

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

COMMITTEE NAME (Must be same as on Statement of Organization)
IOWA SOCIETY OF ANESTHESIOLOGISTS PAC PAC # 6484

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 State of Candidates

CANDIDATE COMMITTEES ONLY:

Candidate Name _____ Political Party _____
 Office Sought _____ District (if Senate or House) _____

JAN 18 2006
YM 1-17

FORM DR-2 (Rev. 07/2003)	DISCLOSURE REPORT
For Office Use Only	
Comm # <u>50</u>	<u>6484</u>
Logged In _____	
Scanned _____	
Computer _____	
Audited _____	

George Ledchoas MD 515-241-5722 1/15/06
 SIGNATURE OF TREASURER (or person filing this report) TELEPHONE 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 1/19/06 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.) \$ 10,205²⁷

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below) 2,300⁰⁰

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 \$ 12,505²⁷

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) \$ 12,505²⁷

****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)..... \$ _____

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)
IOWA SOCIETY OF ANESTHESIOLOGISTS PAC PAC#6484

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
8/30/05	ID# CK#	TIM BRENNAN, MD 200 HAWKINS DR. IOWA CITY, IA 52242		\$ 100 ⁰⁰	
9/15/05	ID# CK#	BRADLEY HINDMAN, MD 200 HAWKINS DR. IOWA CITY, IA 52242		500 ⁰⁰	
11/22/05	ID# CK#	JOHN MOYERS, MD 200 HAWKINS DR. IOWA CITY, IA 52242		100 ⁰⁰	
12/5/05	ID# CK#	GARY SHANKS, MD 3705 UTICA RIDGE RD. BETTENDORF, IA 52722		100 ⁰⁰	
12/5/05	ID# CK#	BRYAN PEARSON, MD 411 LAUREL ST, SUITE 3170 DES MOINES, IA 50314		100 ⁰⁰	
12/5/05	ID# CK#	DAVID PAPIWORTH, MD 200 HAWKINS DR. IOWA CITY, IA 52242		100 ⁰⁰	
12/5/05	ID# CK#	TIMOTHY BRENNAN, MD 200 HAWKINS DR. IOWA CITY, IA 52242		100 ⁰⁰	
12/16/05	ID# CK#	JEFFREY ANDERSON, MD 1215 PLEASANT ST, SUITE 406 DES MOINES, IA 50309		250 ⁰⁰	
12/16/05	ID# CK#	PAULA McFADDEN, MD 999 HOME PLAZA WATERLOO, IA 50704		100 ⁰⁰	
12/16/05	ID# CK#	JUDITH DILLMAN, MD 540 E. JEFFERSON, SUITE 106 IOWA CITY, IA 52245		100 ⁰⁰	
SUB-TOTAL				\$ 1,550 ⁰⁰	
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.

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(Including candidate's personal funds)

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12/16/05	ID# CK#	JOHN CLEARY, MD 411 LAUREL ST, SUITE 3170 DES MOINES, IA 50314		\$ 100 ⁰⁰	
12/16/05	ID# CK#	DIRK BROM, MD 1215 PLEASANT ST. SUITE 400 DES MOINES, IA 50314		100 ⁰⁰	
12/16/05	ID# CK#	ROBERT KITTERMAN, MD 411 LAUREL ST SUITE 300 DES MOINES, IA 50314		300 ⁰⁰	
12/30/05	ID# CK#	JOHN JARBOUR, MD 1215 PLEASANT ST, SUITE 400 DES MOINES, IA 50314		250 ⁰⁰	
	ID# CK#				
	ID# CK#			/	
	ID# CK#				
	ID# CK#				
SUB-TOTAL				\$ 750 ⁰⁰	
TOTAL (if last page of this schedule)				\$ 2,300 ⁰⁰	

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