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DISCLOSURE SUMMARY PAGE

FORM DR-2 (Rev. 07/2004)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	1564
Logged In	
Scanned	<input checked="" type="checkbox"/>
Computer	WRS
Audited	4-11-05

COMMITTEE NAME (Must be same as on Statement of Organization)
Goranson for State Representative

IMPORTANT: Indicate by # type of committee you are reporting for:
 (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: Eric Alan Goranson
 Political Party (if applicable): Republican

Office Sought: State Representative
 District (if Senate or House): HD-64

APR 11 2005 pm 4-07

Late reports are subject to possible civil and criminal penalties.

SIGNATURE OF PERSON FILING REPORT *Signed check attached to report* **TELEPHONE** _____ **DATE SIGNED** _____

I AM FILING A January 19, 2005 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.) \$ 241.55

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below) 910.00

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 \$ 1151.55

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below).... 62.04

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) \$ 1089.51

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

****IN KIND CONTRIBUTIONS** (From Schedule E - Attach Schedule E) \$ 0

****OUTSTANDING LOANS** (From Schedule F - Attach Schedule F) \$ 0

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 For

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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)
 Goranson for 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
10-18-04	ID# CK# 2453	Ryan and Rachel Anderson 4805 Tamara Ln. West Des Moines, IA 50265-6919		\$50.00	<input type="checkbox"/>
10-18-04	ID# CK# 1644	Timothy Calvert 4005 83rd Street Urbandale, IA 50322		50.00	<input type="checkbox"/>
10-18-04	ID# CK# 5412	Wayne and Brooke Goranson 4651 NE 3rd Street Des Moines, IA 50313		50.00	<input type="checkbox"/>
10-18-04	ID# CK# 6860	Mike and Deborah Gruca 2789 NW 76th Ave Ankeny, IA 50021		50.00	<input type="checkbox"/>
10-18-04	ID# CK# 3196	Patrick and Ara Horton 4500 Famingo Ct. Des Moines, IA 50310		50.00	<input type="checkbox"/>
10-18-04	ID# CK# 10453	Dennis and Gretchen Jacobs 7906 NW 103rd Lane Grimes, IA 50111		50.00	<input type="checkbox"/>
10-18-04	ID# CK# 1165	John and Joyce Lutz 4080 NW 46th Pl. Des Moines, IA 50310		40.00	<input type="checkbox"/>
10-18-04	ID# CK# 4784	David and Julie Kester 9301 Hickory Dr. Urbandale, IA 50322		100.00	<input type="checkbox"/>
10-18-04	ID# CK# 8787	J.R. or Patricia Risinger 8210 Goodman Drive Urbandale, IA 50322		100.00	<input type="checkbox"/>
10-18-04	ID# CK# 2593	John or Patty Risinger 8210 Goodman Dr. Urbandale, IA 50322		50.00	<input type="checkbox"/>

SUB-TOTAL

\$ 590.00

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 Fo

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SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
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CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)
Goranson for State Representative

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10-18-04	ID# CK# 2666	Lawrence and Paula Rissman 4205 43rd St. Des Moines, IA 50310		\$20.00	<input type="checkbox"/>
10-18-04	ID# CK# 3892	Douglas and Bonnie Smalley 10830 Lincoln Ave Clive, IA 50325-7050		50.00	<input type="checkbox"/>
10-18-04	ID# CK# 17500	Stout 1238 46th St. Des Moines, IA 50311		50.00	<input type="checkbox"/>
10-18-04	ID# CK# 1958	Wade Thompson 1711 Pleasant Street Apt. 303 Des Moines, IA 50314-1055		20.00	<input type="checkbox"/>
10-18-04	ID# CK# 8001	James T. Yoder 4301 Aurora Des Moines, IA 50310		50.00	<input type="checkbox"/>
10-18-04	ID# CK# Cash	Anonymous Cash Donation		30.00	<input type="checkbox"/>
10-18-04	ID# CK# Cash	Mel and Melva Albaugh 6038 Terrace Dr. Johnston, IA 50131		100.00	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

See amended Schedule

SUB-TOTAL

\$ 320.00

TOTAL (if last page of this schedule)

\$ 910.00

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For Instructions, See Back of Form

Reset Form

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CONTRIBUTIONS – MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)
Goranson for State Representative

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10-18-04	ID# CK# 2666	Lawrence and Paula Rissman 4205 43rd St. Des Moines, IA 50310		\$20.00	<input type="checkbox"/>
10-18-04	ID# CK# 3892	Douglas and Bonnie Smalley 10830 Lincoln Ave Clive, IA 50325-7050		50.00	<input type="checkbox"/>
10-18-04	ID# CK# 17500	Stout 1238 46th St. Des Moines, IA 50311		50.00	<input type="checkbox"/>
10-18-04	ID# CK# 1958	Wade Thompson 1711 Pleasant Street Apt. 303 Des Moines, IA 50314-1055		20.00	<input type="checkbox"/>
10-18-04	ID# CK# 8001	James T. Yoder 4301 Aurora Des Moines, IA 50310		50.00	<input type="checkbox"/>
10-18-04	ID# CK# Cash	Anonymous Cash Donation Wendy So Goranson Lake Mills, IA 1035. 9th Ave West		30.00	<input type="checkbox"/>
10-18-04	ID# CK# Cash	Mel and Melva Albaugh 6038 Terrace Dr. Johnston, IA 50131		100.00	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
SUB-TOTAL				\$ 320.00	
TOTAL (if last page of this schedule)				\$ 910.00	

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FOR INSTRUCTIONS, SEE BACK OF FORM

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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)
Goranson for State Representative

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
10-18-04	ID# CK# 1011	U.S. Cellular P.O. Box 7835 Madison, WI 53707	Telephone Bill	\$ 51.44
10-19-04	ID# CK#	Earlham Savings Bank 7300 Lake Drive West Des Moines, IA 50266	Bank Fees	5.30
11-19-04	ID# CK#	Earlham Savings Bank 7300 Lake Drive West Des Moines, IA 50266	Bank Fees	5.30
	ID# CK#			
SUB-TOTAL				\$ 62.04
TOTAL (if last page of this schedule)				\$ 62.04

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).)