

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

FORM DR-2 (Rev. 07/2003)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	<u>6484</u>
Logged In	<u>VB</u>
Scanned	_____
Computer	_____
Audited	_____

COMMITTEE NAME (Must be same as on Statement of Organization)
IOWA SOCIETY OF ANESTHESIOLOGISTS PAC PAC# 6484

IMPORTANT: Indicate type of committee you are reporting for: 2

- (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 State of Candidates

CANDIDATE COMMITTEES ONLY:

Candidate Name	Political Party
Office Sought	District (if Senate or House)

JUL 19 2005
for
George Lederhaus MO

515-241-5722
TELEPHONE

7/19/05
DATE SIGNED

SIGNATURE OF TREASURER (or person filing this report)

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

SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE:

I AM FILING A 7/19/05 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.) \$ 7,730²⁷

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (**also see in-kind below) 2,475⁰⁰

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 \$ 10,205²⁷

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

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

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)

**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

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 06/97)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization) PAC # 6484
IOWA SOCIETY OF ANESTHESIOLOGISTS 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
1/18/05	ID# CK#	WALTER MALEY, MD 570 AUBURN HILLS DR. IOWA CITY, IA 52241		\$ 50 ⁰⁰	
1/21/05	ID# CK#	RICHARD AERTS, MD 1550 BOYSON RD. HIAWATHA, IA 52233		250 ⁰⁰	
1/21/05	ID# CK#	CARRIE DYKSTRA MD 1550 BOYSON RD. HIAWATHA, IA 52233		250 ⁰⁰	
1/21/05	ID# CK#	TORK HARMAN, MD 1550 BOYSON RD. HIAWATHA, IA 52233		250 ⁰⁰	
1/21/05	ID# CK#	DAVID HAURT MD 1550 BOYSON RD. HIAWATHA, IA 52233		150 ⁰⁰	
1/21/05	ID# CK#	SCOTT MURTHA, MD 1550 BOYSON RD. HIAWATHA, IA 52233		100 ⁰⁰	
1/21/05	ID# CK#	MARK STEINE, MD 1550 BOYSON RD. HIAWATHA, IA 52233		250 ⁰⁰	
1/21/05	ID# CK#	CHRIS TEGGATZ, MD 1550 BOYSON RD. HIAWATHA, IA 52233		250 ⁰⁰	
1/31/05	ID# CK#	BRYAN PEARSON, MD 411 LAUREL ST., SUITE 3170 DES MOINES, IA 50314		125 ⁰⁰	
2/4/05	ID# CK#	MAURICE HART, MD 411 LAUREL ST. DES MOINES, IA 50314		250 ⁰⁰	
SUB-TOTAL				\$ 1,925 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) (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.

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2/10/05	ID# CK#	MICHAEL ALMASI, DO 1550 BOYSON RD. HIWATNA, IA 52233		\$ 250 ⁰⁰	
2/10/05	ID# CK#	DAVID CRUMLEY, MD 1550 BOYSON RD. HIWATNA, IA 52233		100 ⁰⁰	
2/10/05	ID# CK#	STEVEN MAZE MD 1550 BOYSON RD. HIWATNA, IA 52233		100 ⁰⁰	
3/18/05	ID# CK#	ROBERT BECKMAN, MD 500 E- MARKET ST. IOWA CITY, IA 52245		100 ⁰⁰	
	ID# CK#				

SUB-TOTAL

\$ 550⁰⁰

TOTAL (if last page of this schedule)

\$ 2,475⁰⁰

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