

FORM DR-2: Disclosure Summary Page

Status: **Amended**

ID #: **1061**

Committee: **Citizens to Re-Elect Wayne Ford**

Comm Type: **State House**

Date Due: **10/29/2004**

Report Year: **2004**

Treasurer: **Bruce L Wilson**

Primary Ph. (515)274-4413 Secondary Ph. (515)288-4742

Chair:

County: **NA**

Amended: **1/19/2005**

Statutory Due Date	10/29/2004
Adjusted Due Date	/ /
Received Date	10/31/2004
Postmark Date	/ /
Amended	01/19/2005

Statement of Cash on Hand

Cash on Hand at Start of Period	\$472.25
Schedule A: Cash contributions Total	\$2,900.00
Schedule F: Loans Received Total	\$0.00
Schedule H: Campaign Property Sales	\$0.00
SUB-TOTAL	\$3,372.25
Schedule B: Expenditure Total	\$3,000.00
Schedule F: Cash Loan Repayments	
Cash on Hand At End of Period	372.25

Additional Assets and Liabilities

Loans in Place at Start of Period	\$300.00
Schedule D: UnPaid Bills	\$0.00
Schedule E: In-Kind Contributions	\$0.00
Schedule F: Forgiven Loans	
Schedule F: Outstanding Loans	\$300.00
Schedule G: Consultant Breakdown?	No
Schedule H: Campaign Property Value	\$0.00

FOR INSTRUCTIONS, SEE BACK OF FORM

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DISCLOSURE SUMMARY PAGE

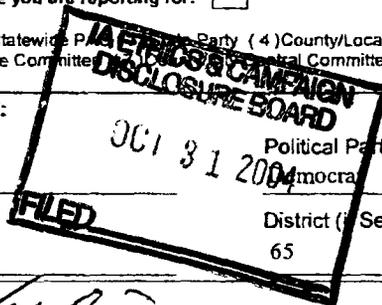
COMMITTEE NAME (Must be same as on Statement of Organization)
Citizens to Re-Elect Wayne Ford

IMPORTANT: Indicate type of committee you are reporting for: 1
 (1) Statewide/Legislative Candidate (2) Statewide Political Party (4) County/Local Candidate
 (5) County PAC (6) Ballot Issue/Franchise Committee (7) Central Committee
 (8) Support State of Candidates

CANDIDATE COMMITTEES ONLY:

Candidate Name: Wayne Ford
 Office Sought: State House
 District: 65

FORM DR-2 (Rev. 07/2003)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	1061
Logged In	SW
Scanned	
Computer	WRS
Audited	11-4-04



Bruce Wilson
 SIGNATURE OF TREASURER (or person filing this report)

515-274-4413
 TELEPHONE

10/31/04
 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 October 29, 2004 REPORT FOR ANA (1) ELECTION (2)NON-ELECTION YEAR.
 (report date)

- 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.)	372.25
ADD TOTAL MONEY TAKEN IN THIS PERIOD	
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)	2900.00
Schedule F: Loans Received total (Attach Schedule F)	
Schedule H: Total Sales of Campaign Property (Attach Schedule H)	
<u>(Schedule H applies to Candidates' Committees Only)</u>	
SUB-TOTAL \$	3272.25
SUBTRACT TOTAL MONEY SPENT THIS PERIOD	
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)	3000.00
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) (Attach DR-3)	272.25
<hr/>	
**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)	\$ 300.00 ✓
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)	\$ 0

For Instructions, See Back of Form

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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)
 Citizens to Re-Elect Wayne Ford

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
✓ 10/15/04	ID# 6082 CK# 1037	MidAmerican Energy Co, Effective Govt. Comm. 666 Grand Ave, P.O. Box 657 Des Moines, IA 50303-0657		\$250.00	<input type="checkbox"/>
✓ 10/15/04	ID# 6070 CK# 3086	Iowa LawPAC 521 East Locust, 3rd Floor Des Moines, IA 50309-1939		100.00	<input type="checkbox"/>
✓ 10/19/04	ID# 6046 CK# 3914	Justice for All PAC 216 Sixth Ave, Suite 526 Des Moines, IA 50309-4091		250.00	<input type="checkbox"/>
10/19/04	ID# CK# 9454	Craig H. Neilsen 8620 Titleist Circle Las Vegas, NV 89117		200.00	<input type="checkbox"/>
✓ 10/19/04	ID# 6058 CK# 2528	Iowa Chiropractic Society PAC 1605 N. Ankeny Blvd, Suite 100 Ankeny, IA 50021-4159		100.00	<input type="checkbox"/>
✓ 10/22/04	ID# 6107 CK# 3446	Quest IPAC 925 High St, 9S9 Des Moines, IA 50309		500.00	<input type="checkbox"/>
✓ 10/22/04	ID# 9706 CK# 1514	IMADA PAC 4224 Merle Hay Road Des Moines, IA 50310		100.00	<input type="checkbox"/>
✓ 10/22/04	ID# 6118 CK# 2138	Iowa Optometric Assn. PAC 1454 30th St, Suite 204 West Des Moines, IA IA 50266		200.00	<input type="checkbox"/>
10/26/04	ID# CK# 1285	Brian E. Johnson, Lobbyist #344 6824 Panorama Dr. Panora, IA 50216-8713		150.00	<input type="checkbox"/>
10/26/04	ID# CK# 2656	Janet Griffin, Lobbyist #082 410 27th Street Des Moines, IA 50312		100.00	<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

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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)
Citizens to Re-Elect Wayne Ford

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
✓ 10/26/04	ID# 6160 CK# 2196	Iowa Independent Bankers PAC 1603 22nd St, Suite 202 West Des Moines, IA 50266		\$ 150.00	<input type="checkbox"/>
✓ 10/26/04	ID# 6429 CK# 1912	Heavy Highway PAC 2415 Ingersoll Des Moines, IA 50312-5233		250.00	<input type="checkbox"/>
✓ 10/26/04	ID# 6052 CK# 2841	Independent Insurance Agents of Iowa PAC 4000 Westown Pkwy, Suite 200 West Des Moines, IA 50265		100.00	<input type="checkbox"/>
10/26/04	ID# CK# 1345	Thomas J. Jochum, Lobbyist #345 1137 36th St Des Moines, IA 50311		200.00	<input type="checkbox"/>
✓ 10/26/04	ID# 6082 CK# 1084	MidAmerican Energy Co. Effective Govt. Comm. 666 Grand Ave., P.O. Box 657 Des Moines, IA 50303-0657		250.00	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
SUB-TOTAL				\$ 950.00	
TOTAL (if last page of this schedule)				\$ 2900.00	

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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)
Citizens to Re-Elect Wayne Ford

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
✓ 10/19/04	ID# 9098 CK# 1321	Truman Fund (Iowa Democratic Party) 5661 Fleur Drive Des Moines, IA 50321	Political Contribution	\$ 1000.00
✓ 10/22/04	ID# 9098 CK# 1322	Truman Fund (Iowa Democratic Party) 5661 Fleur Drive Des Moines, IA 50321	Political Contribution	1000.00
✓ 10/26/04	ID# 9098 CK# 1323	Truman Fund (Iowa Democratic Party) 5661 Fleur Drive Des Moines, IA 50321	Political Contribution	1000.00
	ID# CK#			
SUB-TOTAL				\$ 3000.00
TOTAL (if last page of this schedule)				\$ 3000.00

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

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

COMMITTEE NAME (Must be same as on Statement of Organization)
Citizens to Re-Elect Wayne Ford

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

TOTAL UNPAID LOANS FROM LAST REPORTING PERIOD \$ 300.00

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/YR)	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/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE* (If Applicable)	AMOUNT REPAID
			\$

TOTAL CASH REPAYMENTS (PART II) \$ _____

From Schedule E -- TOTAL LOANS FORGIVEN \$ _____

TOTAL OUTSTANDING LOANS END OF REPORT PERIOD \$ 300.00

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Oct 31 04 02:22P
Bruce Wilson
(515) 274-4413
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