

FOR INSTRUCTIONS, SEE BACK OF FORM

### DISCLOSURE SUMMARY PAGE

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

Citizens to Elect Griswold

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

**CANDIDATE COMMITTEES ONLY:**

Candidate Name <u>John E. Griswold</u>	Political Party (if applicable) <u>Republican</u>
Office Sought <u>State Representative</u>	District (if Senate or House) <u>46</u>

FORM <b>DR-2</b> (Rev. 12/2005)	DISCLOSURE REPORT
<b>For Office Use Only</b>	
Comm. # <u>11063</u>	
Logged in <u>SW</u>	
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	

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.

John E. Griswold  
SIGNATURE OF PERSON FILING REPORT

(515)-205-4195  
TELEPHONE

16 May 2006  
DATE SIGNED

I AM FILING A May 19 DR-2 (report date) ELECTION  (1) ELECTION YEAR  (2) NON-ELECTION YEAR. 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.)

IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD  
 MAY 17 2006  
 FILED fax

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.)	\$ 0.00
<b>ADD TOTAL MONEY TAKEN IN THIS PERIOD</b>	
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)	335.00
Schedule F: Loans Received total (Attach Schedule F)	0.00
Schedule H: Total Sales of Campaign Property (Attach Schedule H)	0.00
<b>(Schedule H applies to Candidates' Committees Only)</b>	
<b>SUB-TOTAL</b>	<b>\$ 335.00</b>
<b>SUBTRACT TOTAL MONEY SPENT THIS PERIOD</b>	
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)	9.90
Schedule F: Loan Repayments total (Attach Schedule F)	0.00
<b>CASH ON HAND</b> at the end of this reporting period (if final report balance must be zero) (Attach DR-3)	<b>\$ 325.10</b>
<b>**UNPAID BILLS</b> (From Schedule D - Attach Schedule D)	\$ 0.00
<b>*IN KIND CONTRIBUTIONS</b> (From Schedule E - Attach Schedule E)	\$ 277.47
<b>**OUTSTANDING LOANS</b> (From Schedule F - Attach Schedule F)	\$ 0.00
<b>CONSULTANT BREAKDOWN</b> (Schedule G Attached?)	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
<b>CANDIDATE COMMITTEES ONLY:</b>	
<b>VALUE OF CAMPAIGN PROPERTY</b> (From Schedule H - Attach Schedule H)	\$ 0.00
<b>STATE COMMITTEES:</b> 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)

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

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

Citizens to Elect Griswold

**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
04/03/06	ID# CK#	John E. Griswold 211 N. Market St. Madrid, IA 50156	Self	\$100.00	<input type="checkbox"/>
04/24/06	ID# CK#	Janice Thompson 1528 Story St. Boone, IA 50036		50.00	<input type="checkbox"/>
04/25/06	ID# CK#	Aaron R. Gott 224 Ash Ames, IA 50010		50.00	<input type="checkbox"/>
04/27/06	ID# CK#	Marlene L. Griswold 211 N. Market St. Madrid, IA 50156	Mother	100.00	<input type="checkbox"/>
04/28/06	ID# CK#	Joseph D. Hennessy 418 NW Bramble Rd. Ankeny, IA 50023		15.00	<input type="checkbox"/>
05/13/06	ID# CK#	Bonnie Hall 1802 180th St. Boone, IA 50036		20.00	<input checked="" type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
<b>SUB-TOTAL</b>				\$ 335.00	
<b>TOTAL (if last page of this schedule)</b>				\$ 335.00	

\* 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**

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)  
Citizens to Elect Griswold

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
04/30/06	ID# CK#	Bank of the West 114 S. Kennedy Ave. Madrid, IA 50156	Bank Service Charge	\$ 9.90
	ID# CK#			
<b>SUB-TOTAL</b>				<b>\$ 9.90</b>
<b>TOTAL (If last page of this schedule)</b>				<b>\$ 9.90</b>

**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)(f).)

FOR INSTRUCTIONS, SEE BACK OF FORM

**COMMITTEE NAME** (Must be same as on Statement of Organization)  
 Citizens to Elect Griswold

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

DATE RECEIVED (MM/DD/YYR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (If applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
03/10/06	John E. Griswold 211 N. Market St. Madrid, IA 50156	Self	Custom Stamp Kit	\$ 19.99	<input type="checkbox"/>
04/03/06	John E. Griswold 211 N. Market St. Madrid, IA 50156	Self	Postage (political flyers)	15.60	<input type="checkbox"/>
04/09/06	John E. Griswold 211 N. Market St. Madrid, IA 50156	Self	Postage (political flyers)	15.60	<input type="checkbox"/>
04/20/06	John E. Griswold 211 N. Market St. Madrid, IA 50156	Self	Envelopes & printer paper	25.22	<input type="checkbox"/>
04/28/06	John E. Griswold 211 N. Market St. Madrid, IA 50156	Self	Payment for Shelter house Bronkside Park	33.00	<input checked="" type="checkbox"/>
05/12/06	John E. Griswold 211 N. Market St. Madrid, IA 50156	Self	Paper plates, cups, food, soda, etc. for fundraiser	55.95	<input checked="" type="checkbox"/>
05/12/06	John E. Griswold 211 N. Market St. Madrid, IA 50156	Self	Beef, hot dog buns, hamburger huns.etc	54.89	<input checked="" type="checkbox"/>
05/13/06	John E. Griswold 211 N. Market St. Madrid, IA 50156	Self	Ice, coffee, coffee cups	15.70	<input checked="" type="checkbox"/>
05/13/06	Marlene L. Griswold 211 N. Market St. Madrid, IA 50156	Mother	Fruit tray, Vegetable tray	26.10	<input checked="" type="checkbox"/>
05/13/06	Marlene L. Griswold 211 N. Market St. Madrid, IA 50156	Mother	Decorations (ribbons, bows, etc.)	15.42	<input checked="" type="checkbox"/>
<b>SUB-TOTAL</b>				\$ 277.47	
<b>TOTAL (If last page of this schedule)</b>				\$ 277.47	

\*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.