

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE



FORM DR-2 (Rev. 12/2005)	DISCLOSURE REPORT
For Office Use Only	
Comm #	22
Logged In	SW
Scanned	
Computer	
Audited	

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

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: MICHAEL CONNOLLY Political Party (if applicable): DEMOCRATIC
 Office Sought: IOWA SENATE District (if Senate or House): _____

IA ETHICS & CAMPAIGN DISCLOSURE BOARD
 FILED JAN 19 2006

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.

SIGNATURE OF PERSON FILING REPORT: Joseph A Tolman TELEPHONE: 563.583.2077 DATE SIGNED: 1/19/06

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.)	\$ <u>1702.47</u>
ADD TOTAL MONEY TAKEN IN THIS PERIOD	
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)	<u>4490.00</u>
Schedule F: Loans Received total (Attach Schedule F)	_____
Schedule H: Total Sales of Campaign Property (Attach Schedule H)	_____
<u>(Schedule H applies to Candidates' Committees Only)</u>	
SUB-TOTAL	\$ <u>6192.47</u>
SUBTRACT TOTAL MONEY SPENT THIS PERIOD	
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)	<u>2102.00</u>
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)	\$ <u>4090.47</u>
**UNPAID BILLS (From Schedule D - Attach Schedule D)	\$ _____
*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)	\$ <u>57.46</u>
**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)	\$ _____
CONSULTANT BREAKDOWN (Schedule G Attached?)	___ YES ___ NO
CANDIDATE COMMITTEES ONLY:	
VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)	\$ _____

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

For Instructions, See Back of Form



SCHEDULE	
A	MONETARY RECEIPTS
(Rev. 07/03)	
<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)
CITIZENS FOR CONNOLLY

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
7/28/05	ID# 6004 CK# 4282	ASSOC. GENERAL CONTRACTORS P.A.C. 701 E COURT AVE DES MOINES, IA 50309-4901		\$ 500.00	<input checked="" type="checkbox"/>
7/26/05	ID# 6323 CK# 2957	MASTER BUILDERS OF IA P.A.C. 221 PARK ST P O BOX 695 DES MOINES, IA 50303		500.00	<input checked="" type="checkbox"/>
7/24/05	ID# CK# 1225	JOHN HARTUNG 1011 SCOTT FELTON RD INDIANOLA, IA 50125		100.00	<input checked="" type="checkbox"/>
7/28/05	ID# 6058 CK# 2651	IOWA CATHOLIC SOC. PAC 1605 N. ANKENY BLVD STE 100 ANKENY, IA 50021-4159		100.00	<input checked="" type="checkbox"/>
7/28/05	ID# 6118 CK# 2213	IA OPTOMETRIC ASSOC. PAC 1454 30TH ST. SUITE 204 WEST DES MOINES, IA 50266		250.00	<input checked="" type="checkbox"/>
7/25/05	ID# CK#	JONATHAN WILSON 2924 DAVID HILL DR. DES MOINES, IA 50315		50.00	<input checked="" type="checkbox"/>
7/27/05	ID# CK#	DAVID L. BRADON 803 PRYMING BLVD DES MOINES, IA 50309		100.00	<input checked="" type="checkbox"/>
7/27/05	ID# 6046 CK# 3998	JUSTICE FOR ALL PAC 218 6TH AVE SUITE 522 DES MOINES, IA 50305-4091		250.00	<input checked="" type="checkbox"/>
7/24/05	ID# 6059 CK# 2686	IA COMM. OF AUTOMOTIVE RETAIL 1111 OFFICE PARK RD. WEST DES MOINES IA 50265		150.00	<input checked="" type="checkbox"/>
7/27/05	ID# CK#	STEPHEN ROBERTS 2500 KINMAHL CTR DES MOINES, IA 50305		50.00	<input checked="" type="checkbox"/>
SUB-TOTAL				\$ 2050.00	
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



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)

CITIZENS FOR CONNOLLY

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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
7/27/05	ID# 6070 CK# 3216	IOWA LAW PAC 521 E. COCAST ST. 3RD FLR DES MOINES, IA 50309-1939		\$ 100.00	<input checked="" type="checkbox"/>
8/6/05	ID# 6400 CK# 311	IA HOSPITALITY ASSOC. PAC 8525 DOUGLAS SUITE 47 DES MOINES, IA 50322		150.00	<input type="checkbox"/>
8/10/05	ID# 6113 CK# 003075	AFSCME/IA COUNCIL 61 PEOPLE 4320 N.W. 2ND AVE DES MOINES, IA 50313		500.00	<input type="checkbox"/>
9/16/05	ID# CK#	CBH		40.00	<input type="checkbox"/>
9/16/05	ID# 6067 CK# 3332	IOWA HEALTH PAC 6750 WESTOWN PARKWAY #100 WEST DES MOINES, IA 50266		200.00	<input type="checkbox"/>
9/16/05	ID# CK#	BLINDA MATERNAUT 14472 RYAN RD DESOTA, IA		25.00	<input type="checkbox"/>
9/16/05	ID# CK#	LYNN + SHARON ZIFLINGER 19782 BELLEVUE CIRCLE RD LAMOTHE, IA 52054		25.00	<input type="checkbox"/>
9/16/05	ID# CK#	MARK NOBLE 1810 ROSEMONT ST. DUBUQUE, IA 52002		25.00	<input type="checkbox"/>
9/16/05	ID# CK#	SUSAN PURCELL 2995 ARBOR MUS DR DUBUQUE, IA 52001		50.00	<input type="checkbox"/>
9/16/05	ID# CK#	ROBERT KIES, SR 1754 SLEMIC VIEW DR. DUBUQUE, IA 52001		25.00	<input type="checkbox"/>
SUB-TOTAL				\$ 1140.00	
TOTAL (If last page of this schedule)				\$	

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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)
CITIZENS FOR CONNOLLY

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
9/14/05	ID# CK#	PATRICK O'NEAL 101 S. CANTON ST BOLON, IA 52333		\$ 200.00	<input type="checkbox"/>
9/16/05	ID# CK#	STEVEN ACKENSON 1634 N.W. 131ST ST CLUB, IA 50325		100.00	<input type="checkbox"/>
9/19/05	ID# 6077 CK# 1781	IOWA PHARMACY PAC 8875 DOUGLAS, SUITE 16 DES MOINES, IA 50322		200.00	<input type="checkbox"/>
10/19/05	ID# 6098 CK# 3376	IA BEVERAGE PAC 321 E. WALNUT, SUITE 130 DES MOINES, IA 50309		450.00	<input type="checkbox"/>
12/23/05	ID# CK#	DAVID PALMER 213 SW FLYNN DR ANKENY, IA 50023		100.00	<input type="checkbox"/>
12/23/05	ID# CK#	R. GENE GARLANDER 430 4TH ST PLACE WEST DES MOINES, IA 50265		50.00	<input type="checkbox"/>
12/28/05	ID# CK#	CRMG NELSON 8620 TITLEST CIRCLE LAS VEGAS, NEVADA 89117		200.00	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
SUB-TOTAL				\$ 1300.00	
TOTAL (if last page of this schedule)				\$ 4490.00	

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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)
CITIZENS FOR CONNOLLY

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
1/14/05	ID# CK#	DUPACO COMM. (PO. UN.) P.O. BOX 179 DUBUQUE, IA 52004	ADDRESS CORRECTION FEE DEBIT FEE	\$ 2.00
9/16/05	ID# CK# 1063	IOWA DEMOCRATIC PARTY 5661 PLEUR DR DES MOINES, IA 50321		1000.00
9/16/05	ID# CK# 1064	IOWA DEMOCRATIC PARTY 5661 PLEUR DR DES MOINES, IA 50321	CONTRIBUTION TO DEMOCRATIC INTEGRITY FUND	250.00
11/16/05	ID# CK# 1065	IOWA DEMOCRATIC PARTY 5661 PLEUR DR DES MOINES, IA 50321	CONTRIBUTION TO HAMPSTEAD CLUB	750.00
11/16/05	ID# CK# 1066	MIKE CONNOLLY 2600 RENAISSANCE DR DUBUQUE, IA 52001	REIMBURSEMENT FOR STAMPS	37.00
11/24/05	ID# CK# 1067	THE DUBUQUE LEADER 1527 CENTRAL AVE DUBUQUE, IA 52001	WOOD DRY AD IN THE DUBUQUE LEADER	63.00
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$
TOTAL (if last page of this schedule)				\$ 2102.00

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)
CITIZENS FOR CONNOLLY

Pre-Form

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
7/27/05	IOWA DEMOCRATIC PARTY 5661 FLEUR DRIVE DESBAINES, IA 50321		FUNDRAISER MATERIALS - MAILING POSTAGE	\$ 57.46	<input checked="" type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

SUB TOTAL \$ **57.46**
 TOTAL (if last page of this schedule) \$ **57.46**

Page 1 of 1 (for Schedule E)

*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 (relative 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.