

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

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

Iowans For Claghorn

IMPORTANT: Indicate by # type of committee you are reporting for: 1 (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: Karey Claghorn, Political Party: R, Office Sought: Secretary of Agriculture, District: (if Senate or House)

JAN 18 2006

MD

FORM DR-2 (Rev. 12/2005) DISCLOSURE REPORT. For Office Use Only: Comm. # 51216, Logged to SW, Scanned, Computer, Audited.

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.

Jammy Bruce

641-942-6462

1-18-06

SIGNATURE OF PERSON FILING REPORT

TELEPHONE

DATE SIGNED

I AM FILING A January 19, 2006 (report date)

REPORT FOR (1) ELECTION (2) NON-ELECTION YEAR.

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

5575.00

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

na

Schedule F: Loans Received total (Attach Schedule F)

na

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

na

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL

5575.00

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

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

470.60

Schedule F: Loan Repayments total (Attach Schedule F)

na

CASH ON HAND at the end of this reporting period (if final report balance must be zero) (Attach DR-3)

\$ 5104.40

**UNPAID BILLS (From Schedule D - Attach Schedule D)

\$ 2783.40

**IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)

\$ 3206.98

**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)

\$ na

CONSULTANT BREAKDOWN (Schedule G Attached?)

X YES NO

CANDIDATE COMMITTEES ONLY:

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

\$ na

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

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

Iowans For Claghorn

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

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
10/05/05	ID# CK#	John Ruan III 465 Foster Dr Des Moines, IA 50312		\$ 500.00	<input type="checkbox"/>
10/10/05	ID# CK#	Jodi Tymeson 1524 Hwy 169 Winterset, IA 50273		\$ 50.00	<input type="checkbox"/>
10/13/05	ID# CK#	Bruce McGuire 1301 SE Hayes Dr Ankeny, IA 50021-3837		\$100.00	<input type="checkbox"/>
10/13/05	ID# CK#	Bob Kimm 1636 W Ave Dysart, IA 52224-9583		\$ 50.00	<input type="checkbox"/>
10/22/05	ID# CK#	Jack Byers 17039 173rd Ave Milo, IA 50166		\$150.00	<input type="checkbox"/>
10/25/05	ID# CK#	Douglas Stong 11720 W Co Rd 300 S Yorktown, IN 47396		\$100.00	<input type="checkbox"/>
10/25/05	ID# CK#	Melinda Bales 323 Main St, PO Box 48 Milo, IA 50166		\$100.00	<input type="checkbox"/>
10/25/05	ID# CK#	Katherine H Gabriel 12601 Long Green Pike Glen Arm, MD 21057		\$100.00	<input type="checkbox"/>
11/01/05	ID# CK#	Charlotte Crestman 2832 Hwy 130 E Shelbyville, TN 37160		\$100.00	<input type="checkbox"/>
11/01/05	ID# CK#	Dr Amy Osenbaugh-Roosterfield 117 NE Trilein Dr Ankeny, IA 50021		\$ 50.00	<input type="checkbox"/>
SUB-TOTAL				\$1300.00	
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. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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

Iowans For Claghorn

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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	✓ IF FOR FUND-RAISER INCOME
11/01/05	ID# CK#	Randy Lewis 13698 40th St Line Springs, IA 52155		\$ 50.00	<input type="checkbox"/>
11/01/05	ID# CK#	Kathleen Miller 423 Chestnut St Milo, IA 50166		50.00	<input type="checkbox"/>
11/01/05	ID# CK#	Jerrie Bruce 105 Bennett Rd Linden, IN 47955	sister-in-law	500.00	<input type="checkbox"/>
11/01/05	ID# CK#	Charlotte J Chance RR 2 Box 94 Norman, IN 47264		500.00	<input type="checkbox"/>
11/01/05	ID# CK#	Lowell Bence 2728 State Hwy 92 Winterset, IA 50273		100.00	<input type="checkbox"/>
11/01/05	ID# CK#	Lisa Hunter 15646 173rd Ave Milo, IA 50166		50.00	<input type="checkbox"/>
11/01/05	ID# CK#	Ronald D Pearson 5534 Glen Oaks Pt West Des Moines, IA 50266		500.00	<input type="checkbox"/>
11/08/05	ID# CK#	Bill Dohrmann PO Box 502 Fayette, IA 52142		100.00	<input type="checkbox"/>
11/08/05	ID# CK#	sandra kandris 811 Burr Oaks Dr, Unit 403 West Des Moines, IA 50266		100.00	<input type="checkbox"/>
11/08/05	ID# CK#	William Turnquist 236 Windy Ridge Rd Caneyville, KY 42721		100.00	<input type="checkbox"/>
SUB-TOTAL				\$2050.00	
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. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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

Iowans For Claghorn

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(8), 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
11/08/05	ID# CK#	Kenneth E Keeney 21787 G58 Hwy Milo, IA 50166		\$100.00	<input type="checkbox"/>
11/08/05	ID# CK#	Terri Schaeuble 3725 Hampshire Ln Bloomington, IN 47401		50.00	<input type="checkbox"/>
11/10/05	ID# CK#	George Murdock 1042 NW 12th No C Pendleton, OR 97801		250.00	<input type="checkbox"/>
11/16/05	ID# CK#	Linda Leanhart 1737 Hwy 205 Milo, IA 50166		25.00	<input type="checkbox"/>
11/16/05	ID# CK#	Judith A Johnson 1874 Falcon Ridge Dr Petaluma, CA 94954	aunt	100.00	<input type="checkbox"/>
11/16/05	ID# CK#	Gerald D Judkins 18606 Tyler St Lacona, IA 50139		500.00	<input type="checkbox"/>
11/16/05	ID# CK#	Pearce R McKinney 3361 State Rd 55E Wingate, IN 47994		50.00	<input type="checkbox"/>
11/28/05	ID# CK#	Gary M Erickson 1896 220th St Humboldt, IA 50548		50.00	<input type="checkbox"/>
12/04/05	ID# CK#	Jack Buffington PO Box 36, 15102 Buffalo Rd Springfield, NE 68059		100.00	<input type="checkbox"/>
12/05/05	ID# CK#	Loren Jacobsen 2393 240th St Dallas Center, IA 50063		50.00	<input type="checkbox"/>
SUB-TOTAL				\$ 1275.00	
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. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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

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
12/14/05	ID# CK#	Thomas Terrell 2710 W CR 200 N New Castle, IN 47362		\$ 500.00	<input type="checkbox"/>
12/21/05	ID# CK#	Peggy Shattuck 8196 NW 86th St Johnston, IA 50131		100.00	<input type="checkbox"/>
12/29/05	ID# CK#	Gary Neelson 1454 100th St West Liberty, IA 52776		150.00	<input type="checkbox"/>
12/29/05	ID# CK#	Don Hunerdosse 17587 173rd Ave Milo, IA 50166		100.00	<input type="checkbox"/>
12/30/05	ID# CK#	Douglas E Hommer 16384 G58 Hwy Milo, IA 50166		100.00	<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				\$ 950.00	
TOTAL (if last page of this schedule)				\$5575.00	

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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)
 Iowans For Claghorn

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
10/18/05	ID# 5126 CK#	Liberty Bank 6139 Ashworth Rd W Des Moines, IA 50266	Order checks	\$ 20.60
10/27/05	ID# 5126 CK# 1001	Christian Coalition PO Box 65066 W Des Moines, IA 50265	Table rent for event of 10-29-05	250.00
12/07/05	ID# 5126 CK# 1002	Carrie Taylor 15603 173rd Avenue Milo, IA 50166	Set up website voteclaghorn.com	200.00
	ID# CK#			
SUB-TOTAL				\$
TOTAL (if last page of this schedule)				\$ 470.60

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)
 Iowans For Claghorn

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*
07/01/05 - 10/31/05	The Concept Works 1001 Office Park Road, Suite 119 West Des Moines, IA 50265	Communication services	\$ 2750.00
09/09/05	The Concept Works 1001 Office Park Road, Suite 119 West Des Moines, IA 50265	Post Office Box rental	33.40
SUB-TOTAL			\$
TOTAL DEBTS OWED BY COMMITTEE AT THE END OF THIS REPORTING PERIOD			\$ 2783.40

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

Page 1 of 1
 (for Schedule D)

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.

Receipt Form

SCHEDULE G (Rev. 02/96)	BREAKDOWN OF MONETARY EXPENDITURES BY CONSULTANT
	<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM

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

Iowans For Claghorn

PART I - NAME AND ADDRESS OF CONSULTANT

Name of Consultant		
The Concept Works		
Mailing Address		
1001 Office Park Road, Suite 119		
City	State	Zip Code
West Des Moines	IA	50265

CONTRACT PERIOD (MM/DD/YR)	TOTAL ANTICIPATED COMPENSATION FOR PERFORMANCE
From 7-1-05	\$ 2783.40
To 10-31-05	

ESTIMATES OF PERFORMANCE

Consultant will provide professional media services.

PART II - ITEMIZED BREAKDOWN OF UNREIMBURSED EXPENSES PAID BY CONSULTANT TO OTHERS IN PERFORMING SERVICES OF CONTRACT (These expenses should NOT be reported on Schedule B, as they are direct payment from the consultant.)

DATE EXPENDED (MM/DD/YR)	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE	AMOUNT EXPENDED
			\$

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

FOR INSTRUCTIONS, SEE BACK OF FORM

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

SCHEDULE E (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
09/12/05	Karey Claghorn 15603 173rd Ave Milo, IA 50166	self	Postage	\$ 382.00	<input type="checkbox"/>
10/07/05	Karey Claghorn 15603 173rd Ave Milo, IA 50166	self	Photos	99.64	<input type="checkbox"/>
09/14/05	Karey Claghorn 15603 173rd Ave Milo, IA 50166	self	T-shirts	269.24	<input type="checkbox"/>
9/15/05 through 10/15/05	Karey Claghorn 15603 173rd Ave Milo, IA 50166	self	Merchandise/supplies	120.50	<input type="checkbox"/>
7/1/05 through 12/31/05	Karey Claghorn 15603 173rd Ave Milo, IA 50166	self	11,678 miles -20/mile	2335.60	<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
SUB-TOTAL				\$	
TOTAL (if last page of this schedule)				\$ 3206.98	

*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.