

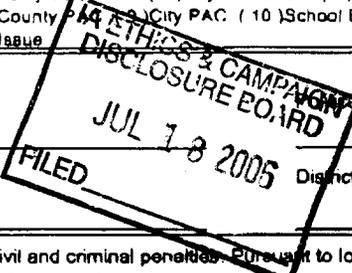
FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

COMMITTEE NAME (Must be same as on Statement of Organization)  
Jack Drake For State Representative

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 \_\_\_\_\_ Party (if applicable) \_\_\_\_\_  
 Office Sought \_\_\_\_\_ District (if Senate or House) \_\_\_\_\_



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

For Office Use Only  
 Comm. # 727  
 Logged In SW  
 Scanned \_\_\_\_\_  
 Computer \_\_\_\_\_  
 Audited \_\_\_\_\_

File with:  
 Iowa Ethics and Campaign Disclosure Board  
 510 E. 12th, Ste. 1A  
 Des Moines, Iowa 50319  
 Fax: 515-281-3701

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.

Shirley G. Drake  
SIGNATURE OF PERSON FILING REPORT

712-784-3538  
TELEPHONE

7-14-06  
DATE SIGNED

I AM FILING A July 14, 2006 REPORT FOR (1) ELECTION (2) NON-ELECTION YEAR.  
(report date) Indicate by #

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.) ..... \$ 5,401.95

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (\*\*also see in-kind below)..... 1,267.23

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.....\$ 6,669.18

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (\*\*also see debts and loans below)..... 1,155.44

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)..... \$ 5,513.74

\*\*UNPAID BILLS (From Schedule D - Attach Schedule D) ..... \$ None

\*\*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E) ..... \$ None

\*\*OUTSTANDING LOANS (From Schedule F - Attach Schedule F) ..... \$ None

CONSULTANT BREAKDOWN (Schedule G Attached?) \_\_\_\_\_ YES X NO

CANDIDATE COMMITTEES ONLY:

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H) ..... \$ None

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

For Instructions, See Back of Form

**CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

**COMMITTEE NAME** (Must be same as on Statement of Organization)  
*Jack Drake for State Representative*

<b>SCHEDULE</b> <b>A</b> (Rev. 07/03)	<b>MONETARY</b> <b>RECEIPTS</b>
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**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
5-31-06	ID# CK#	Rolling Hills Bank Box 588 Walnut, IA. 51577		\$ 1.16	<input type="checkbox"/>
6-9-06	ID# CK#	Mrs. Dennis Woodin 843 Linden Rd. Harlan, IA. 51537		15.00	<input type="checkbox"/>
6-30-06	ID# CK#	Rolling Hills Bank Box 588 Walnut, IA. 51577		1.07	<input type="checkbox"/>
7-1-06	ID# CK# 2024	Monsanto Citizenship Fund 800 N. Lindbergh Blvd. St. Louis, Mo. 63167		750.00	<input type="checkbox"/>
7-14-06	ID# 9705 CK# 2273	The Commonwealth PAC, Iowa 45 School St. 2nd Floor Boston, MA. 02108		500.00	<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				1267.23	
TOTAL (if last page of this schedule)				1267.23	

\* 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

**EXPENDITURES - MONEY SPENT FROM COMMITTEE ACCOUNT**

<b>SCHEDULE B</b> (Rev. 09/97)	<b>MONETARY EXPENDITURES</b>
<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)

*Jack Drake for State Representative*

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
5-15-06	ID# CK# 1150	IA West Community College 705 Walnut Street Atlantic, IA. 50022	Sponsor Golf Scholarship Scramble	\$ 260.00
5-18-06	ID# CK# 1151	Verizon Cell Phone 777 Big Timber Rd. Elgin, IL. 60123	Cell Phone for Campaign	28.72
5-18-06	ID# CK# 1152	IA West Community College 2712. 12 <sup>th</sup> St. Hartland, IA. 51537	Sponsor Golf Scholarship Scramble	250.00
6-15-06	ID# CK# 1153	Verizon Cell Phone 777 Big Timber Rd. Elgin, IL. 60123	Cell Phone for Campaign	28.72
6-29-06	ID# CK# 1154	Hy Vee Grocery Store 1630 E 7 <sup>th</sup> Atlantic, IA. 50022	6 Beef Certificates for Fair drawing	60.00
7-4-06	ID# CK# 1155	St. Boniface Church 403 Duten St. Westphalia, IA. 51578	Campaign Meals	16.00
7-8-06	ID# CK# 1156	Griswold Rescue Main Street Griswold, IA. 51535	Campaign Meals for Workers	40.00
7-14-06	ID# CK# 1157	Treasurer State of Iowa State Capitol Des Moines, IA. 50319	Campaign Shirt	28.00
SUB-TOTAL				\$ 711.44
TOTAL (If last page of this schedule)				\$

**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 detailed 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 56.8(3)(i).)

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FOR INSTRUCTIONS, SEE BACK OF FORM

**EXPENDITURES – MONEY SPENT FROM COMMITTEE ACCOUNT**

<b>SCHEDULE</b> <b>B</b> (Rev. 09/07)	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)  
*Jack Drake for State Representative*

DATE EXPENDED (MM/DD/YY)	CANDIDATE ID NUMBER (If applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
7-14-06	ID# CK# 1158	Jack Drake 52462 Juniper Rd. Lewis, IA 51544	Campaign Car 305 Miles @ .40	\$ 122.00
7-14-06	CK# 1158	52462 Juniper Rd. Lewis, IA 51544	Hard Discharge For Parades 322 Miles @ 1.00	\$ 322.00
	ID# CK#			
SUB-TOTAL				\$ 444.00
TOTAL (If two pages of data submitted)				\$ 1155.44

**THIS BOX APPLIES TO CANDIDATE'S 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 58.6(3)(i).)