

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

FORM DR-2 (Rev. 07/2004)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	1282
Logged to	JW
Scanned	
Computer	
Audited	

COMMITTEE NAME (Must be same as on Statement of Organization)
Committee to Elect Joe Seab

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: Joe Seab Political Party (if applicable): Democrat

Office Sought: State Senate District (if Senate or House): 43

JAN 19 2006
USPS

Late reports are subject to possible civil and criminal penalties.

Thomas O'Connell (563) 386-2672 1/17/06
 SIGNATURE OF PERSON FILING REPORT TELEPHONE DATE SIGNED

I AM FILING A 12-31-05 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.) \$ 12496

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below) 1878.92

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..... \$ 2,003.58

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

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

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) \$ 2,003.58

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

****IN KIND CONTRIBUTIONS** (From Schedule E - Attach Schedule E)..... \$ 54.63

****OUTSTANDING LOANS** (From Schedule F - Attach Schedule F)..... \$ _____

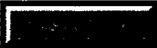
CONSULTANT BREAKDOWN (Schedule G Attached?) _____ YES _____ NO

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.

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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)
Committee to Elect Joe Spitz

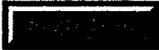
STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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
3/31/05	ID# CK#	INTEREST ON SAVINGS ACCOUNT		\$.06	<input type="checkbox"/>
6/30/05	ID# CK#	" " "		.06	<input type="checkbox"/>
8/30/05	ID# CK#	SUSAN JUDKAS 161 2ND AVE APT 507 DES MOINES, IA 50301		75.00	<input type="checkbox"/>
	ID# CK#	MARGARET DELUHERY 629 FOSTER DR DES MOINES, IA 50312		100.00	<input type="checkbox"/>
	ID# 6052 CK# 2917	IOWA INSUR. AGENTS CP JCOO PAC 4000 WESTGATE PKWY #200 W DES MOINES, IA 50209		250.00	<input type="checkbox"/>
	ID# 6118 CK# 2221	IOWA OPTOMETRIC ASSOC PAC 1454 30TH ST #204 W. DES MOINES, IA 50204		250.00	<input type="checkbox"/>
9/30/05	ID# CK#	INTEREST ON SAVINGS ACCT.		.38	<input type="checkbox"/>
10/4/05	ID# 6046 CK# 4015	JUSTICE FOR ALL PAC 218 6TH AVE STE 524 DES MOINES, IA 50309		250.00	<input type="checkbox"/>
	ID# 6058 CK# 2666	IOWA CHIROPRACTIC SOC PAC 1605 N ANKENY BLVD #100 ANKENY, IA 50021-4154		100.00	<input type="checkbox"/>
	ID# 6318 CK# 2064	I-VET PAC 1605 N ANKENY BLVD STE 110 ANKENY, IA 50021-4154		100.00	<input type="checkbox"/>
SUB-TOTAL				\$1075.50	
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.

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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)
Committee To Elect Tom Sawyer

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
10/31/09	ID# CK#	INTEREST ON SAVINGS ACCOUNT		\$.03	<input type="checkbox"/>
12/13/09	ID# CK#	CRASH NELSON 8020 TRULIST CIRCLE LAS VEGAS, NEV 89117		400.00	<input type="checkbox"/>
12/30/09	ID# 6429 CK# 1975	HEADY HIGHWAY PAC 2415 INTERSOUL AVE DES MOINES, IA 50312		250.00	<input type="checkbox"/>
12/30/09	ID# 6067 CK# 3413	IOWA HEALTH PAC 6750 WESTOWN PARKWAY #100 W DES MOINES, IA 50266		150.00	<input type="checkbox"/>
12/31/09	ID# CK#	INTEREST ON SAVINGS ACCOUNT		3.39	<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				\$803.42	
TOTAL (if last page of this schedule)				\$1878.92	

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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)
COMMITTEE TO ELECT JOE SENG

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
5/25/05	IOWA DEMOCRATIC PARTY 5161 FLEUR DR DES MOINES, IA 50321		FUNDRAISER MAT'L'S - MAILING POSTAGE, HANDEL	\$ 54.63	<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
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					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

SUB-TOTAL \$ 54.63
 TOTAL (if last page of this schedule) \$ 54.63

*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.