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FOR INSTRUCTIONS, SEE BACK OF FORM

IA ETHICS & CAMPAIGN
DISCLOSURE BOARD
JAN 20 2005
PM 1-19
FILED

DISCLOSURE SUMMARY PAGE

FORM DR-2 (Rev. 01/98)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	1204
Indexed	e
Audited	
Computer	

COMMITTEE NAME (Must be same as on Statement of Organization)
GREIMANN FOR GOOD GOVERNMENT

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

H.C. Brearley 515-232-1499 Jan 13, 2005
SIGNATURE OF TREASURER (or person filing this report) TELEPHONE 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 JAN 19, 2005 REPORT FOR AN/A (1) ELECTION (2) NON-ELECTION YEAR.
(report date) Indicate one 2

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.)	\$	<u>7793.95</u>
ADD TOTAL MONEY TAKEN IN THIS PERIOD		
Schedule A: Cash Contributions total (Attach Schedule A)		<u>115.25</u>
Schedule F: Loans Received total (Attach Schedule F)		<u>—</u>
Schedule H: Total Sales of Campaign Property (Attach Schedule H)		<u>—</u>
<u>(Schedule H applies to Candidates' Committees Only)</u>		
SUB-TOTAL	\$	<u>7909.20</u>
SUBTRACT TOTAL MONEY SPENT THIS PERIOD		
Schedule B: Expenditures total (Attach Schedule B)		<u>7909.20</u>
Schedule F: Loan Repayments total (Attach Schedule F)		<u>—</u>
CASH ON HAND at the end of this reporting period (if final report, balance must be zero) (Attach DR-3)	\$	<u>- 0 -</u>
UNPAID BILLS (From Schedule D - Attach Schedule D)	\$	<u>—</u>
IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)	\$	<u>—</u>
OUTSTANDING LOANS (From Schedule F - Attach Schedule F)	\$	<u>—</u>
CANDIDATE COMMITTEES ONLY:		
CONSULTANT BREAKDOWN (Schedule G Attached?)		<u>—</u> YES <input checked="" type="checkbox"/> NO
VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)	\$	<u>—</u>

FOR INSTRUCTIONS, SEE BACK OF FORM

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

SCHEDULE B (Rev. 09/97)	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)
GLEIMANN FOR GOOD GOVERNMENT

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
1-16-04	ID# CK# 735	Jet Print 305 Main St Ames Ia 50010	copies	\$ 3.51
1-17-04	ID# CK# 736	US Postmaster Ames Ia	certified mail	4.65
2-15-04	ID# CK# 737	Honore Truman Fund, IDP 5661 Fleur Drive Des Moines	contribution	2000.00
5-12-04	ID# CK# 738	Charles Sage, Treas. Story County Democratic Central Comm. PO Box 1256 Ames 50014	contribution	4000.00
5-17-04	ID# CK# 739	Jet Print	copies	1.54
5-17-04	ID# CK# 740	US Postmaster Ames Ia	certified mail	4.42
7-19-04	ID# CK# 741	US Postmaster Ames Ia	certified mail	4.42
10-13-04	ID# CK# 742	Charles Sage, Treas. Story County Democratic Central Committee P.O. Box 1256 Ames Ia 50014		1840.31
SUB-TOTAL				\$ 7858.85
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 56.6(3)(i).)

FOR INSTRUCTIONS, SEE BACK OF 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.

SCHEDULE B (Rev. 09/97)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)
GLEIMANN FOR GOOD GOVERNMENT

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
12-31-04	ID# CK# 743	Charles Sage, Treas. Story County Democratic Central Committee P.O. Box 1256, Ames IA 50014		\$ 50.35
	ID# CK#			
SUB-TOTAL				\$ 50.35
TOTAL (if last page of this schedule)				\$ 7909.20

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. #	<u>1204</u>
Indexed	_____
Audited	_____
Computer	<u>DB</u>
Certified Date of Dissolution	_____

Every Notice of Dissolution shall be accompanied by a Disclosure Report Form current to the date of dissolution.

IA ETHICS & CAMPAIGN DISCLOSURE BOARD

JAN 20 2005

pm 1-19

FILED

COMMITTEE NAME

Official Name of Committee	
<u>GREIMANN FOR GOOD GOVERNMENT</u>	
Street	
<u>1537 LINDEN DRIVE</u>	
City, State, Zip Code	
<u>AMES IA 50010-5533</u>	
Area Code	Telephone
<u>515</u>	<u>232-1499</u>
() _____	

Effective date of dissolution:

JAN 13, 2005

H.C. Brearley

Signature of Treasurer

Jan 13, 2005

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.

Jane Greimann

Signature of Candidate - Required for Candidate's Committee

1-13-05

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.