

Reset Form

DISCLOSURE SUMMARY PAGE

FORM DR-2 (Rev. 12/2005)	DISCLOSURE REPORT
For Office Use Only	
Comm. # <u>1339</u>	
Logged In <u>SW</u>	
Scanned _____	
Computer _____	
Audited _____	
File with: Iowa Ethics and Campaign Disclosure Board 510 E. 12 th , Ste. 1A Des Moines, Iowa 50319 Fax: 515-281-3701	

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

Committee To Elect Lisa Heddens

IMPORTANT: Indicate by # type of committee you are reporting for: 1

(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 (10)School Board or Other Political
Subdivision PAC (11) Local Ballot Issue

CANDIDATE COMMITTEES ONLY:

Candidate Name: Lisa Heddens Political Party (if applicable): Democratic

Office Sought: State House of Representatives District (if Senate or House): 46

IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD
JUL 18 2006
FILED MD

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]
SIGNATURE OF PERSON FILING REPORT

515-232-0686
TELEPHONE

7/17/06
DATE SIGNED

I AM FILING A July 19th, 2006 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

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.)	\$ 6,154.12
ADD TOTAL MONEY TAKEN IN THIS PERIOD	
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)	2,445.00
Schedule F: Loans Received total (Attach Schedule F)	_____
Schedule H: Total Sales of Campaign Property (Attach Schedule H)	_____
<u>(Schedule H applies to Candidates' Committees Only)</u>	
SUB-TOTAL	\$ 8,599.12
SUBTRACT TOTAL MONEY SPENT THIS PERIOD	
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)	1,977.40
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)	\$ 6,621.72
**UNPAID BILLS (From Schedule D - Attach Schedule D)	\$ _____
*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)	\$ 800.00 52.00
**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)	\$ 800.00
CONSULTANT BREAKDOWN (Schedule G Attached?)	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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.

For Instructions, See Back of Form

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CONTRIBUTIONS -- MONEY TAKEN IN
(Including candidate's personal funds)

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

COMMITTEE NAME (Must be same as on Statement of Organization)
Committee To Elect Lisa Heddens

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.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), 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
15-May-06	ID# 6060 CK# 2394	Iowa Committee on Political Education, AFL-CIO 2000 Walker, Suite A Des Moines, Iowa 50317		\$150.00	<input type="checkbox"/>
31-May-06	ID# 6067 CK# 3434	Iowa Health PAC 6750 Westown Parkway #100 West Des Moines, Iowa 50266		\$200.00	<input type="checkbox"/>
2-Jun-06	ID# CK#	Steven Ackerson 1634 NW 131st Street Clive, Iowa 50325		\$100.00	<input type="checkbox"/>
15-Jun-06	ID# CK#	Meredith Corporation Employees Fund for Better Government 1716 Locust Street Des Moines, Iowa 50309		\$100.00	<input checked="" type="checkbox"/>
22-Jun-06	ID# 6429 CK# 2032	Heavy Highway PAC 2415 Ingersoll Avenue Des Moines, Iowa 50312		\$100.00	<input checked="" type="checkbox"/>
22-Jun-06	ID# CK#	Susan E. Judkins 101 2nd Avenue, Apt. 507 Des Moines, Iowa 50309		\$25.00	<input checked="" type="checkbox"/>
22-Jun-06	ID# 6096 CK# 1928	Manufactured Housing PAC 1400 Dean Avenue Des Moines, Iowa 50316		\$250.00	<input checked="" type="checkbox"/>
22-Jun-06	ID# 6356 CK# 1380	Freedom Fund PAC 851 19th Street Des Moines, Iowa 50314		\$100.00	<input checked="" type="checkbox"/>
15-Jun-06	ID# 6237 CK# 1809	ABATEPAC 3118 Eastern Avenue NE Cedar Rapids, Iowa 52402		\$500.00	<input checked="" type="checkbox"/>
22-Jun-06	ID# 6430 CK# 1394	Iowa Rural Water State PAC 4221 South 22nd Avenue East Newton, Iowa 50208		\$50.00	<input checked="" type="checkbox"/>

SUB-TOTAL
\$1,575.00
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

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CONTRIBUTIONS -- MONEY TAKEN IN
(Including candidate's personal funds)

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

COMMITTEE NAME (Must be same as on Statement of Organization)
Committee To Elect Lisa Heddens

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.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), 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
22-Jun-06	ID# CK#	Jill M Altringer 104 NW Prairie Creek Drive Grimes, Iowa 50111		\$ 20.00	<input checked="" type="checkbox"/>
22-Jun-06	ID# 6086 CK# 13449	ISEA-PAC 777 3rd Street Des Moines, Iowa 50309		\$100.00	<input checked="" type="checkbox"/>
28-Jun-06	ID# 6046 CK# 4130	Justice for All PAC 218 6th Avenue Suite 526 Des Moines, Iowa 50309		\$100.00	<input checked="" type="checkbox"/>
22-Jun-06	ID# 6058 CK# 2807	Iowa Chiropractic Society 1605 North Ankeny Blvd. Suite 100 Ankeny, Iowa 50021		\$100.00	<input checked="" type="checkbox"/>
11-Jul-06	ID# CK#	Story County Democratic Central Committee Box 1256 Ames, Iowa 50014		\$500.00	<input type="checkbox"/>
13-Jul-06	ID# CK#	Andrew J Baumbert 5068 Coachlight Drive West Des Moines, Iowa 50265		\$50.00	<input checked="" type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

\$ 870.00

TOTAL (if last page of this schedule)

\$ 2445.00

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FOR INSTRUCTIONS, SEE BACK OF FORM

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EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

SCHEDULE 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)
COMMITTEE TO ELECT LISA HEDDENS

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
6/15/06	ID# CK# 1183	CARTER PRINTING 1739 EAST GRAND AVE. DES MOINES, IA 50316	PRINTING OF CAMPAIGN CARD HANDOUTS	\$ 439.90
7/3/06	ID# CK# 1184	HOUSE TRUMAN FUND 5601 FLUVER DRIVE DES MOINES, IOWA 50321	CONTRIBUTION	\$1,500.00
7/3/06	ID# CK# 1185	ADAM PHILLIPS 328 E. 6th St. Des Moines, IA 50309	FOOD AND BEVERAGE REIMBURSEMENT FOR FUNDRAISER	\$37.50
	ID# CK#			

SUB-TOTAL \$1,977.40

TOTAL (if last page of this schedule) \$1,977.40

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).)

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)
 Committee To Elect Lisa Heddens

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SCHEDULE E (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
6/22/06	HOUSE TRUMAN FUND 5661 FLUER DRIVE DES MOINES, IOWA 50321		POSTAGE FOR FUNDRAISER	\$ 40 ⁰⁰	<input checked="" type="checkbox"/>
6/22/06	HOUSE TRUMAN FUND 5661 FLUER DRIVE DES MOINES, IOWA 50321		INVITATIONS FOR FUNDRAISER	12 ⁰⁰	<input checked="" type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

SUB-TOTAL \$ 52⁰⁰
 TOTAL (if last page of this schedule) \$ 52⁰⁰

*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.

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SCHEDULE F (Rev. 07/03)	LOANS RECEIVED & REPAID
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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

Committee To Elect Lisa Heddens

NOTE: This schedule reports money loaned to the committee which is deposited in the committee account.

TOTAL UNPAID LOANS FROM LAST REPORTING PERIOD \$ 800.00

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) \$ _____

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) \$ 0.00

From Schedule E -- TOTAL LOANS FORGIVEN \$ 0.00

TOTAL OUTSTANDING LOANS END OF REPORT PERIOD \$ 800.00

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