

DISCLOSURE SUMMARY PAGE

Reset Form

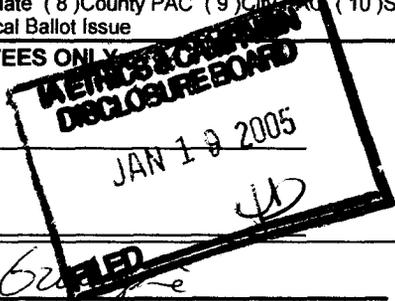
FORM DR-2 (Rev. 07/2004)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	<u>6017</u>
Logged In	<u>KIA</u>
Scanned	_____
Computer	_____
Audited	_____

COMMITTEE NAME (Must be same as on Statement of Organization)
Central Ia Bldg Construction Trades Ccl PAC

IMPORTANT: Indicate by # type of committee you are reporting for: 2
 (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 _____ Political Party (if applicable) _____
 Office Sought _____ District (if Senate or House) _____



Late reports are subject to possible civil and criminal penalties.

Thomas F. [Signature]
SIGNATURE OF PERSON FILING REPORT

5152433244
TELEPHONE

1-19-05
DATE SIGNED

I AM FILING A 1-19-05 REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR.
(report date) Indicate by # 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 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.) \$ 476.04

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below) 2717.80

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 \$ 3193.84

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below) 804.24

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) \$ 2389.60

****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

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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)
Central Ia Bldg; Construction Trades CCI PAC

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
10/19/04	ID# CK#	Iowa State Bank 612 Locust DSM 50309 to correct previous incorrect debit		\$ 150.00	<input type="checkbox"/>
10/20/04	ID# CK#	Contributions from Raffle ticket sales		510.00	<input type="checkbox"/>
11/10/04	ID# CK#	" "		510.00	<input type="checkbox"/>
11/29/04	ID# CK#	" "		155.00	<input type="checkbox"/>
12/6/04	ID# CK#	" "		55.00	<input type="checkbox"/>
12/8/04	ID# CK#	" "		235.00	<input type="checkbox"/>
10/20/04	ID# CK#	INTL Union of Bricklayers Allied LU# 3, 2425 Delaware DSM IA 50317		42.20	<input type="checkbox"/>
11/10/04	ID# CK#	" "		42.20	<input type="checkbox"/>
12/17/04	ID# CK#	" "		42.20	<input type="checkbox"/>
11/10/04	ID# CK#	Sheetmetal workers LU#45 2425 Delaware DSM IA 50317		290.40	<input type="checkbox"/>

SUB-TOTAL \$2032
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 Form

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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)
Central Ia Bldg: Construction Trades Ccl PAC

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
10/21/04	ID# CK#	Intl Brotherhood of Painters LU# 246, 4145 NE 34th St DSM IA 50317		\$ 20.00	<input type="checkbox"/>
12/6/04	ID# CK#	" "		20.00	<input type="checkbox"/>
12/27/04	ID# CK#	" "		20.00	<input type="checkbox"/>
10/21/04	ID# CK#	Glaziers, Architectural Metal & Glass Workers LU# 1875 4145 NE 34th St DSM IA 50317		20.00	<input type="checkbox"/>
12/6/04	ID# CK#	" "		20.00	<input type="checkbox"/>
12/27/04	ID# CK#	" "		20.00	<input type="checkbox"/>
11/10/04	ID# CK#	Intl Brotherhood of Electrical Workers LU# 347 850 18th St DSM IA 50314		117.20	<input type="checkbox"/>
12/6/04	ID# CK#	" "		115.60	<input type="checkbox"/>
11/17/04	ID# CK#	Laborers Intl Union of NA LU# 177, 2121 Delaware DSM IA 50317		88.00	<input type="checkbox"/>
12/6/04	ID# CK#	" "		88.00	<input type="checkbox"/>

SUB-TOTAL \$ 528.80
 TOTAL (if last page of this schedule) \$

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For Instructions, See Back of Form

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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)
Central IU Bldg: Construction Trades Ccl PAC

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
12/6/04	ID# CK#	Int'l Union of Elevators # 33 2000 Walker Ste I DSM IA 50317		\$ 30.00	<input type="checkbox"/>
12/27/04	ID# CK#	" "		15.00	<input type="checkbox"/>
12/6/04	ID# CK#	Roofers, waterproofer, Allied Workers LU # 142 3802 14th Ave DSM IA 50313		10.00	<input type="checkbox"/>
11/17/04	ID# CK#	Int'l Assoc of Bridge structural & Ornamental Ironworkers LU # 67 1501 E Aurora, DSM IA 50313		51.00	<input type="checkbox"/>
12/17/04	ID# CK#	" "		51.00	<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"/>

SUB-TOTAL

\$ 157

TOTAL (if last page of this schedule)

\$ 2717.80

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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

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)
Central Ia Bldg: Construction/Trades Council PAC

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
10/20/04	ID# CK# 3137	Iowa Democratic Party House Truman Fund 5661 Flew. Dr Dsm IA 50321		\$ 500.00
10/20/04	ID# CK# 3138	IOWA Democratic Party Senate Truman Fund " "		500.00
11/30/04	ID# CK#	check/bank fee		2.12
12/31/04	ID# CK#	" "		2.12
12/30/04	ID# CK# 3100	^{7/31/03} Archie Brooks VOID check		(200.00)
	ID# CK#			
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$ 804.24
TOTAL (if last page of this schedule)				\$ 804.24

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).)