

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

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

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

For Office Use Only
 Comm. # 5118
 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

FILED
 MAY 18 2006
 IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code section 88B.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: [Signature] TELEPHONE: (515) 270-2363 DATE SIGNED: 5/18/06

I AM FILING A 5/19/06 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.)	\$	<u>1,033⁵⁴</u>
ADD TOTAL MONEY TAKEN IN THIS PERIOD		
Schedule A: Cash Contributions total (Attach Schedule A) (**also see in-kind below)	\$	<u>5,297⁰⁰</u>
Schedule F: Loans Received total (Attach Schedule F)	\$	<u>8,000⁰⁰</u>
Schedule H: Total Sales of Campaign Property (Attach Schedule H)	\$	<u>0</u>
<i>(Schedule H applies to Candidates' Committees Only)</i>		
SUB-TOTAL	\$	<u>14,330⁵⁴</u>
SUBTRACT TOTAL MONEY SPENT THIS PERIOD		
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)	\$	<u>6,286²²</u>
Schedule F: Loan Repayments total (Attach Schedule F)	\$	<u>0</u>
CASH ON HAND at the end of this reporting period (if final report balance must be zero) (Attach DR-3)	\$	<u>8,044³²</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>8,000⁰⁰</u>
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)	\$	<u>0</u>

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

For Instructions, See Back of Form

Reset 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)
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/YYR)	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
01/04/06	ID# CK# 1892	Dr. Paul Johns, 2803 SW Coulder Des Moines, IA 50321		\$50.00	<input type="checkbox"/>
01/11/06	ID# CK# 1760	Russell B. Postler 7120 Oliver Smith Dr Des Moines, IA 50322		\$25.00	<input type="checkbox"/>
01/13/06	ID# CK# 0169	Martin A. Pomoyantz 4700 Westown Parkway West Des Moines, IA 50266		\$100.00	<input type="checkbox"/>
01/13/06	ID# CK# 0092	Geord M. Kiske 417 Locust St. Des Moines, IA 50309		\$500.00	<input type="checkbox"/>
01/13/06	ID# CK# 1156	Charles H. Allison 3001 E 43rd St Des Moines, IA 50317		\$332.00	<input type="checkbox"/>
02/10/06	ID# CK# 1943	Jim Switt 3001 Westown Parkway West Des Moines, IA 50266		\$500.00	<input type="checkbox"/>
02/13/06	ID# CK# 8267	Wesley Hebbald 1447 Kate Shelley Dr Boone, IA 50036		\$100.00	<input type="checkbox"/>
02/20/06	ID# CK# 9049	Gary B. Santquist 8009 Heather Bow Johnston, IA 50131		\$500.00	<input type="checkbox"/>
02/22/06	ID# CK# 2815	David V. + Anne V. Nordstrom 3400 High Ridge Dr SE. Ledar Rapids, IA 52403		\$300.00	<input type="checkbox"/>
02/28/06	ID# CK# 1241	Charles H. Allison 3001 E 43rd St Des Moines, IA 50317		\$700.00	<input type="checkbox"/>
SUB-TOTAL				\$3,107.00	
TOTAL (if last page of this schedule)				\$	

IOWA ETHICS & CAMPAIGN
DISCLOSURE BOARD
MAY 18 2006
FILED 011547

* 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 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)
Allison For Secretary of State

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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
03/08/06	ID# CK# 2617	Mary E. Whisenand Des Moines, IA		\$ 25.00	<input type="checkbox"/>
03/13/06	ID# CK# 6586	Andrew J. Flynn 3611 Candler Ave. Des Moines, IA 50321		\$50.00	<input type="checkbox"/>
03/13/06	ID# CK# 6209	Pamela K. A Word 3730 Southern Hills Dr. Des Moines, IA 50321		\$25.00	<input type="checkbox"/>
03/24/06	ID# CK# 4034	George Lederhaas 2155 NW 137th St Clive, IA 50325		\$250.00	<input type="checkbox"/>
03/31/06	ID# CK# 4974	Kenneth P. Uhl 2025 HWY 20 Hawton, IA 51030		\$100.00	<input type="checkbox"/>
04/05/06	ID# CK# 1614	David Davidson, DDS 913 48th St West Des Moines, IA 50265		\$100.00	<input type="checkbox"/>
4/05/06	ID# CK# 5645	Charles Allison 3001 643rd Des Moines, IA 50317		\$1,640.00	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

IOWA ETHICS & CAMPAIGN
 DISCLOSURE BOARD
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SUB-TOTAL

\$
\$5,297.00

TOTAL (if last page of this schedule)

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Reset Form

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)
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
01/11/2006	ID# CK# 1009	Todd Henderson 118 Tearwood Lane NE Cedar Rapids, IA 52402	Consultant Fee	\$2,000.00
02/21/06	ID# CK# EFT	Casey's General Store	Towel Expense Gas	\$46.05
02/21/06	ID# CK# EFT	Kum #60	Towel Expense Gas	\$46.64
02/21/06	ID# CK# 1010	Todd Henderson 118 Tearwood Lane NE Cedar Rapids, IA 52402	Consultant Fee	\$2,000.00
03/13/06	ID# CK# EFT	U.S. Bank	overdraft charge	\$31.00
03/13/06	ID# CK# EFT	Kwik Stop	Towel Expense Gas	\$51.85
03/16/06	ID# CK# EFT	Casey's General Store	Towel Expense Gas	\$49.64
03/20/06	ID# CK# EFT	Radio	Campaign Supplies	\$54.04
SUB-TOTAL				\$4,219.22
TOTAL (if last page of this schedule)				\$

IOWA ETHICS & CAMPAIGN
 DISCLOSURE BOARD
 MAY 18 2006
 FILED

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).)

Reset Form

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)
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
03/23/06	ID# CK# EFT	US Bank	Negative Balance Fee	\$ 7.00
03/29/06	ID# CK# 1011	Todd Henderson 119 Teakwood Lane NE Cedar Rapids, IA 52402	Consultant Fee	\$2,000.00
	ID# CK#			
SUB-TOTAL				\$2,007.00
TOTAL (if last page of this schedule)				\$6,286.22

IA ETHICS & CAMPAIGN
 DISCLOSURE BOARD
 MAY 18 2006
 FILED

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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



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)
Allison for Secretary of State

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

TOTAL UNPAID LOANS FROM LAST REPORTING PERIOD \$ 0

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
05/13/06	Charles Allison 3001 E. 43 rd St Des Moines 50317	Self	\$ 8,000 ⁰⁰

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

TOTAL (PART I) \$ 8000⁰⁰

TOTAL CASH REPAYMENTS (PART II) \$ -0-
 From Schedule E - TOTAL LOANS FORGIVEN \$ -0-
 TOTAL OUTSTANDING LOANS END OF REPORT PERIOD \$ 8000⁰⁰

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