

DISCLOSURE SUMMARY PAGE

COMMITTEE NAME (Must be same as on Statement of Organization)
Rayhons for State Representative

IMPORTANT: Indicate type of committee you are reporting for: (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 Slate of Candidates

FORM DR-2 (Rev. 01/2003)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	<u>968</u>
Indexed	
Audited	
Computer	

CANDIDATE COMMITTEES ONLY:

Candidate Name Henry Rayhons Political Party Republican

Office Sought State Representative District (if Senate or House) 11 House

ETHICS & CAMPAIGN
DISCLOSURE BOARD
JAN 10 2006
FILED HP

Henry Rayhan SIGNATURE OF TREASURER (or person filing this report) 641-923-2919 TELEPHONE SW 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 Jan. 19th 2006 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.)\$ 877.83

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below) 2315.50

Schedule F: Loans Received total (Attach Schedule F)..... 1000.00

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

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL.....\$ 4193.33

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below) ... 2117.05

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)\$ 2,076.28

**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).....\$ 1000.00

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)
Rayhons for State Representative

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
7/27/05	ID# 6067 CK# 3285	Iowa Health PAC # 6750 Westown Parkway #00 West Des Moines, Ia. 50266		\$ 100 ⁰⁰	
7/27/05	ID# CK# 2984	Steven Ackerson 1634 NW 131 St. Clive, Ia. 50325		100 ⁰⁰	
8/19/05	ID# CK#	William E. John P.O. Box 246 Clear Lake, Ia. 50428		400 ⁰⁰	
8/19/05	ID# CK#	David Steffens Jr. 602 S. Western St. Lake Mills Ia. 50450		500 ⁰⁰	
8/19/05	ID# CK#	Monsanto Citizenship Fund 800 N. Lindbergh Blvd. St. Louis, MO. 63167		200 ⁰⁰	
8/19/05	ID# CK#	Roger Schmidt Garner, Ia. 50438		250 ⁰⁰	
8/25/05	ID# CK#	Mark Huling 175 W. 3rd. Box 68 Garner, Ia. 50438		200 ⁰⁰	
8/31/05	ID# CK#	David Zrostlik 775 Hwy 69 Garner, Ia. 50438		50 ⁰⁰	
9/10/05	ID# 968 CK# 6583	Waste Management To Julie Ketchum 1901 Ames Dr. Burns ville, MN. 55306		200 ⁰⁰	
11/17/05	ID# CK# 2573	Richard Formanek 1523 285th St. Garner, Ia. 50438		215 ⁵⁰	

SUB-TOTAL \$2215⁵⁰

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.

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)
Raylons for State Representative

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<i>12/19/05</i>	ID# <i>00001636</i> CK# <i>007096</i>	<i>United Trans. 90 Patrick Hendricks 513 East 6th St. Suite D Des Moines, Ia. 50309</i>		<i>\$ 100⁰⁰</i>	
	ID# CK#				

SUB-TOTAL *\$ 100⁰⁰*
 TOTAL (if last page of this schedule) *\$ 2315⁵⁰*

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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.

SCHEDULE B (Rev. 09/97)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)
Rayhons for State Representative

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
2/9/05	ID# CK# 2564	Treasurer, State of Iowa Des Moines	Campaign Material Capitol Cards for T.K.	50 ⁰⁰
3/5/05	ID# CK# 2565	Iowa Turkey Fed	Dinner ticket & mileage	30 ⁰⁰
3/6/05	ID# CK# 2566	Thompson Lion Club Thompson, Ia.	Campaign dinner	10 ⁰⁰
1/2/05	ID# CK# 2567	Rep. Party of Iowa Des Moines, Ia.	Package Plan	365 ⁰⁰
4/9/05	ID# CK# 2568	Winnebago Rep. Party Forest City, Ia.	Century Club Membership & Abe Lincoln Dinner	137 ⁵⁰
5/1/05	ID# CK# 2569	Marvalyn Rayhons 2820 Oak Ave. Garner, IA 50438	Pd. by VISA Flags for Float material	\$100.17
5/1/05	ID# CK# 2570	Marvalyn Rayhons 2820 Oak Ave. Garner, IA 50438	Pd. by Discover Candy for Parades	\$71.34
5/13/05	ID# CK# 2571	Rake Paper P.O. Box 244 Rake, Ia. 50465	Adv.	25 ⁰⁰
SUB-TOTAL				\$ 789.01
TOTAL (if last page of this schedule)				\$

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)(i).)

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> 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)
Rayhons for State Representative

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
<i>6/6/05</i>	ID# CK# <i>2572</i>	<i>Garner - Hayfield CSD 1080 Division St. Garner, Ia. 50438</i>	<i>adv.</i>	<i>\$ 50.00</i>
<i>6/14/05</i>	ID# CK# <i>2573</i>	<i>Grafton Fire Grafton, Ia.</i>	<i>meal</i>	<i>7.25</i>
<i>6/12/05</i>	ID# CK# <i>2574</i>	<i>Discover and Sam's Club Des Moines, Ia.</i>	<i>parade candy material</i>	<i>343.17</i>
<i>6/22/05</i>	ID# CK# <i>2575</i>	<i>F.O. Chamber Forest City, Ia. 50436</i>	<i>adv. parade entry</i>	<i>10.00</i>
<i>6/23/05</i>	ID# CK# <i>2576</i>	<i>Winn. Rep. Party Forest City, Ia. 50436</i>	<i>Fund raiser meal</i>	<i>20.00</i>
<i>6/25/05</i>	ID# CK# <i>2577</i>	<i>Britt News Trib. 42 Center St. W Britt, Ia. 50423</i>	<i>adv.</i>	<i>30.00</i>
<i>7/21/05</i>	ID# CK# <i>257</i>	<i>Hancock Co. Fair Garner, Ia. 50438</i>	<i>adv.</i>	<i>100.00</i>
<i>6/27/05</i>	ID# CK# <i>2578</i>	<i>U S Post Office Garner, Ia. 50438</i>	<i>stamps</i>	<i>37.00</i>

SUB-TOTAL \$ *597.92*

TOTAL (if last page of this schedule) \$

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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).)

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> 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)
Rayhons for State Representative

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
<i>7/25/05</i>	ID# CK# <i>2580</i>	<i>Hancock Co. Ag. Soc. Garner, Ia. 50438</i>	<i>Fair Purchase Adv.</i>	<i>\$ 141.¹²</i>
<i>7/27/05</i>	ID# CK# <i>2581</i>	<i>F. C. F. F. A. Forest City, Ia. 50438</i>	<i>Adv.</i>	<i>30.⁰⁰</i>
<i>8/5/05</i>	ID# CK# <i>2582</i>	<i>Heritage Park Forest City, Ia. 50438</i>	<i>Adv.</i>	<i>20.⁰⁰</i>
<i>8/5/05</i>	ID# CK# <i>2583</i>	<i>Cerro Gordo Rep. Part Mason City, Ia. 50401</i>	<i>Fund Raiser meal</i>	<i>15.⁰⁰</i>
<i>8/10/05</i>	ID# CK# <i>2584</i>	<i>Republican Party of Iowa Des Moines, Ia. 50309</i>	<i>Majority Fund</i>	<i>50.⁰⁰</i>
<i>8/10/05</i>	ID# CK# <i>2585</i>	<i>F.C. Summit Forest City, Ia. 50436</i>	<i>Adv.</i>	<i>34.⁰⁰</i>
<i>8/15/05</i>	ID# CK# <i>2586</i>	<i>Rep. Party of Ia. Des Moines, Ia.</i>	<i>Fund Raiser</i>	<i>50.⁰⁰</i>
<i>8/22/05</i>	ID# CK# <i>2587</i>	<i>Winn, Rep. Party Forest City, Ia. 50436</i>	<i>Fund Raiser Meal</i>	<i>4.00</i>
SUB-TOTAL				<i>\$ 344.12</i>
TOTAL (if last page of this schedule)				\$

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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

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

SCHEDULE B (Rev. 09/97)	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)
Rayhons for State Representative

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
9/2/05	ID# CK# 2588	Worth F.B. Northwood, Ia. 50459	adv.	\$ 42 ⁰⁰
9/3/05	ID# CK# 2589	Hancock F.B. Garner, Ia. 50438	adv.	42 ⁰⁰
10/1/05	ID# CK# 2590	Northwood anchor 801 Central Ave. P.O. Box 107 Northwood Ia.	adv.	65 ⁰⁰
11/29/05	ID# CK# 2591	Republican Party of Ia. Des Moines, Ia.	Majority Fund Fund Raiser	100 ⁰⁰
11/17/05	ID# CK# 2592	Winn. Rep. Party 204 N 6th St. Forest City, Ia. 50436	Century Fund membership	100 ⁰⁰
12/19/05	ID# CK# 2593	U. S. Post Office Garner, Ia. 50438	stamps	37.00
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$ 386 ⁰⁰
TOTAL (if last page of this schedule)				\$ 2117.05

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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)(i).)

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

Rayhons for State Representative

SCHEDULE F (Rev. 08/96)	LOANS RECEIVED & REPAID
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

NOTE: This schedule reports money loaned to the committee which is deposited in the committee account.

TOTAL UNPAID LOANS FROM LAST REPORTING PERIOD \$ 1,000⁰⁰

PART I - MONETARY LOANS RECEIVED THIS REPORTING PERIOD

(Original source of loan, such as a bank, must be shown if a third party is involved. Include loans from candidate's personal funds.)

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE (If Applicable*)	AMOUNT OF LOAN
5/2/05	Marvalyn Rayhons 2820 Oak Ave Garner, Ia. 50438	wife	\$ 1000 ⁰⁰

TOTAL (PART I) \$ 1,000⁰⁰

PART II - MONETARY LOAN REPAYMENTS MADE THIS REPORTING PERIOD

(Loans forgiven must be reported on Schedule E -- In-kind Contributions.)

DATE PAID (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE* (If Applicable)	AMOUNT REPAID
			\$

TOTAL CASH REPAYMENTS (PART II) \$ _____

From Schedule E -- TOTAL LOANS FORGIVEN \$ _____

TOTAL OUTSTANDING LOANS END OF REPORT PERIOD \$ 1,000⁰⁰

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