

IA ETHICS & CAMPAIGN DISCLOSURE BOARD
 JUL 18 2006
 FILED [Signature]

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

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

SHIELDS FOR LEGISLATURE

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

LESTER A. SHIELDS

Political Party (if applicable)

Office Sought

IOWA DISTRICT House #26

District (If Senate or House)

FORM DR-2 (Rev. 12/2005)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	<u>1615</u>
Logged In	<u>[Signature]</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	

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

TELEPHONE 563-242-3121

DATE SIGNED 7-17-06

I AM FILING A JULY 19TH, 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
<u>CLINTON</u>

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.)	\$	<u>2374.41</u>
ADD TOTAL MONEY TAKEN IN THIS PERIOD		
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)	<u>2435.</u>	<u>2,435.00</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>
<u>(Schedule H applies to Candidates' Committees Only)</u>		
SUB-TOTAL	\$	<u>4809.41</u>
SUBTRACT TOTAL MONEY SPENT THIS PERIOD		
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)		<u>-</u>
Schedule F: Loan Repayments total (Attach Schedule F)		<u>-</u>
CASH ON HAND at the end of this reporting period (if final report balance must be zero) (Attach DR-3)	\$	<u>4,809.41</u>
**UNPAID BILLS (From Schedule D - Attach Schedule D)	\$	<u>0</u>
**IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)	\$	<u>0</u>
**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)	\$	<u>50.00</u>
CONSULTANT BREAKDOWN (Schedule G Attached?)	YES NO	
CANDIDATE COMMITTEES ONLY:		
VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)	\$	<u>626.48</u>
STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.		

For Instructions, See Back of Form



SCHEDULE A (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)
SHIELDS FOR LEGISLATURE

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
7-7-06	ID# CK# 6800	BETTY OAKLEY 1140 WOODLARK CLINTON	NONE	\$ 25.00	<input type="checkbox"/>
7-7-06	ID# CK# 3367	LIWE LASSEN DIANA LASSEN 1921 HIGHLAND CT. CLINTON	NONE	200.00	<input type="checkbox"/>
7-7-06	ID# CK# -	BOB HELCSINGEL HIGHTWAY 136 CLINTON	NONE	200.00	<input type="checkbox"/>
7-7-06	ID# CK# 7043	MICHAEL CASSADY DIANE CASSADY 3110 HARTS HILL RD CLINTON	NONE	100.00	<input type="checkbox"/>
7-7-06	ID# CK# 3058	DARRELL SMITH 407 RIDGE CREST DR CLINTON	NONE	25.00	<input type="checkbox"/>
7-7-06	ID# CK# 2659	PRISCILLA MARTINDALE DENNIS MARTINDALE		50.00	<input type="checkbox"/>
7-7-06	ID# CK# 11816	PATRICK DEGENAN 517 GREEN HILLS DR. CLINTON		50.00	<input type="checkbox"/>
7-7-06	ID# CK# 4325	DENNIS DEGENAN 3330 VALLEY OAKS DR. CLINTON	NONE	25.00	<input type="checkbox"/>
7-7-06	ID# CK# 5718	TONY BOHLE 2525 END AVE S CLINTON	NONE	25.00	<input type="checkbox"/>
7-7-06	ID# CK# 5291	MICHAEL SHIELDS 2335 40TH AVE HOLLYWOOD, FLA.	BROTHER	100.00	<input type="checkbox"/>
SUB-TOTAL				\$ 800	<input checked="" type="checkbox"/>
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

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)
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7-7-06	ID# CK# 2713	FRAN ALA LOTT 319 10TH AVEN CLINTON	NONE	\$ 25 ⁰⁰	<input type="checkbox"/>
7-7-06	ID# CK# 5213	RITA BANO WITZ 309 W. 4TH MUSCATINE, IA	WIFE	10 ⁰⁰	<input type="checkbox"/>
7-7-06	ID# CK# 9383	JON MELVIN HEIDI MELVIN 920 14TH AVE S CLINTON	NONE	25 ⁰⁰	<input type="checkbox"/>
7-7-06	ID# CK# 3711	KON K ROZUM 1525 10TH AVE S CLINTON	NONE	10 ⁰⁰	<input type="checkbox"/>
7-7-06	ID# CK# 3	MIKE MAURY 715 10TH AVE S CLINTON	NONE	25 ⁰⁰	<input type="checkbox"/>
7-7-06	ID# CK# CASH	JOEL WEHDE 1115 GAIL BRATH PA.	NONE	50 ⁰⁰	<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 \$ 235⁰⁰

TOTAL (if last page of this schedule) \$ 235⁰⁰

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For Instructions, See Back of Form

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)
SHIELDS FOR LEGISLATURE

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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
7-14	ID# CK# 3921	JEROME BURKOW JANIS BURKOW 3753 220TH ST CLINTON	NONE	\$ 100 ⁰⁰	<input type="checkbox"/>
7-14	ID# CK# 2284	COMMONWEALTH PAC, IOWA 45 SCHOOL ST 2ND FLOOR BOSTON MA.	NONE PAC	500 ⁰⁰	<input type="checkbox"/>
7-14	ID# CK# 1865	STRAIGHT TALK AMERICA 211 N. UNION ST STE 200 ALEXANDRIA, VA. 22314	NONE PAC	500 ⁰⁰	<input type="checkbox"/>
7-14	ID# CK# 1216	DAN JEFFRIES 111 MELODY HILLS FULTON, ILL. 62551	NONE	100 ⁰⁰	<input type="checkbox"/>
7-14	ID# CK# 19911	DAVID ROSE SUZANNE ROSE 4426 BELLEVUE RD CLINTON	NONE	100 ⁰⁰	<input type="checkbox"/>
7-14	ID# CK# 2992	TELL SWANLUICK 4002 LAKE HURST CT DANVERS, ILL.		100 ⁰⁰	<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

\$1400⁰⁰
\$1400

TOTAL (if last page of this schedule)
\$13,2435.00

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FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

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)
SHIELDS FOR LEGISLATURE

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

TOTAL UNPAID LOANS FROM LAST REPORTING PERIOD \$ _____

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.)

PART II - MONETARY LOAN REPAYMENTS MADE THIS REPORTING PERIOD
(Loans forgiven must be reported on Schedule E - In-kind Contributions.)

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE (If Applicable)	AMOUNT OF LOAN
6-1-06	LES SHIELDS CANDIDATE (OFFICE SUPPLIES, SHIRTS, PD. BOX)	SELF	\$ 984.13

DATE PAID (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE* (If Applicable)	AMOUNT REPAID
			\$ 0

TOTAL (PART I) \$ 984.13
* loan or debt?

TOTAL CASH REPAYMENTS (PART II) \$ 0
From Schedule E - TOTAL LOANS FORGIVEN \$ _____
TOTAL OUTSTANDING LOANS END OF REPORT PERIOD \$ 1034.13

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07/19/06 02:09pm P. 008
563 242 7090
HAPPY JOES

THIS FORM IS USED BY CANDIDATES' COMMITTEES ONLY

SCHEDULE H (Rev. 07/03)	CAMPAIGN PROPERTY
ATTACH SCHEDULE H TO EACH REPORT, MAKING CHANGES AS REQUIRED.	
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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

Reset Form

PART I - ONGOING INVENTORY OF CAMPAIGN PROPERTY

PART II - SALES OR TRANSFERS OF CAMPAIGN PROPERTY **

Date Purchased (Schedule B) or Date Received (Schedule E) (MM/DD/YR)	Description of Property	Purchase Price or Est. Value When Acquired*	Current Value at Fair Market This Report
3/14/06	SIAN'S	626 ⁴⁹	626 ⁴⁹

Date (MM/DD/YR)	Name and Address of Purchaser/Donee	Description of Property	Sold? Y/N	Sale Price	Value of Donation
3-30-06	SHIELDS CAMPGIM	PENCILS HANDS OUT IN PARADE	N	0	144 ⁹⁵

TOTAL VALUE CAMPAIGN PROPERTY THIS REPORT (TRANSFER TO SUMMARY PAGE) \$ 626⁴⁹

** PROPERTY SALES & TRANSFERS TOTAL (TRANSFER TO SUMMARY PAGE) \$ TOTALS \$ 144⁹⁵

* If estimated, show est. beside figure. 5/13-0-

(Attach Additional Schedules if Needed) Page 1 of 1 Pages (For Schedule H)

5/13-0-

07/19/06 02:03pm P. 009 563 242 7030 HAPPY JOES