FOR INSTRUCTIONS, SEE BACK OF FORM

IA ETHICS & CAMPAIGN DISCLOSURE BOARD
OCT 29 2004
FILED

DISCLOSURE SUMMARY PAGE

FORM **DR-2** (Rev. 01/98)	DISCLOSURE REPORT

For Office Use Only
Comm. # 21
Indexed ✓
Audited
Computer

COMMITTEE NAME *(Must be same as on Statement of Organization)*
People for Connors

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
(8)Support Slate of Candidates

John H. Connors — **SIGNATURE OF TREASURER (or person filing this report)**
515-262-3345 — **TELEPHONE**
10-29-2004 — **DATE SIGNED**

Routine Penalties Due For Late Filed Reports Range from $20 to $800

SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE:

I AM FILING A Notice of Dissolution REPORT FOR AN/A (1) **ELECTION** /(2)**NON-ELECTION** YEAR.
(report date) Indicate one [ ]

☐ 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.) ..... $ 2,882.53

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) ..... _____

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 ..... $ 2,882.53

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) 2,882.53

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 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) $ 0

For Instructions, See Back of Form

SCHEDULE A (Rev. 06/97)	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)*
People for Conaors

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#	None		$	
	ID# CK#				
	ID# CK#				
	ID# CK#				
	ID# CK#				
	ID# CK#				
	ID# CK#				
	ID# CK#				
	ID# CK#				
	ID# CK#				
			SUB-TOTAL	$	
			TOTAL *(if last page of this schedule)*	$ 0	

* 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) (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

SCHEDULE B (Rev. 09/97)	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)*
People for Connors

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
1/19/2004	ID# CK# 1024	Iowa Healthcare PAC 6750 Westown Pkwy #100 West Des Moines 50266	Refund of contribution not running for re election	$100.00
1/19/2004	ID# CK# 1025	Iowa Physical Therapy PAC 1228 - 8th St - Suite 106 West Des Moines 50265	Returned contribution not running for re-election	50.00
1/19/2004	ID# CK# 1026	Craig Neilsen 8620 Titleist ~~Cir~~ Circle TITLEIST Las Vegas Nevada 89117	Returned Contribution not running for re-election	150.00
2/2/2004	ID# CK# 1027	Iowa Democrat Party 5661 Fleur Drive Des Moines 50321	Contribution - Club membership.	200.00
4/12/2004	ID# CK# 1028	Polk County Democrats P.O. Box 5102 Des Moines 50306-9490	Contribution Club Membership	250.00
6/12/2004	ID# CK# 1029	Iowa Democrat Party 1408 Locust St. Des Moines 50309	Contribution	50.00
6/22/2004	ID# CK# 1030	Democrat Party-Iowa 1408 Locust H.T. Fund Des Moines 50309	Contribution	56.00
6/22/2004	ID# — CK# —	Community State Bank 1401 E. Euclid Des Moines 50313	Bank Charges for Checking Account	5.30
			SUB-TOTAL	$861.30
			TOTAL ***(if last page of this schedule)***	$~~750.00~~

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 56.6(3)(i).)

FOR INSTRUCTIONS, SEE BACK OF FORM

SCHEDULE B (Rev. 09/97)	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)*
People for Connors

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
7/21/2004	ID# CK# —	Community State Bank 1401 E. Euclid Des Moines, 50313	Bank Charges for Checking Account	$ 5.30
8/30/2004	ID# CK# —	Community State Bank 1401 E. Euclid Des Moines 50313	Bank Charges for Checking Account	5.30
9/21/2004	ID# CK# —	Community State Bank. 1401 E. Euclid Des Moines 50313	Bank Charges for Checking Account	5.30
10/15/2004 ~~1031~~	ID# CK# 1031	Iowa Democrat Party 1408 Locust St. Des Moines 50309	Contribution	1,250.00
10/15/2004 ~~1032~~	ID# CK# 1032	Polk County Democrat Party 1408 Locust. Des Moines 50309	Contribution	500.00
10/15/2004 ~~1033~~	ID# CK# 1033	Iowa Democrat Party 1408 Locust Des Moines 50309	Contribution	255.00
10/21/2004	ID# CK# —	Community State Bank 1401 E. Euclid Des Moines 50313	Bank Charges for Checking Account Now Closed	.33
	ID# CK#			

SUB-TOTAL $ 2,021.23

TOTAL ***(if last page of this schedule)*** $ 2,882.53

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 56.6(3)(i).)

FOR INSTRUCTIONS, SEE BACK OF FORM
This form is not applicable to statutory political committees.

Notice of Dissolution

FORM (Rev. 02/96)

DR-3
NOTICE OF DISSOLUTION

For Office Use Only
Comm. # 21
Indexed e
Audited
Computer
Certified Date of Dissolution

Every Notice of Dissolution shall be accompanied by a completed Disclosure Report Form filed prior to the dissolution.

IA ETHICS & CAMPAIGN DISCLOSURE BOARD
OCT 29 2004
FILED HD

COMMITTEE NAME

Official Name of Committee

People For Connors

Street

1244 East 29th Street

Des Moines Iowa 50317

City, State, Zip Code

515 262-1217

Area Code Telephone

( )

Effective date of dissolution:

October 29, ~~19~~ 2004

John H. Connors

Signature of ~~Treasurer~~ Candidate.

October 29, 2004

Date Signed

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:
I, the candidate, certify that my candidate committee's cash balance is zero, all debts, obligations and loans have been paid or satisfied in accordance with law as shown on my committee's final report and all campaign property and leftover funds have been distributed in accordance with my committee's last filed Statement of Organization.

John H Connors — October 29, 2004

Signature of Candidate - Required for Candidate's Committee — Date signed

WHEN TO FILE:

The Notice of Dissolution must be filed within thirty (30) days of the committee's dissolution, with a copy of the final bank statement attached.