(2)

DISCLOSURE SUMMARY PAGE

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

COMMITTEE NAME *(Must be same as on Statement of Organization)*
Committee to Elect ~~Charles~~ 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

For Office Use Only
Comm. # 1552
Logged In
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Computer
Audited

IA ETHICS & CAMPAIGN DISCLOSURE BOARD
MAY 21 2004
Duplicate of faxed copy received 5.19
FILED

CANDIDATE COMMITTEES ONLY:

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

Judy Allison — (515) 261-3571 — 5/18/04

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 May 19 2004 (report date) REPORT FOR AN/A **(1) ELECTION /(2)NON-ELECTION** YEAR
Indicate one 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 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.) $ 0

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below) 2,770.00

Schedule F: Loans Received total (Attach Schedule F) 0

Schedule H: Total Sales of Campaign Property (Attach Schedule H) 0

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL ..... $ 2,770.00

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below) 745.26

Schedule F: Loan Repayments total (Attach Schedule F) 0

CASH ON HAND at the end of this reporting period (if final report, balance must be zero) (Attach DR-3) $ 2024.74

****UNPAID BILLS** (From Schedule D - Attach Schedule D) $ 0

***IN KIND CONTRIBUTIONS** (From Schedule E - Attach Schedule E) $ 2,710.00

****OUTSTANDING LOANS** (From Schedule F - Attach Schedule F) $ 0

CANDIDATE COMMITTEES ONLY:

CONSULTANT BREAKDOWN (Schedule G Attached?) ☐ YES ☒ NO

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H) $ 0

DISCLOSURE SUMMARY PAGE

Reset Form

DR-2

For Office Use Only
Scan # 1552
SW - tracked

COMMITTEE NAME (Must be same as on Statement of Organization)
Committee to Elect ~~Charles~~ 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 Legislative Candidate (5) County PAC (6) Political Issue/Referendum Committee (7) County/City Central Committee

CANDIDATE COMMITTEES ONLY:

Candidate Name: Charles Allison

Political Party: Republican

Office Sought: State Representative

District (if Senate or House): 68

Judy Allison — SIGNATURE OF TREASURER (or person filing this report)

(515) 261-3571 — TELEPHONE

5/18-01 — 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 May 19 2004 (report date) REPORT FOR AN/A (1) ELECTION /(2) NON-ELECTION (Year)

Indicate one: 1

IA ETHICS & CAMPAIGN DISCLOSURE BOARD
MAY 19 2004
FILED

MEMBER TO REPORT DATED

(Check this box if this is the final (termination) report and attach Notice of Dissolution Form DR-3 ~~(Committee is to file reports until a Notice of Dissolution is filed.)~~

Primary Election / General Election / Special Election

(Candidate committees enter County in which election is held)

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of this 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.) $ 0

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A - Cash Contributions total (Attach Schedule A) (Also see in-kind below) 2,770.00

Schedule F - Loans Received total (Attach Schedule F) 0

Schedule H - Total Sales of Campaign Property (Attach Schedule H) 0

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL $ 2,770.00

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule D - Expenditures total (Attach Schedule D) (*Also see debts and loans below) 745.26

Schedule F - Loan Repayments total (Attach Schedule F) 0

CASH ON HAND at the end of this reporting period or final report. (balance must be zero) (Attach DR-3) $ 2,024.74

UNPAID BILLS (From Schedule D - Attach Schedule D) $ 0

IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E) $ 2,710.00

OUTSTANDING LOANS (From Schedule F - Attach Schedule F) $ 0

CANDIDATE COMMITTEES ONLY:

CONSULTANT BREAKDOWN (Schedule G Attached?) Yes No X

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H) $ 0

For Instructions, See Back of Form

Reset Form

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
☐ 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)*

Committee to Elect ~~Charles~~ 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/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
4-14-04	ID# CK#	Judy Allison 3001 E. 43 St. Des Moines IA 50317	wife	$ 150	
4/14/04	ID# CK#	Timothy Quagliano 8132 Raphael Dr. Dubuque IA 52003		200	
4/14/04	ID# CK#	Gregory McCarthy 211 Vista Ct. Sioux City IA 51104		50	
4/14/04	ID# CK#	Judy Reinkirg 1318 W. Main St. Algona IA 50511		50	
4/15/04	ID# CK#	Richard Spencer 1660 Highway 152 Osceola IA 50213		100	
4/15/04	ID# CK#	Charles Keenan, Jr. 192 6th Ave NE Box 128 LeMars IA 51031		50	
4/16/04	ID# CK#	Sharon DiBella 11600 Locust Kansas City MO 64131	cousin	25	
4/16/04	ID# CK#	Rose DiBella 11600 Locust Kansas City MO 64131	aunt	25	
4/19/04	ID# CK#	Fannie Allison 12493 Charlotte St Kansas City MO 64146	Mother	50	
4/19/04	ID# CK#	Connie Sonksen 9425 Maple Lane Johnston IA 50131		25	

SUB-TOTAL $ 725

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.

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For Instructions, See Back of Form

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SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
☐ 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)*

Committee to Elect ~~Charles~~ 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/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
4/20/04	ID# CK#	Kevin Mulvey 204 N. 2nd Ave W. Newton IA 50208		$ 50	
4/22/04	ID# CK#	Mark Corrigan 634 W. Santa Fe Trail Kansas City MO 64145		50	
4/22/04	ID# CK#	Ronald Caruotti 2010 Grand Blvd Waterloo IA 50701		20	
4/21/04	ID# CK#	Josephine Privitera 200 W. 53rd St. Kansas City MO 64112		500	
4/23/04	ID# CK#	James Lake 4040 Hull Ave Des Moines IA 50317		25	
4/23/04	ID# CK#	David Martin 302 So. Main Carroll IA 51401		150	
4/23/04	ID# CK#	Edward Prinkaszcikow 427 Ramesville Blvd Council Bluffs IA 51503		100	
4/22/04	ID# CK#	Tod Miller 1619 Willis Ave Perry IA 50220		100	
4/22/04	ID# CK#	Steve Huber 6716 Three Lakes Pkwy Des Moines IA 50320		50	
4/22/04	ID# CK#	Robert Eells 7023 Oakbrook Dr Des Moines IA 50322		80	
			SUB-TOTAL	$ ~~925~~	1,125
			TOTAL ***(if last page of this schedule)***	$	

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For Instructions, See Back of Form

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SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
☐ 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)*
Committee to Elect
~~Charles~~ 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/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
4/22/04	ID# CK#	Robert Caldwell 3703 Cottage Grove Ave SE Cedar Rapids IA 52403		$50	☐
4/22/04	ID# CK#	Vera Barthol 11120 W. 113th Terr. ~~Ramsey~~ Overland Park KS 66210		20	☐
5/9/04	ID# CK#	Christopher Considine 927 W. 4th St. Waterloo IA 50702		300	☐
5/9/04	ID# CK#	Brian Rarick 300 N 17th St Box 013 Clarinda IA 51632		100	☐
5/9/04	ID# CK#	Ronald Lee 1700 Orchard Burlington IA 52601		100	☐
5/9/04	ID# CK#	Terry Dranstad 1324 27th Lane Boone IA 50036		50	☐
5/9/04	ID# CK#	Carry Klatt Box 318 Paterson IA 51047	Daughter-in-law parents	50	☐
5/11/04	ID# 1552 CK# 2071	Iowa Podiatry Political Action Committee 525 S.W. 5th St #A Des Moines IA 50309	member	250	☐
	ID# CK#				☐
	ID# CK#				☐

SUB-TOTAL $ 920

TOTAL ***(if last page of this schedule)*** $ 2,770

* 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.

(6)

FOR INSTRUCTIONS, SEE BACK OF FORM

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SCHEDULE **B** (Rev. 07/03)	MONETARY EXPENDITURES

☐ CHECK THIS BOX IF AMENDING 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.

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
4/28/04	ID# CK#	Capitol Promotions 2362 Oakdale Ave Box 231 Glenside PA 19038	Yard signs	$597.24
5/9/04	ID# CK#	Wal-Mart Altoona, IA	Ink	96.42
5/18/04	ID# CK#	Factory Card Outlet W. Des Moines IA	Thank you cards, etc.	51.60
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			

SUB-TOTAL $ 745.26

TOTAL ***(if last page of this schedule)*** $ 745.26

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 Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM

(8)

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

Reset Form

SCHEDULE E (Rev. 06/97)	IN KIND CONTRIBUTIONS

☐ 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
4/1/04	Judy Allison 3001 E. 43 St Des Moines IA 50317	wife	office supplies print supplies supplies for mailing	$ 700.00	☐
4/19/04	Josh Lossner 5005 Valley Dr. W Des Moines IA 50327	son's brother-in-law	setup website-webmaster	1,500.00	☐
5/3/04	Randy Lossner 5437 S.W. 204th St Des Moines IA 50315	son's father-in-law	printing scratch pads	$400.00	☐
5/13/04	Republican Party of IA - Reed Copywriting		friends family letter	$ 110.00	☐
					☐
					☐
					☐
					☐
					☐
					☐
			SUB-TOTAL	$ 2710	
			TOTAL (if last page of this schedule)	$ 2,710.00	

*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.

Page 1 of 1 (for Schedule E)