

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 1518
Logged In	
Scanned	
Computer	
Audited	

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

Dot Richards for State House

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: Dorothy Richards Political Party: Rep

Office Sought: State House seat District (if Senate or House): 85

ELECTICS & CAMPAIGN DISCLOSURE BOARD

JAN - 6 2006

FILED pm 1-4

Pod Holkema SIGNATURE OF TREASURER (or person filing this report) 563-386-2201 TELEPHONE 12-14-05 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 12-31-05 REPORT FOR AN/A (1) ELECTION /(2)NON-ELECTION YEAR.
(report date) Indicate one 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 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.) \$ 154.85

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)56\$

Schedule F: Loans Received total (Attach Schedule F) -0-

Schedule H: Total Sales of Campaign Property (Attach Schedule H) -0-

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL \$ 155.41

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below).... \$155.41

Schedule F: Loan Repayments total (Attach Schedule F)..... -0-

CASH ON HAND at the end of this reporting period (if final report, balance must be zero) (Attach DR-3) \$ -0-

***UNPAID BILLS** (From Schedule D - Attach Schedule D)..... \$ -0-

***IN KIND CONTRIBUTIONS** (From Schedule E - Attach Schedule E) \$ 392.50

***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) \$ -0-

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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)
Dot Richards 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	✓ IF FOR FUND-RAISED INCOME
1-1-05	ID# CK#	River City Comm. C.U. 902 W. Kimberly Rd Davenport, IA 52806		\$.06	<input type="checkbox"/>
1-31-05	ID# CK#	River City Comm C.U.		.06	<input type="checkbox"/>
2-28-05	ID# CK#	River City Comm. C.U.		.05	<input type="checkbox"/>
3-31-05	ID# CK#	River City Comm C.U.		.06	<input type="checkbox"/>
4-30-05	ID# CK#	River City Comm C.U.		.06	<input type="checkbox"/>
5-31-05	ID# CK#	River City Comm C.U.		.05	<input type="checkbox"/>
6-30-05	ID# CK#	River City Comm C.U.		.06	<input type="checkbox"/>
7-31-05	ID# CK#	River City Comm C.U.		.06	<input type="checkbox"/>
8-31-05	ID# CK#	River City Comm C.U.		.05	<input type="checkbox"/>
9-30-05	ID# CK#	River City Comm C.U.		.05	<input type="checkbox"/>
SUB-TOTAL				\$.56	
TOTAL (if last page of this schedule)				\$.56	

* 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.

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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)
Dot Richards for State House
Dot Richards 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
10-8-05	ID# cert CK# 73103	Victory Store .com 5200 S.W. 30th St Davenport, IA 52802	signs	\$155.41
	ID# CK#			\$
	ID# CK#			
SUB-TOTAL				\$ 155.41
TOTAL (if last page of this schedule)				\$ 155.41

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).)

SCHEDULE E (Rev. 06/97)	IN KIND CONTRIBUTIONS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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

Dot Richards for State House

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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
1-25-05	Rep. Party of IOwa 621 E. 9th DEs Moines, IA 50309		media products	\$ 392.50	<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				\$	
					392.50
TOTAL (if last page of this schedule)				\$	392.50

*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.

Notice of Dissolution

FORM (Rev. 07/03)

DR-3 NOTICE OF DISSOLUTION

Reset Form

Mail to:
IECDB
510 East 12th, Suite 1A
Des Moines, Iowa 50319

IA ETHICS & CAMPAIGN
DISCLOSURE BOARD
JAN - 6 2006
FILED *pm 1-4*

For Office Use Only

Comm. # 1518
Indexed *le*
Audited _____
Computer _____
Certified Date of Dissolution _____

COMMITTEE NAME

Dot Richards for State House	
Official Name of Committee	
2805 W. 47th St	
Street	
Davenport, Iowa	52806
City, State, Zip Code	
(563)	386-4856
Area Code	Telephone

WHEN TO FILE:

The Notice of Dissolution must be filed within thirty (30) days of completion of all the following:

1. All debts, loans and obligations have been paid or transferred;
2. All campaign funds have been spent;
3. All campaign property sold or transferred (candidates only); and
4. A final report disclosing all transactions closing the committee.

For state candidates and state PACs, a final bank statement must be filed with the Notice of Dissolution or as soon as possible if the bank statement is not available at the time the Notice of Dissolution is filed.

Pat Halphen Treasurer

Signature of Candidate or Treasurer (if candidate's committee)/Signature of Chair or Treasurer (if PAC)

Dec. 14. 05

Date Signed

FOR INSTRUCTIONS, SEE BACK OF FORM

This form is not applicable to statutory political committees.