

DISCLOSURE SUMMARY PAGE



FORM DR-2 (Rev. 12/2005)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	1617
Logged In	
Scanned	
Computer	
Audited	

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

Calhoun for State House

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 John Calhoun	Political Party (if applicable) Democratic
Office Sought General Assembly	District (if Senate or House) HD 69

JAN 18 2006
HR

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code section 68B.32A(7) the candidate, for a candidate's committee, and the chairperson, for any other type of committee, is the individual responsible for filing timely and accurate reports.

John Calhoun Treasurer 515-253-0364 1-17-06

SIGNATURE OF PERSON FILING REPORT **TELEPHONE** **DATE SIGNED**

I AM FILING A January 19, 2006 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.)	\$	0.00
ADD TOTAL MONEY TAKEN IN THIS PERIOD		
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below).....		3,720.00
Schedule F: Loans Received total (Attach Schedule F)		0.00
Schedule H: Total Sales of Campaign Property (Attach Schedule H).....		0.00
(Schedule H applies to Candidates' Committees Only)		
	SUB-TOTAL	\$ 3,720.00
SUBTRACT TOTAL MONEY SPENT THIS PERIOD		
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)		2,266.17
Schedule F: Loan Repayments total (Attach Schedule F)		0.00
CASH ON HAND at the end of this reporting period (if final report balance must be zero) (Attach DR-3)	\$	1,453.83
**UNPAID BILLS (From Schedule D - Attach Schedule D)	\$	2,216.17
*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)	\$	0.00
**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)	\$	0.00
CONSULTANT BREAKDOWN (Schedule G Attached?)		YES <input checked="" type="checkbox"/> NO
CANDIDATE COMMITTEES ONLY:		
VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)	\$	0.00
STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.		

For Instructions, See Back of Form

Schedule A (Rev 7/03)	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)
Calhoun for State House

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	Check if for Fundraiser Income
9/23/2005	ID# CK #	John Calhoun, 766 White Tail Way, Polk City IA 50226	Candidate	500.00	<input type="checkbox"/>
10/31/2005	ID# CK #	Richard Bame, 5821 Brentwood Cir, Johnston IA 50131		200.00	<input type="checkbox"/>
10/31/2005	ID# CK #	Karen F. Coaldrake, 6413 Harbor Oaks Dr., Johnston IA 50131		200.00	<input type="checkbox"/>
11/7/2005	ID# CK #	Amy E. Hand, 1010 Prairie Lane, Marshalltown IA 50158	Daughter	75.00	<input type="checkbox"/>
11/7/2005	ID# CK #	Kelli A. Soyer, 3700 37th Street, Des Moines IA 50310		100.00	<input type="checkbox"/>
11/14/2005	ID# CK #	Audra Cole, 1212 Olaf Court, Sioux City IA 51104		100.00	<input type="checkbox"/>
11/14/2005	ID# CK #	Charles Bruner, 1148 Oklahoma, Ames IA 50014		100.00	<input type="checkbox"/>
11/14/2005	ID# CK #	Anita R. Campbell, 6671 NW 4th Court, Des Moines IA 50313		100.00	<input type="checkbox"/>
11/14/2005	ID# CK #	Margaret Weiss, 4819 Waterbury Rd., Des Moines IA 50312		100.00	<input type="checkbox"/>
11/14/2005	ID# CK #	Elise Burrows, 4409 47th, Sioux City IA 51108	Neice	50.00	<input type="checkbox"/>
Sub Total				\$ 1,525.00	
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 Form

CONTRIBUTIONS - MONEY TAKEN IN
(Including candidate's personal funds)

Schedule A (Rev 7/03)	Monetary Receipts
<input type="checkbox"/>	Check this box if Amending Form

Committee Name (Must be same as on Statement of Organization)

Calhoun for State House

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11/14/2005	ID# CK #	Kristyn R. Bell, 1116 So. 50th Place, West Des Moines IA 50265		50.00	<input type="checkbox"/>
11/14/2005	ID# CK #	Charles P. Bailey, 610 S. Troy Road, Robins IA 52328	Brother in law	25.00	<input type="checkbox"/>
11/14/2005	ID# CK #	Mark F. Proeschel, 1000 S. Saint Marys St., Sioux City IA 51106		25.00	<input type="checkbox"/>
11/14/2005	ID# CK #	Linda R. Madison, 4623 Polk St., Sioux City IA 51108		20.00	<input type="checkbox"/>
11/16/2005	ID# CK #	Angela B. Calhoun, 6745 NW 54th Ct., Johnston IA 50131	Daughter	125.00	<input type="checkbox"/>
11/16/2005	ID# CK #	Joseph P. Herrity, 2512 Country Side Place, West Des Moines IA 50265		100.00	<input type="checkbox"/>
11/16/2005	ID# CK #	Vernon Kuennen, 12063 Crocus St., Coon Rapids MN 55433	Wife's brother	100.00	<input type="checkbox"/>
11/16/2005	ID# CK #	Nancy B. Mounts, 3104 Viking Dr., Sioux City IA 51104		25.00	<input type="checkbox"/>
11/16/2005	ID# CK #	Sylvia K. Cordoue, 3729 Jackson St., Sioux City IA 51104	Wife's sister	50.00	<input type="checkbox"/>
11/21/2005	ID# CK #	Richard P. Calhoun, 2540 River Grove Ave., Green Bay WI 54303	Brother	200.00	<input type="checkbox"/>
Sub Total				\$ 720.00	
Total (if last page of this schedule)					

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For Instructions, See Back of Form

CONTRIBUTIONS - MONEY TAKEN IN
(Including candidate's personal funds)

Schedule A (Rev 7/03)	Monetary Receipts
<input type="checkbox"/>	Check this box if Amending Form

Committee Name (Must be same as on Statement of Organization)

Calhoun for State House

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.

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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	Check if for Fundraiser Income
11/21/2005	ID# CK #	Barbara A. Berry, 2801 Summit St., Sioux City IA 51104		100.00	<input type="checkbox"/>
11/21/2005	ID# CK #	A.J. Gross, 1800 Grand , Des Moines IA 50309		25.00	<input type="checkbox"/>
11/21/2005	ID# CK #	Marlin D. Jeffers, 2604 S. Newton St., Sioux City IA 51106		25.00	<input type="checkbox"/>
11/21/2005	ID# CK #	Steven D. Hansen, 3669 Lindenwood St., Sioux City IA 51104		50.00	<input type="checkbox"/>
11/21/2005	ID# CK #	Donald J. Temeyer, 139 Derbyshire Rd., Waterloo IA 50701		20.00	<input type="checkbox"/>
11/29/2005	ID# CK #	Yvonne Sullivan, 6172 Terrace Dr., Johnston IA 50131		5.00	<input type="checkbox"/>
11/29/2005	ID# CK #	Lisa Tritz, 601 Brentwood St., Sioux City IA 51103		10.00	<input type="checkbox"/>
11/29/2005	ID# CK #	Shannell Wagler, 3174 248th Trail, Panora IA 50216		25.00	<input type="checkbox"/>
11/29/2005	ID# CK #	Cynthia Jean Maulsby, 409 Space Ave. SW, Mitchellville IA 50169		25.00	<input type="checkbox"/>
11/29/2005	ID# CK #	Michael J. Beranek, 8415 Frankline Apts, Clive IA 50325		50.00	<input type="checkbox"/>
Sub Total				\$ 335.00	
Total (if last page of this schedule)					

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For Instructions, See Back of Form

CONTRIBUTIONS - MONEY TAKEN IN

(Including candidate's personal funds)

Schedule A (Rev 7/03)	Monetary Receipts
<input type="checkbox"/>	Check this box if Amending Form

Committee Name (Must be same as on Statement of Organization)

Calhoun for State House

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.

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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	Check if for Fundraiser Income
11/29/2005	ID# CK #	Bernice M. Lansing, 1112 Briarwood, Marshfield WI 54449	Sister in Law	100.00	<input type="checkbox"/>
11/29/2005	ID# CK #	Bruce G. Thomas, 705 Douglas St. Suite 509, Sioux City IA 51101		500.00	<input type="checkbox"/>
12/7/2005	ID# CK #	Virginia H. Soelberg, 5979 Dogwood Cir., Johnston IA 50131		10.00	<input type="checkbox"/>
12/7/2005	ID# CK #	Michael G. Waters, 3921 NW 4th St., Ankeny IA 50021		25.00	<input type="checkbox"/>
12/7/2005	ID# CK #	Dennis J. Walter, 435 NW 60th Ave., Des Moines IA 50313		100.00	<input type="checkbox"/>
12/12/2005	ID# CK #	Jonathan E. Volz, 705 N. Main St., Grimes IA 50111		20.00	<input type="checkbox"/>
12/12/2005	ID# CK #	Christopher Sonner, 7041 Sharon Drive, Urbandale IA 50322		100.00	<input type="checkbox"/>
12/12/2005	ID# CK #	Gary Niles, 1081 Benton Ave., Sioux City IA 51108		100.00	<input type="checkbox"/>
12/14/2005	ID# CK #	Linda K. Kading, 5866 Crabapple Ln., Johnston IA 50131		50.00	<input type="checkbox"/>
12/14/2005	ID# CK #	Jeanette M. Bodermann, 11225 NW 121st St., Granger IA 50109		25.00	<input type="checkbox"/>
Sub Total				\$ 1,030.00	
Total (if last page of this schedule)					

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For Instructions, See Back of Form

CONTRIBUTIONS - MONEY TAKEN IN
(Including candidate's personal funds)

Schedule A (Rev 7/03)	Monetary Receipts
<input type="checkbox"/>	Check this box if Amending Form

Committee Name (Must be same as on Statement of Organization)

Calhoun for State House

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.

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12/14/2005	ID# CK #	Joseph O'Hern, 6085 Greywood Cir., Johnston IA 50131		30.00	<input type="checkbox"/>
12/14/2005	ID# CK #	Barbara A. Canova, 3977 NW 98th Ave., Polk City IA 50226		25.00	<input type="checkbox"/>
12/27/2005	ID# CK #	John G. Kujac, 15561 NW Madrid Dr., Madrid IA 50156		25.00	<input type="checkbox"/>
12/27/2005	ID# CK #	Esther C. Darnell, 922 Perry Landing Ct., Annapolis MD 21401	Sister in Law	30.00	<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"/>
Sub Total				\$ 110.00	
Total (if last page of this schedule)				\$ 3,720.00	

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FOR INSTRUCTIONS, SEE BACK OF FORM



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)
Calhoun for State House

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
10/04/2005	ID# CK#	Polk County Bank Box 200 Johnston IA 50131	Bank charge for printing checks for bank account.	\$ 18.60
11/20/2005	ID# CK# 2501	John Calhoun 766 White Tail Way Polk City IA 50226	Reimbursement based on receipts: copies 7.05; postage stamps 74.00; labels 20.12; printing 1194.62.	1295.79
12/09/2005	ID# CK# 2502	John Calhoun 766 White Tail Way Polk City IA 50226	Reimbursement based on receipts: postage stamps 370.00; copies 35.88; printing 355.10.	760.98
12/10/2005	ID# CK# 2503	John Calhoun 766 White Tail Way Polk City IA 50226	Reimbursement based on receipts: car magnets 190.80.	190.80
	ID# CK#			
SUB-TOTAL				\$ 2266.17
TOTAL (if last page of this schedule)				\$ 2266.17

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).)

FOR INSTRUCTIONS, SEE BACK OF FORM

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

Calhoun for State House

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

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*
10/07/2005	Chad R. Baker 10635 Hickory Drive #4 Urbandale IA 50322	Tagline copywriting services	\$ 300.00
11/01/2005	Chad R. Baker 10635 Hickory Drive #4 Urbandale IA 50322	Door-to-Door Mailer copywriting servicc	200.00
12/04/2005	Chad R. Baker 10635 Hickory Drive #4 Urbandale IA 50322	Issues Management flyer copywriting services	200.00
12/13/2005	Basil Blue / Attn: Alicia Van Ausdall 404 North Harvey St. Grimes, IA 50111	Logo, identity materials, door to door flyer, magnet, web layout.	1,518.75
SUB-TOTAL			\$ 2,218.75
TOTAL DEBTS OWED BY COMMITTEE AT THE END OF THIS REPORTING PERIOD			\$ 2,218.75

*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.