

DISCLOSURE SUMMARY PAGE

FORM DR-2 (Rev. 07/2004)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	1507
Logged In	SW
Scanned	
Computer	
Audited	

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

PETTENGILL FOR IOWANS

IMPORTANT: Indicate by # type of committee you are reporting for: 1
 (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 DAWN PETTENGILL	Political Party (if applicable) DEMOCRATIC
Office Sought STATE REPRESENTATIVE	District (if Senate or House) 39

NOV 1 2004
FILED pm 10 29

Late reports are subject to possible civil and criminal penalties.

Dawn Pettengill SIGNATURE OF PERSON FILING REPORT
10/28/04 TELEPHONE
 DATE SIGNED

I AM FILING A 10/29 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
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. (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.) \$ 13056.37

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below) 44167

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 \$ 57223.37

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below).... 37671.81

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) \$ 19551.56

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

***IN KIND CONTRIBUTIONS** (From Schedule E - Attach Schedule E) \$ 40,433.00

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

CANDIDATE COMMITTEES ONLY:

CONSULTANT BREAKDOWN (Schedule G Attached?) YES NO

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

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)
 PETTENGILL FOR IOWANS

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
10/15/2004	ID# CK#	STEVE & JOYCE LUCAS 1401 B AVE VINTON, IA 52349		\$30.00	<input checked="" type="checkbox"/>
10/15/2004	ID# CK#	LOLA BOSSLER PO BOX 263 VAN HORNE, IA 52346		20.00	<input checked="" type="checkbox"/>
10/15/2004	ID# CK#	SHANE SCHELLHORN 2120 PARKVIEW DR BOX 704 GILBERTVILLE, IA 50634		100.00	<input checked="" type="checkbox"/>
10/15/2004	ID# CK#	BETTY TRIMBLE 405 CEDAR ST. GARRISON, IA 52229		30.00	<input checked="" type="checkbox"/>
10/15/2004	ID# CK#	GENE & FRIEDA DAVIS 216 RIVERVIEW DR VINTON, IA 52349		25.00	<input checked="" type="checkbox"/>
10/15/2004	ID# CK#	DAVID THOMPSON 104 E MAIN ST GARRISON, IA 52229		20.00	<input checked="" type="checkbox"/>
10/15/2004	ID# CK#	TOM & CAROL NULTY 503 3RD BOX 189 VAN HORNE, IA 52346		40.00	<input checked="" type="checkbox"/>
10/15/2004	ID# CK#	JIM & KATHY DAILY 1505 4TH AVE BELLE PLAINE, IA 52208		25.00	<input checked="" type="checkbox"/>
10/15/2004	ID# CK#	PASS THE HAT - CASH FROM FUNDRAISER		192.00	<input checked="" type="checkbox"/>
10/21/2004	ID# CK#	JIM & JANE CLARK 9871 LINCOLN AVE CLIVE, IA 50325		25.00	<input type="checkbox"/>
SUB-TOTAL				\$ 507	
TOTAL (if last page of this schedule)				\$	

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For Instructions, See Back of Form



CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
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COMMITTEE NAME (Must be same as on Statement of Organization)
 PETTENGILL FOR IOWANS

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10/21/2004	ID# CK#	LINDA KINMAN 3301 EULA DR URBANDALE, IA 50322		\$25.00	<input type="checkbox"/>
10/21/2004	ID# CK#	BARB & DAVE HURD 300 WALNUT ST. #183 DES MOINES, IA 50309		100.00	<input type="checkbox"/>
10/21/2004	ID# CK#	CRAIG COX 1204 MARSTON AVE AMES, IA 50010		25.00	<input type="checkbox"/>
10/21/2004	ID# CK#	MARK & SUSAN ACKELSON 5525 SCHWEIKER DR PLEASANT HILL, IA 50327		25.00	<input type="checkbox"/>
10/21/2004	ID# CK#	LYLE KREWSON 6403 AURORA UNIT 3 URBANDALE, IA 50322		40.00	<input type="checkbox"/>
10/21/2004	ID# CK#	HERBERT HEINICKE PHD 1302 W BOSTON INDIANOLA, IA 50125		10.00	<input type="checkbox"/>
10/21/2004	ID# CK#	DON BRAZELTON 1510 NE TRILEIN DR ANKENY, IA 50021		15.00	<input type="checkbox"/>
10/21/2004	ID# CK#	YVONNE SUTTLE 3655 S 50 E LEBANON, IN 46052		150.00	<input type="checkbox"/>
10/21/2004	ID# CK#	PAUL SHOMSHOR 3018 AVE M COUNCIL BLUFFS, IA 51501		100.00	<input type="checkbox"/>
10/20/2004	ID# 0251 CK# 1382	PRINPAC C/O JIM LANG 711 HIGH ST. DES MOINES, IA 50392		250.00	<input type="checkbox"/>
SUB-TOTAL				\$ 740.00	
TOTAL (if last page of this schedule)				\$	

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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)
 PETTENGILL FOR IOWANS

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10/21/2004	ID# CK#	JEFF & DEBI HOFFMAN 1401 WICKFORD PL HURON, OH 44839		\$50.00	<input type="checkbox"/>
10/21/2004	ID# CK#	DUANE SAND 8998 GOLDEN VALLEY DR NORWAK, IA 50211		25.00	<input type="checkbox"/>
10/21/2004	ID# CK#	STEPHEN VEYSEY 919 MURRAY DR AMES, IA 50010		20.00	<input type="checkbox"/>
10/20/2004	ID# 6046 CK#	JUSTICE FOR ALL PAC 218 6TH AVE SUITE 526 DES MOINES, IA 50309-4091		1500.00	<input type="checkbox"/>
10/21/2004	ID# CK#	CAROL ZANDER 2060 50TH ST DR MT. AUBURN, IA 52313		25.00	<input type="checkbox"/>
10/20/2004	ID# CK#	BEV & ED TILFORD 4555 CRAMER RD MARTINSVILLE, IN 46151	AUNT	50.00	<input type="checkbox"/>
10/21/2004	ID# CK#	IOWA DEMOCRATIC PARTY 5661 FLEUR DR DES MOINES, IA 50321-2841		30,000.00	<input type="checkbox"/>
10/22/2004	ID# 8026 CK# 7931	IBEW EDUCATIONAL COMMITTEE 1125 15TH ST. NW WASHINGTON, DC 20005		3,000.00	<input type="checkbox"/>
10/22/2004	ID# CK#	MARY LAUER 12151 74TH ST NE CEDAR RAPIDS, IA 52402		25.00	<input type="checkbox"/>
10/22/2004	ID# CK#	STEVEN OVEL 2259 WASHINGTON AVE SE CEDAR RAPIDS, IA 52403		25.00	<input type="checkbox"/>
SUB-TOTAL				\$ 34720	
TOTAL (if last page of this schedule)				\$	

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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)
 PETTENGILL FOR IOWANS

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10/22/2004	ID# CK#	DEANN DREA BAIRD 3900 CEDAR GROVE CT NE CEDAR RAPIDS, IA 52411		\$25.00	<input type="checkbox"/>
10/22/2004	ID# CK#	CHERYLE MITVALSKY 352 PARK TERRACE SE CEDAR RAPIDS, IA 52411		25.00	<input type="checkbox"/>
10/22/2004	ID# CK#	BECKI LYNCH PHD 68 36TH AVE SW CEDAR RAPIDS, IA 52404		25.00	<input type="checkbox"/>
10/22/2004	ID# CK#	ANITA & BRUCE PERDIEW 2883 W BEELINE RD SALEM, IN 47167		50.00	<input type="checkbox"/>
10/23/2004	ID# 9670 CK# 3056	IRONWORKERS LOCAL 89 POLITICAL EDUCATION FUND 5000 J ST. SW CEDAR RAPIDS, IA 52404		200.00	<input type="checkbox"/>
10/23/2004	ID# 9680 CK# 5049	CEDAR RAPIDS BUILDING TRADES COUNCIL 5000 J ST. SW CEDAR RAPIDS, IA 52404		1000.00	<input type="checkbox"/>
10/23/2004	ID# 9672 CK# 1122	PLUMBERS & PIPEFITTERS LOCAL 125 POLITICAL EDUCATION FUND 1839 16TH AVE SW CEDAR RAPIDS, IA 52404		1500.00	<input type="checkbox"/>
10/25/2004	ID# CK#	NICHOLAS & CAROL VOLK 480 B AVENUE BOX 305 WALFORD, IA 52351		25.00	<input type="checkbox"/>
10/25/2004	ID# 8026 CK# 7946	IBEW EDUCATIONAL COMMITTEE 1125-15TH ST NW WASHINGTON, DC 20005		5000.00	<input type="checkbox"/>
10/26/2004	ID# 6113 CK# 3030	AFSCME/ IOWA COUNCIL 61 4320 NW 2ND AVE DES MOINES, IA 50313		250.00	<input type="checkbox"/>
SUB-TOTAL				\$ 8100	
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)
 PETTENGILL FOR IOWANS

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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
10/26/2004	ID# CK#	JO OLDSON 418 38TH PLACE DES MOINES, IA 50312		\$100.00	<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"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
SUB-TOTAL				\$ 100.00	
TOTAL (if last page of this schedule)				\$ 44167	

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FOR INSTRUCTIONS, SEE BACK OF 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)
 PETTENGILL FOR IOWANS

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
10/20/2004	ID# CK#	PATTY SIMMONS 511 CENTER AVE S URBANA, IA 52345	REIMBURSEMENT FOR NEWSPAPER ADVERTISEMENTS	\$ 609.81
10/21/2004	ID# CK#	POSTMASTER MT. AUBURN, IA 52313	POSTAGE	92.00
10/22/2004	ID# CK#	KWWL 500 E 4TH ST WATERLOO, IA 50703	TELEVISION ADVERTISEMENTS	3735.75
10/22/2004	ID# CK#	KCRG CEDAR RAPIDS, IA 52401	TELEVISION ADVERTISEMENTS	2422.50
10/22/2004	ID# CK#	KGAN 600 OLD MARION RD NE CEDAR RAPIDS, IA 52402	TELEVISION ADVERTISEMENTS	765.00
10/22/2004	ID# CK#	VISUALITY 5980 EXECUTIVE DR SUITE A MADISON, WI 53719	TELEVISION ADVERTISEMENTS	30046.75
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$ 37,671.81
TOTAL (if last page of this schedule)				\$ 37,671.81

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)
 PETTENGILL FOR IOWANS

SCHEDULE E (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
10/15/2004	PAT MILNE 211 RIVERVIEW DR VINTON, IA 52349		FOOD FOR FUNDRAISER	\$ 30.00	<input checked="" type="checkbox"/>
10/15/2004	JANICE ELDRED 511 CENTER AVE S URBANA, IA 52345		FOOD FOR FUNDRAISER	30.00	<input checked="" type="checkbox"/>
10/15/2004	PATTY SIMMONS 511 CENTER AVE S URBANA, IA 52345		FOOD FOR FUNDRAISER	25.00	<input checked="" type="checkbox"/>
10/26/2004	IOWA DEMOCRATIC PARTY 1408 LOCUST ST. DES MOINES, IA 50309		POSTAGE	37,848.00	<input type="checkbox"/>
10/26/2004	IOWA DEMOCRATIC PARTY 1408 LOCUST ST. DES MOINES, IA 50309		STAFF	2,500.00	<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
SUB-TOTAL				\$ 40,433.00	
TOTAL (if last page of this schedule)				\$ 40,433.00	

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