FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

Reset Form

FORM DR-2 (Rev. 07/2003)	DISCLOSURE REPORT

For Office Use Only
Comm. # SW 1486
Logged In
Scanned
Computer
Audited

IA ETHICS & CAMPAIGN DISCLOSURE BOARD
JAN - 9 2006
FILED PM 1:7

COMMITTEE NAME *(Must be same as on Statement of Organization)* #1486

HUTTER FOR THE HOUSE DISTRICT 82

IMPORTANT: Indicate type of committee you are reporting for: [1]

(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

CANDIDATE COMMITTEES ONLY:

Candidate Name: JOE HUTTER
Political Party: REPUBLICAN
Office Sought: STATE REPRESENTATIVE
District (if Senate or House): 82

SR Brumeyer
SIGNATURE OF TREASURER (or person filing this report)

563-332-5669
TELEPHONE

1/5/06
DATE SIGNED

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

SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE:

I AM FILING A 2005 ANNUAL REPORT REPORT FOR AN/A **(1) ELECTION /(2)NON-ELECTION** YEAR.
(report date) 1/1/05 TO 12/31/05 Indicate one [1]

☐ 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.) $	4800.25
ADD TOTAL MONEY TAKEN IN THIS PERIOD	
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)	550.00
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 $	5350.25
SUBTRACT TOTAL MONEY SPENT THIS PERIOD	
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)	776.70
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) $	4573.55

****UNPAID BILLS** (From Schedule D - Attach Schedule D) $	— 0 —
***IN KIND CONTRIBUTIONS** (From Schedule E - Attach Schedule E) $	50.00
****OUTSTANDING LOANS** (From Schedule F - Attach Schedule F) $	— 0 —
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

☐ 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)*
Hutter For The House Dist 82 #1486

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
1/7/05	ID# CK# 3049	AFSCME, Iowa Council 61 4320 N.W. Second Ave Des Moines, Iowa		$ 250.00	☐
12/20/05	ID# CK# 1805	Michael F. Agin 4890 Heatherstone Rd Bettendorf, Iowa 52722		100.00	☐
12/27/05	ID# 6488 CK# 1280	Iowa Providers PAC #6488 7025 Hickman Rd Ste 5 Des Moines, IA 50322		200.00	☐
	ID# CK#				☐
	ID# CK#				☐
	ID# CK#				☐
	ID# CK#				☐
	ID# CK#				☐
	ID# CK#				☐
	ID# CK#				☐

SUB-TOTAL $550.00

TOTAL ***(if last page of this schedule)*** $550.00

* 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 B (Rev. 09/97)	MONETARY EXPENDITURES
☐ CHECK THIS BOX IF AMENDING FORM	

EXPENDITURES – MONEY SPENT FROM COMMITTEE ACCOUNT

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)*
HUTTER FOR THE HOUSE DISTRICT 82

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
1/29/05	ID# 1486 CK# 1023	BETTENDORF CHAMBER 2117 STATE ST BETTENDORF, IA	CHAMBER FUNCTION	$ 60.00
4/4/05	ID# CK# 1024	SCOTT COUNTY REPUBLICAN WOMEN DAVENPORT, IA	CONFERENCE	37.50
9/25/05	ID# CK# 1025	SCOTT COUNTY REPUBLICAN DAVENPORT, IOWA	DONATION FOR CAMPAIGN	70.00
9/25/05	ID# CK# 1026	NAMI SCOTT COUNTY C/O CONNIE WILLIAMS 2504 TELEGRAPH RD, DAV	CAMPAIGN FOR NAIL AWARENESS MENTAL ILLNESS	25.00
9/25/05	ID# CK# 1027	IOWA STATE TREASURER DES MOINES, IA	CAMPAIGN MATERIALS BAGS	500.00
10/22/05	ID# CK# 1028	BETTENDORF PUBLIC LIBRARY BETTENDORF, IOWA	JAVA with JOE PUBLIC INFORMATION MEETING	10.00
10/29/05	ID# CK# 1030	BETTENDORF JAYCEES PARADE BETTENDORF, IOWA	CAMPAIGN	10.00
12/19/05	ID# CK# 1031	THE PRINTING STORE 2701 HICKORY GROVE RD DAVENPORT, IA 52804	BUSINESS CARDS	64.20
			SUB-TOTAL	$ 776.70
			TOTAL *(If last page of this schedule)*	$ 776.70

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 56.6(3)(l).)

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(for Schedule B)

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

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SCHEDULE E (Rev. 06/97)	IN-KIND CONTRIBUTIONS

☐ 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
10/29/05	NORM PETERS 3410 CENTRAL AVE BETTENDORF, IA 52722	—	FLOAT FOR HALLOWEEN PARADE	$ 50.00	☐
					☐
					☐
					☐
					☐
					☐
					☐
					☐
					☐
					☐
			SUB-TOTAL	$ 50.00	
			TOTAL (If last page of this schedule)	$ 50.00	

*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.