FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

Reset Form

FORM DR-2 (Rev. 12/2005)	DISCLOSURE REPORT

For Office Use Only
Comm. # 9494
Logged In SW
Scanned
Computer
Audited

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

Cedar Rapids Physician-Hospital Organization Political Action Committee

IMPORTANT: Indicate by # type of committee you are reporting for: 2
(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 — Political Party (if applicable)

Office Sought — District (if Senate or House)

IA ETHICS & CAMPAIGN DISCLOSURE BOARD
JAN 11 2006
FILED

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.

Craig Schoenfeld — 515/283-1801 — 1/10/06

SIGNATURE OF PERSON FILING REPORT — **TELEPHONE** — **DATE SIGNED**

I AM FILING A January 19, 2006 (report date) REPORT FOR (1) **ELECTION** /(2)**NON-ELECTION** YEAR. 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.) ....$	8,671.75
ADD TOTAL MONEY TAKEN IN THIS PERIOD	
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below).....	875.00
Schedule F: Loans Received total (Attach Schedule F)	0.00
Schedule H: Total Sales of Campaign Property (Attach Schedule H).....	0.00
(Schedule H applies to Candidates' Committees Only)	
SUB-TOTAL .....$	9,546.75
SUBTRACT TOTAL MONEY SPENT THIS PERIOD	
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)	0.00
Schedule F: Loan Repayments total (Attach Schedule F)	0.00
CASH ON HAND at the end of this reporting period (if final report balance must be zero) (Attach DR-3) .....$	9,546.75

****UNPAID BILLS** (From Schedule D - Attach Schedule D).....$	0.00
***IN KIND CONTRIBUTIONS** (From Schedule E - Attach Schedule E) .....$	0.00
****OUTSTANDING LOANS** (From Schedule F - Attach Schedule F) .....$	0.00
CONSULTANT BREAKDOWN (Schedule G Attached?)	___ YES ✓ NO
CANDIDATE COMMITTEES ONLY:	
VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)	$ N/A

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

For Instructions, See Back of Form

Reset Form

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)*

Cedar Rapids Physician-Hospital Organization Political Action Committee

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
7/15/05	ID# CK#	Thomas J. Schroeder, MD 126 Tomahawk Trl SE Cedar Rapids, IA 52403		$125.00	☐
7/15/05	ID# CK#	Stan Eilers, MD 5070 Northridge Pt. SE Cedar Rapids, IA 52403		250.00	☐
8/15/05	ID# CK#	Mark Tyler, MD 7 High Ridge Ct. SE Cedar Rapids, IA 52403		250.00	☐
9/15/05	ID# CK#	Donald Hilliard, MD 411 10th SE Suite 2500 Cedar Rapids, IA 52403		250.00	☐
	ID# CK#				☐
	ID# CK#				☐
	ID# CK#				☐
	ID# CK#				☐
	ID# CK#				☐
	ID# CK#				☐

SUB-TOTAL $ 875.00

TOTAL ***(if last page of this schedule)*** $ 875.00

* 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.