

Reset Form

DISCLOSURE SUMMARY PAGE

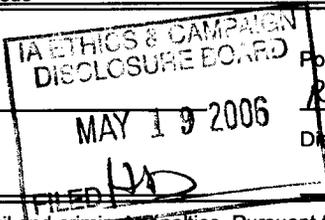
FORM DR-2 (Rev. 12/2005)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	1681
Logged In	[Signature]
Scanned	
Computer	
Audited	
File with: Iowa Ethics and Campaign Disclosure Board 510 E. 12 th , Ste. 1A Des Moines, Iowa 50319 Fax: 515-281-3701	

COMMITTEE NAME (Must be same as on Statement of Organization)
JOHN MINEARTS FOR STATE SENATE

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: JOHN MINEARTS
Office Sought: STATE SENATE
Political Party (if applicable): REPUBLICAN
District (if Senate or House): 37



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: [Signature] TELEPHONE: 515-981-4767 DATE SIGNED: 5/18/06

I AM FILING A 05/19/06 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
06/06/06
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>0</u>
ADD TOTAL MONEY TAKEN IN THIS PERIOD		
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)		<u>1255.00</u>
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	\$	<u>1255.00</u>
SUBTRACT TOTAL MONEY SPENT THIS PERIOD		
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)		
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)	\$	<u>1255.00</u>
**UNPAID BILLS (From Schedule D - Attach Schedule D)	\$	<u>1196.55</u>
**IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)	\$	<u>12.19</u>
**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)	\$	
CONSULTANT BREAKDOWN (Schedule G Attached?)		YES <input checked="" type="checkbox"/> NO
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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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)
JOHN MINEART FOR STATE SENATE

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
5/16/06	ID# CK# 8172	HAROLD MINEART 1 WALNUT PLACE WASHINGTON, IOWA 52353	uncle	\$ 50.00	<input type="checkbox"/>
5/15/06	ID# CK# 5149	BARBARA & DON FORS 4814 EUCLID DES MOINES, IOWA 50310	great aunt	50.00	<input type="checkbox"/>
5/13/06	ID# CK# 1834	DAVID & TERRI DERFLINGER 11724 36TH ST. STANLEY, IOWA 50671		50.00	<input type="checkbox"/>
5/10/06	ID# CK# 4738	AL HART 206 NW GREENWOOD ANKENY, IOWA 50023		15.00	<input type="checkbox"/>
5/10/06	ID# CK# 7968	KATHLEEN KOUCHE 3482 FORD ST. NORWALK, IOWA 50211		30.00	<input type="checkbox"/>
5/9/06	ID# CK# 364	LISA & DAVID RUBIN 125 CRESCENT HILL AVE. ARLINGTON, MA 02474	cousin	100.00	<input type="checkbox"/>
5/5/06	ID# CK# 9671	KARL RUSZKOWSKI 9065 OLD ORCHARD DR. NORWALK, IOWA 50211		10.00	<input type="checkbox"/>
5/02/06	ID# CK# 8621	SUSAN & TODD GUEST 2901 37TH ST. DES MOINES, IOWA 50310	Cousin	50.00	<input type="checkbox"/>
5/12/06	ID# CK# 1039	KATHY VITALE 8 MASSASOIT RD. NASHUA, NH. 03063	sister	100.00	<input type="checkbox"/>
5/02/06	ID# CK# 135	CURT & MELVA MINEART 944 S. 6TH AVE. WASHINGTON, IOWA 52353	uncle	50.00	<input type="checkbox"/>
SUB-TOTAL				\$ 508.00	
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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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)
 JOHN MINEART FOR STATE SENATE

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5/10/06	ID# CK# 2673	CONNIE & MERLE SMITH 1142 A DIAGONAL VICTOR, IA 52347		\$ 100.00	<input type="checkbox"/>
5/11/06	ID# CK# 8554	GLENN & JANE SOYER 593 BEARDSLEY ST. NORWALK, IOWA 50211		25.00	<input type="checkbox"/>
5/02/06	ID# CK# 2789	MRS. DORIS HARRINGTON 2515 MORTON AVE. DES MOINES, IOWA 50317		15.00	<input type="checkbox"/>
4/29/06	ID# CK# 5819	DEAN & NANCY MCILRAVY 603 MAIN ST. NORWALK, IOWA 50211		50.00	<input type="checkbox"/>
5/11/06	ID# CK# 168	LEO & SANDY GUEST 807 W. SALEM INDIANOLA, IOWA 50125	uncle/aunt	30.00	<input type="checkbox"/>
4/29/06	ID# CK# 2555	SHARON BRUMMER 2298 SCOTCH RIDGE RD. CARLISLE, IOWA 50047		50.00	<input type="checkbox"/>
4/26/06	ID# CK# CASH	KEN FOSTER 4720 CANDLEWICK DR. NORWALK, IOWA 50211		20.00	<input type="checkbox"/>
4/28/06	ID# CK# 8160	DEWEY & JEANNE DAVIS P.O. BOX 235 BRAGGS, OK 74423		25.00	<input type="checkbox"/>
4/26/06	ID# CK# 1056	JOHN SEREG 1403 WALNUT ST. DES MOINES, IOWA 50389		10.00	<input type="checkbox"/>
4/28/06	ID# CK# 5767	BOB & RUBY SANDY 912 E. FRANKLIN INDIANOLA, IOWA 50125	uncle/aunt	50.00	<input type="checkbox"/>
SUB-TOTAL				\$ 375.00	
TOTAL (if last page of this schedule)				\$	

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For Instructions, See Back of Form

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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)
JOHN MINEORT FOR STATE SENATE

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.

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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
4/29/06	ID# CK# 4420	TOM COATES 1515 E. 17TH ST. NORWALK, IOWA 50211		\$ 200.00	<input type="checkbox"/>
4/25/06	ID# CK# 2895	DON PAULIN 7557 30TH AVE. NORWALK, IOWA 50211		50.00	<input type="checkbox"/>
4/28/06	ID# CK# 915	JUDY BARON 106 SNOW DR. CASTALIA, OH. 44824	Cousin	50.00	<input type="checkbox"/>
5/15/06	ID# CK# 3081	MONA NORRIS 865 CENTRAL AVE. NEEDHAM, MA 02492	Cousin	50.00	<input type="checkbox"/>
5/16/06	ID# CK# 2694	KARLOS & JANET MCLURE 1144 9TH ST. CRESCO, IOWA 52136		25.00	<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"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL
\$ 375.00
TOTAL (if last page of this schedule)
\$ 1255.00

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SCHEDULE D (Rev. 08/98)	INCURRED INDEBTEDNESS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)
JONN MINEART FOR STATE SENATE

NOTE: Debts previously reported that remain unpaid must be included on this Schedule, as well as any new obligations incurred in this period.

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**DEBTS/OBLIGATIONS REMAINING THIS REPORTING PERIOD
(DO NOT INCLUDE LOANS -- SHOW LOANS ON SCHEDULE F)**

An "incurred debt" is a debt for goods or services ordered or received, but not paid for by the end of the reporting period, regardless of whether an invoice has been received.

DATE INCURRED (MM/DD/YR)	NAME AND ADDRESS OF PERSON TO WHOM DEBT OR OBLIGATION IS OWED	DESCRIPTION OF GOODS OR SERVICES PROVIDED OR PURCHASED	BALANCE OWED AT CLOSE OF REPORTING PERIOD*
03/10/06	FEDEX KINKO'S 10201 UNIVERSITY AVE. CLIVE, IOWA 50325	COPIES OF FLYERS	\$ 16.96
4/2/06	JOHNSON PHOTOGRAPHY 812 NORTH AVE. NORWALK, IOWA 50211	CAMPAIGN PHOTO	53.00
04/12/06	OP PRINTING 2610 PARK AVE. MUSCATINE, IOWA 52761	#10 ENVELOPES #9 RETURN ENVELOPES 1000 RESPONSE CARDS 1000 BUSINESS CARDS	571.03
04/24/06	OP PRINTING 2610 PARK AVE. MUSCATINE, IOWA 52761	CAMPAIGN BROCHURES	555.56
SUB-TOTAL			\$ 1196.55
TOTAL DEBTS OWED BY COMMITTEE AT THE END OF THIS REPORTING PERIOD			\$ 1196.55

*If actual figure is unknown, show "estimated" beside the figure.

CANDIDATE COMMITTEES NOTE:
 *Incurred indebtedness also includes each person/entity with whom the candidate's committee has entered into a contract during the reporting period for future or continuing performance. Enter the name of the consultant who provides or procures services for items such as advertising, fund-raising, polling, managing, or organizing services. Report on Schedule G the nature of performance and the estimated performance reasonably expected of the consultant.

FOR INSTRUCTIONS, SEE BACK OF FORM

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

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

JOHN MINGERT FOR STATE SENATE

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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
05/02/06	Elizabeth A. Mineart 1115 Maple Ave Norwalk, IA 50241	mother	CAMPAIGN BADGE	\$ 12.19	<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"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

SUB-TOTAL \$ 12.19

TOTAL (if last page of this schedule) \$ 12.19

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