

DISCLOSURE SUMMARY PAGE

COMMITTEE NAME (Must be same as on Statement of Organization)  
Chido for State Rep JAN 18 2005

IMPORTANT: Indicate by # type of committee you are reporting for: REP HP  
 ( 1 ) Statewide/Legislative/Judge Standing for Retention Candidate ( 2 ) Statewide/Legislative Candidate  
 ( 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	Political Party (if applicable)
Office Sought	District (if Senate or House)

FORM <b>DR-2</b> (Rev. 07/2004)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	<u>1013</u>
Logged In	<u>[Signature]</u>
Scanned	_____
Computer	_____
Audited	_____

Late reports are subject to possible civil and criminal penalties.

Frank J. Chido TELEPHONE DATE SIGNED 1/19/04  
 SIGNATURE OF PERSON FILING REPORT

I AM FILING A \_\_\_\_\_ REPORT FOR (1) ELECTION /(2) NON-ELECTION YEAR.  
 (report date) Indicate by #

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.) ..... \$ 2761.15

**ADD TOTAL MONEY TAKEN IN THIS PERIOD**

Schedule A: Cash Contributions total (Attach Schedule A) (\*also see in-kind below) ..... \$ .88

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..... \$ 2762.03

**SUBTRACT TOTAL MONEY SPENT THIS PERIOD**

Schedule B: Expenditures total (Attach Schedule B) (\*\*also see debts and loans below)... 2762.03

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) ..... \$ -0-

\*\*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)..... \$ \_\_\_\_\_

**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 <b>A</b> (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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

*Chiodo for State Rep*

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
	ID# CK#	<i>Bank Interest</i>		\$ <i>.88</i>	
	ID# CK#				

SUB-TOTAL

\$ *.88*

TOTAL (if last page of this schedule)

\$ *.88*

\* 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

SCHEDULE <b>B</b> (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> 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.

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*Chiodo for State Rep*

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
4/24/04	ID# CK# 1009	St Anthony's 15 Indianola Ave Dsm, Ia 50315	Donation to Non-Profit	\$200.00/100
6/11/04	ID# CK# 1010	SDM Little League 1500 South Union Dsm, Ia 50315	LC LC	\$1,100.00/100
8/21/04	ID# CK# 1011	Ataxia Foundation 2600 Fembrook Lane Minneapolis, Minn 55447	LC LC	\$800.00/100
11/25/04	ID# CK# 1012	St. Anthony's Church 15 Indianola Ave Dsm, Ia 50315	LC LC	625.94/100
	ID# CK#	Bank Service Charge		35.09
	ID# CK#			
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$2762.03/100
TOTAL (if last page of this schedule)				\$

**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).)

# Notice of Dissolution

FORM

(Rev. 07/03)

## DR-3 NOTICE OF DISSOLUTION

### For Office Use Only

Comm. # 1013  
Indexed \_\_\_\_\_  
Audited \_\_\_\_\_  
Computer DP  
Certified Date of Dissolution \_\_\_\_\_

JAN 18 2005  
FILED HD

### COMMITTEE NAME

<u>Chiado for State Rep</u>
Official Name of Committee
<u>3707 SW 35<sup>th</sup> St</u>
Street
<u>Dsm, Ia 50321</u>
City, State, Zip Code
<u>515, 287-5245</u>
Area Code Telephone

### WHEN TO FILE:

The Notice of Dissolution must be filed within thirty (30) days of completion of all the following:

1. All debts, loans and obligations have been paid or transferred;
2. All campaign funds have been spent;
3. All campaign property sold or transferred (candidates only); and
4. A final report disclosing all transactions closing the committee.

For state candidates and state PACs, a final bank statement must be filed with the Notice of Dissolution or as soon as possible if the bank statement is not available at the time the Notice of Dissolution is filed.

Frank J. Chiado

Signature of Candidate or Treasurer (if candidate's committee)/Signature of Chair or Treasurer (if PAC)

1/18/05

Date Signed

**FOR INSTRUCTIONS, SEE BACK OF FORM**

**This form is not applicable to statutory political committees.**