (if last page of this schedule)				\$ 2787	

\*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.