

**DISCLOSURE SUMMARY PAGE**

<b>FORM DR-2</b> (Rev. 12/2005)	<b>DISCLOSURE REPORT</b>
<b>For Office Use Only</b>	
Comm. #	5118
Logged In	3W 2
Scanned	
Computer	
Audited	
File with: Iowa Ethics and Campaign Disclosure Board 510 E. 12 <sup>th</sup> , Ste. 1A Des Moines, Iowa 50319 Fax: 515-281-3701	

**COMMITTEE NAME (Must be same as on Statement of Organization)**  
Allison For Secretary of State

**IMPORTANT:** Indicate by # type of committee you are reporting for:  1  
( 1 ) Statewide/Legislative/Judge Standing for Election Candidate ( 2 ) State PAC ( 3 ) State Party  
( 4 ) County Central Committee ( 5 ) County Central Party Candidate ( 7 ) School Board or Other Political Subdivision Candidate ( 8 ) County PAC ( 9 ) School Board or Other Political Subdivision PAC ( 11 ) Local Ballot Issue

**CANDIDATE COMMITTEES ONLY:**

Candidate Name: Chuck Allison  
Office Sought: Secretary of State  
Political Party (if applicable): Republican  
District (if Senate or House):

**FILED**  
JUL 14 2006  
5:15 PM 7-13  
IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD

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.

SIGNATURE OF PERSON FILING REPORT: Chuck Allison TELEPHONE: 515)270-2363 DATE SIGNED: 7-15-06

I AM FILING A 7/14/06 REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR.  
(report date) Indicate by #  1

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**

<b>CASH ON HAND</b> at the beginning of the reporting period. (Total of all funds held by the committee. This amount <b>MUST</b> 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.)	\$	<u>8,044.32</u>
<b>ADD TOTAL MONEY TAKEN IN THIS PERIOD</b>		
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)		<u>13,400.00</u>
Schedule F: Loans Received total (Attach Schedule F)		<u>- 0 -</u>
Schedule H: Total Sales of Campaign Property (Attach Schedule H)		<u>- 0 -</u>
<b>(Schedule H applies to Candidates' Committees Only)</b>		
<b>SUB-TOTAL</b>	\$	<u>21,444.32</u>
<b>SUBTRACT TOTAL MONEY SPENT THIS PERIOD</b>		
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)		<u>4,060.02</u>
Schedule F: Loan Repayments total (Attach Schedule F)		<u>- 0 -</u>
<b>CASH ON HAND</b> at the end of this reporting period (if final report balance must be zero) (Attach DR-3)	\$	<u>17,384.30</u>
<b>**UNPAID BILLS</b> (From Schedule D - Attach Schedule D)	\$	<u>787.69</u>
<b>**IN KIND CONTRIBUTIONS</b> (From Schedule E - Attach Schedule E)	\$	<u>2,000.00</u>
<b>**OUTSTANDING LOANS</b> (From Schedule F - Attach Schedule F)	\$	<u>6,000.00</u>
<b>CONSULTANT BREAKDOWN</b> (Schedule G Attached?)	YES <input checked="" type="checkbox"/> NO	
<b>CANDIDATE COMMITTEES ONLY:</b>		
<b>VALUE OF CAMPAIGN PROPERTY</b> (From Schedule H - Attach Schedule H)	\$	<u>- 0 -</u>
<b>STATE COMMITTEES:</b> Submit a reconciled campaign account bank statement in January of each year.		

For Instructions, See Back of Form

Reset Form

SCHEDULE <b>A</b> (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)  
*Allison for Secretary of State*

**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
6-2-06	ID# CK#	C. Edward Brown 805 59th St. West Des Moines, IA 50266		\$250.00	<input type="checkbox"/>
6-12-06	ID# CK# 7370	Charles E. Keenan 192 6th Ave. NE PO Box 128 Le Mars, IA 51031		\$100.00	<input type="checkbox"/>
6-20-06	ID# CK# 9394	David S Fisher PO Box 1462 Des Moines, IA 50306		\$200.00	<input type="checkbox"/>
6-20-06	ID# CK#	Donald F. Lambert 3601 SW Golfview Cir. Ankeny, IA 50023		\$2000.00	<input type="checkbox"/>
6-26-06	ID# CK# 6876	Charles H. Gabus 2727 82nd PL NO 110 Windsor, IA 50322		\$500.00	<input type="checkbox"/>
6-26-06	ID# CK# 1567	Michael Richards 5465 Mills Civic Pkwy #400 West Des Moines, IA 50266		\$1,000.00	<input checked="" type="checkbox"/>
6-29-06	ID# CK# 2751	James Bectel 3528 Cabernet Cir. Waukee, IA 50263-8125		\$100.00	<input type="checkbox"/>
6-29-06	ID# CK# 1584	Iowa Society of Anesthesiologists Political Action Committee 2155 NW 137th St Clinton, IA 50325		\$1,000.00	<input type="checkbox"/>
6-29-06	ID# CK# 2228	Curtis Van Veldhuizen 1305 Burr Oaks Dr. West Des Moines, IA 50266		\$500.00	<input checked="" type="checkbox"/>
6-29-06	ID# CK# 5927	Craig Winters 512 Tuttle St. Des Moines, IA 50309		\$250.00	<input checked="" type="checkbox"/>
SUB-TOTAL				\$5900.00	
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). 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

Reset Form

SCHEDULE <b>A</b> (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)  
*Allison For Secretary of State*

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
6/29/06	ID# CK# 5831	David Wald PO Box 71245 Des Moines IA 50325		\$1,000.00	<input checked="" type="checkbox"/>
6/29/06	ID# CK# 1506	PACE 6 PO Box 855 Des Moines, IA 50304		\$500.00	<input checked="" type="checkbox"/>
6/29/06	ID# CK# 021538	William Van Orsdel 443 SW 6th St. Des Moines, IA 50309-4607		\$900.00	<input checked="" type="checkbox"/>
6/29/06	ID# CK# 021533	William Van Orsdel 443 SW 6th St. Des Moines, IA 50309		\$100.00	<input checked="" type="checkbox"/>
6/29/06	ID# CK# 6519	James Cowrie 141 37th St. Des Moines, IA 50312		\$7,000.00	<input checked="" type="checkbox"/>
6/29/06	ID# CK# 010244	Gerald Kiske 5465 Mills Civic Pkwy 400 West Des Moines, IA 50266		\$1,000.00	<input checked="" type="checkbox"/>
7/03/06	ID# CK# 4387	William Goodwin 223 49th St. Des Moines, IA 50312		\$1,000.00	<input checked="" type="checkbox"/>
7/12/06	ID# CK# 3504	Solu Cox 55 E St Chicago, IL 60611-2261		\$1,000.00	<input type="checkbox"/>
7/12/06	ID# CK# 2246	Commonwealth PAC 45 School St 2nd Floor Boston, MA 02108		\$1,000.00	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL \$7500.00  
TOTAL (if last page of this schedule) \$13400.00

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Reset Form

**EXPENDITURES – MONEY SPENT FROM COMMITTEE ACCOUNT**

SCHEDULE <b>B</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)  
*Allison For Secretary of State*

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
6/26/06	ID# CK# 1090	Todd Henderson 118 Teakwood Lane Cedar Rapids, IA 52402	Consultant	\$ 2,000.00
7/03/06	ID# CK# EFT	Quon Trip	Gas	\$60.02
7/11/06	ID# CK# 1091	ACME Printing	Printing, Postage Envelopes	\$2000.00
	ID# CK#			
SUB-TOTAL				\$ 4,060.02
TOTAL (if last page of this schedule)				\$ 4,060.02

**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).)

COMMITTEE NAME (Must be same as on Statement of Organization)  
 Allison For Secretary of State

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

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
07/01/06	Charles "Chuck" Allison 3001 E. 43rd St. Des Moines, IA 50317	Candidate	Personal Loan Forgiven	\$ 2000 <sup>00</sup>	<input type="checkbox"/>
					<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"/>
					<input type="checkbox"/>

SUB-TOTAL \$ 2000<sup>00</sup>  
 TOTAL (if last page of this schedule) \$ 2000<sup>00</sup>

\*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.

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)  
Allison For Secretary of State



SCHEDULE <b>F</b> (Rev. 07/03)	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 \$ 8000<sup>00</sup>

**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
			\$

TOTAL (PART I) \$ -0-

**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) \$ 0  
 From Schedule E - TOTAL LOANS FORGIVEN \$ 2000<sup>00</sup>  
 TOTAL OUTSTANDING LOANS END OF REPORT PERIOD \$ 6000<sup>00</sup>

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SCHEDULE  
**G**  
(Rev. 02/96)

BREAKDOWN  
OF MONETARY  
EXPENDITURES  
BY CONSULTANT

CHECK THIS BOX IF  
AMENDING FORM

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

Allison Fox Secretary of State

**PART II - ITEMIZED BREAKDOWN OF UNREBURSED EXPENSES PAID BY CONSULTANT TO OTHERS IN PERFORMING SERVICES OF CONTRACT (These expenses should NOT be reported on Schedule B, as they are direct payment from the consultant.)**

**PART I - NAME AND ADDRESS OF CONSULTANT**

Name of Consultant			
Mailing Address			
City	State	Zip Code	

CONTRACT PERIOD (MM/DD/YR)		TOTAL ANTICIPATED COMPENSATION FOR PERFORMANCE
From _____		\$ _____
To _____		

ESTIMATES OF PERFORMANCE


DATE EXPENDED (MM/DD/YR)	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE	AMOUNT EXPENDED
6/24/06	Macdonald Letter Service 1632 Ohio Des Moines, IA 50314	Cards, Envelopes Stamps	\$550.74
6/24/06	Macdonald Letter Service 1632 Ohio Des Moines, IA 50314	Invitations	\$236.95

SUB-TOTAL \$ \_\_\_\_\_  
TOTAL (if last page of this schedule) \$ **787.69**