

DISCLOSURE SUMMARY PAGE

Reset Form

DR-2

DISCLOSURE REPORT

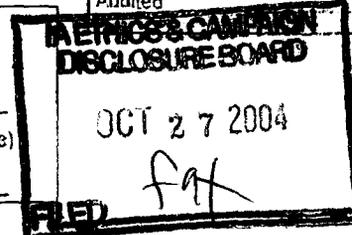
COMMITTEE NAME (Must be same as on Statement of Organization)
Committee to Elect Allison
State Representative

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

For Office Use Only
 Comm # 1552
 Logged In SW e
 Scanned _____
 Computer _____
 Audited _____

CANDIDATE COMMITTEES ONLY:

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



[Signature] (515) 261-3577 10-27-04
 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 Oct 29, 2004 REPORT FOR AN/A (1) ELECTION (1/2) NON-ELECTION YEAR.
Oct 15 thru Oct 26 (report date) Indicate one 1

CHECK IF AMENDMENT TO REPORT DATED _____

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

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.)

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.) \$ 780.24

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below) 295.-

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 \$ 1075.24

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below).... 800.00

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) \$ 275.24

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

**IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E) \$ 3000.00

**OUTSTANDING LOANS (From Schedule F - Attach Schedule F) \$ 2200.00

CANDIDATE COMMITTEES ONLY:

CONSULTANT BREAKDOWN (Schedule G Attached?) YES NO

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

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)
Committee 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/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
10/12/04	ID# CK# 5472	Joan Cowger 1803 E 31st St Des Moines IA 50317		\$ 20	<input type="checkbox"/>
10/16/04	ID# CK# 3385	Valma George 3330 E 25th St #28 Des Moines IA 50317		15	<input type="checkbox"/>
10/16/04	ID# CK# 7754	James Lake 4040 Hull Ave. Des Moines IA 50317		25	<input type="checkbox"/>
10/17/04	ID# FAS PAC CK# 1552 50910	Foreweg Stores 3200 E. 8th St. Boone IA 50036		100	<input type="checkbox"/>
10/18/04	ID# CK# 1206	Terry Moll 2421 Hull Ave Des Moines IA 50317		25	<input type="checkbox"/>
10/22/04	ID# CK# 7253	Robert Mahaffey 2220 E 32nd St. Des Moines IA 50317		100	<input type="checkbox"/>
10/22/04	ID# CK# 2591	Leigh Kaphart 3012 Kinsey Ave Des Moines IA 50317		10	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL
 \$ 295
 TOTAL (if last page of this schedule)
 \$ 295

* 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.

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)
**Committee to Elect Allison
 State Representative**

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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
10/13/04	Anderson Brothers Printing Republican Party of IA		Printing	\$ 1,500	<input type="checkbox"/>
10/13/04	The Mail House Republican Party of IA		Postage	1,500	<input type="checkbox"/>
					<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				\$ 3,000	
TOTAL (if last page of this schedule)				\$ 3,000	

*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.

FOR INSTRUCTIONS, SEE BACK OF FORM

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

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

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

TOTAL UNPAID LOANS FROM LAST REPORTING PERIOD \$ 3,000.00

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) \$ 3,000

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 REPAYED
10/18/04	Judy Allison 3001 E 43 St Des Moines IA 50317	wife	\$ 800 (ck 1010)

TOTAL CASH REPAYMENTS (PART II) \$ 800
 From Schedule E -- TOTAL LOANS FORGIVEN \$ 0
 TOTAL OUTSTANDING LOANS END OF REPORT PERIOD \$ 2,200

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10/27/2004 WED 15:50 FAX 5152711897 TOWER-MEDICAL-CL 007