

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

<b>FORM DR-2</b> (Rev. 07/2003)	<b>DISCLOSURE REPORT</b>
<b>For Office Use Only</b>	
Comm. # <u>1563</u>	
Logged In <u>e p</u>	
Scanned _____	
Computer _____	
Audited _____	

**COMMITTEE NAME** (Must be same as on Statement of Organization)  
 Frank Wood For Senate

**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

**CANDIDATE COMMITTEES ONLY:**

Candidate Name: Frank Wood  
 Political Party: Democratic  
 Office Sought: State Senate  
 District (if Senate or House): 41  
 Date: JAN 13 2005

SIGNATURE OF TREASURER (of person filing this report) Paul R. Butts TELEPHONE 563-289-5221 DATE SIGNED 1/17/05

Late filed reports are subject to possible civil and criminal penalties.

SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE:

I AM FILING A January 19, 2005 REPORT FOR AN/A (1) ELECTION / (2) NON-ELECTION YEAR.  
 (report date) Indicate one  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 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

<b>CASH ON HAND</b> at the beginning of the reporting period. (This is the total of all monies held by the committee. This amount <b>MUST</b> 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.)	\$ 4,546.15
<b>ADD TOTAL MONEY TAKEN IN THIS PERIOD</b>	
Schedule A: Cash Contributions total (Attach Schedule A) (*also see In-kind below)	8,000.00
Schedule F: Loans Received total (Attach Schedule F)	0.00
Schedule H: Total Sales of Campaign Property (Attach Schedule H)	0.00
<u>(Schedule H applies to Candidates' Committees Only)</u>	
<b>SUB-TOTAL</b>	<b>.....\$ 12,546.15</b>
<b>SUBTRACT TOTAL MONEY SPENT THIS PERIOD</b>	
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)	7,668.67
Schedule F: Loan Repayments total (Attach Schedule F)	0.00
<b>CASH ON HAND</b> at the end of this reporting period (if final report, balance must be zero) (Attach DR-3)	\$ 4,877.48
<b>**UNPAID BILLS</b> (From Schedule D - Attach Schedule D)	\$ 375.00
<b>**IN KIND CONTRIBUTIONS</b> (From Schedule E - Attach Schedule E)	\$ 13,659.43
<b>**OUTSTANDING LOANS</b> (From Schedule F - Attach Schedule F)	\$ 0.00
<b>CANDIDATE COMMITTEES ONLY:</b>	
<b>CONSULTANT BREAKDOWN</b> (Schedule G Attached?)	<input checked="" type="checkbox"/> YES <input checked="" type="checkbox"/> NO
<b>VALUE OF CAMPAIGN PROPERTY</b> (From Schedule H - Attach Schedule H)	\$ 0.00

For Instructions, See Back of Form

**CONTRIBUTIONS – MONEY TAKEN IN**

(Including candidate's personal funds)

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

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

Frank Wood For Senate

**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
10/29/04	ID# CK#	Pamela J. Collins 325 North Avc. Council Bluffs, IA 51503		\$100.00	<input type="checkbox"/>
10/29/04	ID# 8026 CK# 7988	International Brotherhood of Electrical Workers PAC, 1125 15th St. NW Washington, DC 20005		5,000.00	<input type="checkbox"/>
10/29/04	ID# CK#	Lynette Claeys 933 W 16th St. Davenport, IA 52804		50.00	<input type="checkbox"/>
10/29/04	ID# 8350 CK# 1111	Operative Plasterers' & Cement Mason Local 18 400 NE Jefferson, Suite 300 Peoria, IL 61603		250.00	<input type="checkbox"/>
10/30/04	ID# 1563 CK# 2652	International Union of Operating Engineers 6200 Joliet Road Countryside, IL 60525		1,000.00	<input type="checkbox"/>
11/04/04	ID# CK#	Milcs W. Rich 2022 Westbourne Way Alpharetta, GA 30022		250.00	<input type="checkbox"/>
11/13/04	ID# 6067 CK# 3244	Iowa Health Political Action Committee 6750 Westwon Parkway #100 West Des Moines, IA 50266		150.00	<input type="checkbox"/>
12/09/04	ID# 1563 CK# 2956	Master Builders of Iowa Political Action Comm. 221 Park St. P.O. Box 695 Des Moines, IA 50303		250.00	<input type="checkbox"/>
12/14/04	ID# 6052 CK# 2851	Independent Insurance Agents of Iowa PAC 4000 Westown Parkway #200 West Des Moines, IA 50265		250.00	<input type="checkbox"/>
12/14/04	ID# 6082 CK# 1088	MidAmerican Energy Effective Government Comm 666 Grand Ave., P.O. Box 657 Des Moines, IA 50303-0657		250.00	<input type="checkbox"/>
<b>SUB-TOTAL</b>				\$ 7,550.00	
<b>TOTAL (if last page of this schedule)</b>				\$	

\* 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.

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(for Schedule A)

For Instructions, See Back of Form

**CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

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

**COMMITTEE NAME** (Must be same as on Statement of Organization)  
Frank Wood For Senate

**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
12/27/04	ID# 6078 CK# 1598	Iowa Physical Therapy Political Action Committee 1228 8th St. Suite 106 West Des Moines, IA 50265-2624		\$100.00	<input type="checkbox"/>
12/27/04	ID# 6331 CK# 1051	Teamster Local 554 Iowa - D.R.I.V.E. 4349 S. 90th St. Omaha, NE 68127		100.00	<input type="checkbox"/>
12/29/04	ID# 6118 CK# 2150	Iowa Optometric Association PAC 1454 - 30th St. Suite 204 West Des Moines, IA 50266		250.00	<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"/>
<b>SUB-TOTAL</b>				\$ 450.00	
<b>TOTAL (if last page of this schedule)</b>				\$ 8,000.00	

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FOR INSTRUCTIONS, SEE BACK OF FORM

**EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT**

SCHEDULE <b>B</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)

Frank Wood For Senate

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
10/27/04	ID# CK# 1052	Iowa Democratic Senate Majority Fund, 5661 Fleur Des Moines, IA 50321	General Contribution	\$ 6000.00
10/29/04	ID# CK#1053	Unitemized expenditure	Payment for Faxing Financial Report	1.00
10/29/04	ID# CK#1054	Lancers Grille 350 E. LeClaire Rd. Eldridge, IA 52748	Catering for Rally	344.44
10/31/04	ID# CK#Tax	First Central Bank 914 6th Ave DeWitt, IA 52742	Sales Tax on Bank Acct	.63
10/31/04	ID# CK# Fee	First Central Bank 914 6th Ave DeWitt, IA 52742	Maintenance Fee on Bank Acct	9.00
11/01/04	ID# CK#1055	Hy Vee 4064 E 53rd St. Davenport, IA 52807	Food for Election Day Volunteers	122.34
11/01/04	ID# CK# Fee	First Central Bank 914 6th Ave DeWitt, IA 52742	Online Service Fee on Bank Acct	2.68
11/05/04	ID# CK# 1056	Review Printing 311 21st St. Rock Island, IL 61201	Printing letters and postcards	505.90
SUB-TOTAL				\$ 6,985.99
<b>TOTAL (if last page of this schedule)</b>				\$

**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).)

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(for Schedule B)

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.

<b>SCHEDULE</b> <b>B</b> (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**COMMITTEE NAME** (Must be same as on Statement of Organization)  
 Frank Wood For Senate

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
11/19/04	ID# CK# 1057	North Scott Press P.O. Box 200 Eldridge, IA 52748	Newspaper Advertising	\$ 80.00
12/01/04	ID# CK# Fcc	First Central Bank 914 6th Ave DeWitt, IA 52742	Online Service Fee on Bank Acct	2.68
12/07/04	ID# CK# 1058	Iowa Democratic Senate Majority Fund, 5661 Fleur Des Moines, IA 50321	General Contribution	600.00
	ID# CK#			
<b>SUB-TOTAL</b>				<b>\$ 682.68</b>
<b>TOTAL (if last page of this schedule)</b>				<b>\$ 7,668.67</b>

**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).)

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**COMMITTEE NAME** (Must be same as on Statement of Organization)  
 Frank Wood For Senate

<b>SCHEDULE D</b> (Rev. 08/98)	<b>INCURRED INDEBTEDNESS</b>
<input type="checkbox"/> <b>CHECK THIS BOX IF AMENDING FORM</b>	

**NOTE:** Debts previously reported that remain unpaid must be included on this Schedule, as well as any new obligations incurred in this period.



**DEBTS/OBLIGATIONS REMAINING THIS REPORTING PERIOD (DO NOT INCLUDE LOANS - SHOW LOANS ON SCHEDULE F)**

An "Incurred debt" is a debt for goods or services ordered or received, but not paid for by the end of the reporting period., regardless of whether an invoice has been received.

DATE INCURRED (MM/DD/YR)	NAME AND ADDRESS OF PERSON TO WHOM DEBT OR OBLIGATION IS OWED	DESCRIPTION OF GOODS OR SERVICES PROVIDED OR PURCHASED	BALANCE OWED AT CLOSE OF REPORTING PERIOD*
09/22/04	Mel Foster Company 210 S. 9th Ave Eldridge, IA 52748	Meeting Room Rental for Committee Meeting	\$ 25.00
09/29/04	Mel Foster Company 210 S. 9th Ave Eldridge, IA 52748	Meeting Room Rental for Committee Meeting	25.00
10/06/04	Mel Foster Company 210 S. 9th Ave Eldridge, IA 52748	Meeting Room Rental for Committee Meeting	25.00
10/13/04	Mel Foster Company 210 S. 9th Ave Eldridge, IA 52748	Meeting Room Rental for Committee Meeting	25.00
10/21/04	Mel Foster Company 210 S. 9th Ave Eldridge, IA 52748	Meeting Room Rental for Committee Meeting	25.00
10/26/04	Mel Foster Company 210 S. 9th Ave Eldridge, IA 52748	Meeting Room Rental for Committee Meeting	25.00
10/31/04	Mel Foster Company 210 S. 9th Ave Eldridge, IA 52748	Meeting Room Rental for Committee Meeting and Phone Bank Usage	75.00
<b>SUB-TOTAL</b>			\$ 225.00
<b>TOTAL DEBTS OWED BY COMMITTEE AT THE END OF THIS REPORTING PERIOD</b>			\$

\*If actual figure is unknown, show "estimated" beside the figure.

**CANDIDATE COMMITTEES NOTE:**  
 \*Incurred indebtedness also includes each person/entity with whom the candidate's committee has entered into a contract during the reporting period for future or continuing performance. Enter the name of the consultant who provides or procures services for items such as advertising, fund-raising, polling, managing, or organizing services. Report on Schedule G the nature of performance and the estimated performance reasonably expected of the consultant.



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**COMMITTEE NAME** (Must be same as on Statement of Organization)  
 Frank Wood For Senate

<b>SCHEDULE E</b> (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
10/27/04	Iowa Democratic Party, Committee #9098 5661 Fleur Des Moines, IA 50321	N/A	Mail Design and Production 10,500 pieces	\$ 5,304.39	<input type="checkbox"/>
10/27/04	Iowa Democratic Party, Committee #9098 5661 Fleur Des Moines, IA 50321	N/A	Phoning	78.00	<input type="checkbox"/>
10/27/04	Iowa Democratic Party, Committee #9098 5661 Fleur Des Moines, IA 50321	N/A	Phoning	413.40	<input type="checkbox"/>
10/27/04	Iowa Democratic Party, Committee #9098 5661 Fleur Des Moines, IA 50321	N/A	Phoning	47.16	<input type="checkbox"/>
10/27/04	Iowa Democratic Party, Committee #9098 5661 Fleur Des Moines, IA 50321	N/A	Phoning	398.39	<input type="checkbox"/>
10/28/04	Iowa Democratic Party, Committee #9098 5661 Fleur Des Moines, IA 50321	N/A	Mail Design and Production, 13,200 pieces	5,274.24	<input type="checkbox"/>
10/28/04	Iowa Democratic Party, Committee #9098 5661 Fleur Des Moines, IA 50321	N/A	Phoning	333.90	<input type="checkbox"/>
10/28/04	Iowa Democratic Party, Committee #9098 5661 Fleur Des Moines, IA 50321	N/A	Phoning	545.81	<input type="checkbox"/>
10/30/04	Iowa Democratic Party, Committee #9098 5661 Fleur Des Moines, IA 50321	N/A	Phoning	853.84	<input type="checkbox"/>
11/01/04	Iowa Democratic Party, Committee #9098 5661 Fleur Des Moines, IA 50321	N/A	Phoning	410.30	<input type="checkbox"/>
<b>SUB-TOTAL</b>				\$	
<b>TOTAL (if last page of this schedule)</b>				\$	13,659.43

\*Disclosure law requires candidates to disclose the relationship of any relative making an In Kind 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.