

# DISCLOSURE SUMMARY PAGE

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

Randa for Senate

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

<b>FORM DR-2</b> (Rev. 12/2005)	DISCLOSURE REPORT
<b>For Office Use Only</b>	
Comm. #	<u>1644</u>
Logged In	<u>ll ll</u>
Scanned	<u>ll</u>
Computer	_____
Audited	_____

**CANDIDATE COMMITTEES ONLY:**

Candidate Name <u>Gary Randa</u>	Political Party (if applicable) <u>Democrat</u>
Office Sought <u>State Senate</u>	District (if Senate or House) <u>31</u>

**IA ETHICS & CAMPAIGN DISCLOSURE BOARD**

**MAY 18 2006**

FILED hid.

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] 515-865-0482 5-18-06

SIGNATURE OF PERSON FILING REPORT TELEPHONE DATE SIGNED

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.) ..... \$ 0

**ADD TOTAL MONEY TAKEN IN THIS PERIOD**

Schedule A: Cash Contributions total (Attach Schedule A) (\*also see in-kind below)..... 6920

Schedule F: Loans Received total (Attach Schedule F) .....

Schedule H: Total Sales of Campaign Property (Attach Schedule H).....

**(Schedule H applies to Candidates' Committees Only)**

**SUB-TOTAL** ..... \$

**SUBTRACT TOTAL MONEY SPENT THIS PERIOD**

Schedule B: Expenditures total (Attach Schedule B) (\*\*also see debts and loans below)..... 4,326.14

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)..... \$ 2,593.86

**\*\*UNPAID BILLS** (From Schedule D - Attach Schedule D)..... \$

**\*IN KIND CONTRIBUTIONS** (From Schedule E - Attach Schedule E)..... \$

**\*\*OUTSTANDING LOANS** (From Schedule F - Attach Schedule F)..... \$

**CONSULTANT BREAKDOWN** (Schedule G Attached?) \_\_\_\_\_ YES \_\_\_\_\_ 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

Reset Form

<b>SCHEDULE</b> <b>A</b> (Rev. 07/03)	<b>MONETARY RECEIPTS</b>
<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)  
*Randa for Sengate*

**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
3/17/06	ID# CK# 4397	Joe Tursi 3514 SW 32th Des Moines, IA 50321	NA	\$ 25.00	<input type="checkbox"/>
3/18/06	ID# CK# 8983	Pete J Lee 3515 Truher PL Des Moines, IA 50315	NA	100	<input type="checkbox"/>
3/18/06	ID# CK# 6196	Anthony Calgro 3225 SE 4th St Des Moines, IA 50315	NA	100	<input type="checkbox"/>
3/27/06	ID# CK# Cash	Gary Randa 3029 Wolcott Ave Des Moines, IA 50321	NA	50	<input type="checkbox"/>
4/5/06	ID# CK#	Richard S Dunn 3700 SW 31st St. Des Moines, IA 50321	NA	100	<input type="checkbox"/>
4/5/06	ID# CK# Cash	Gary Randa 3029 Wolcott Ave. Des Moines, IA 50321	I	1700	<input type="checkbox"/>
5/02/06	ID# CK# Cash	Gary Randa 3029 Wolcott Ave. Des Moines, IA 50321		1000	<input type="checkbox"/>
5/04/06	ID# CK# Cash	Gary Randa 3029 Wolcott Ave Des Moines, IA 50321		1400	<input type="checkbox"/>
5/06/06	ID# CK# 1189	Charles/Carolyn Colosimo 806 Maish Des Moines, IA 50315	NA	100	<input type="checkbox"/>
5/06/06	ID# CK# 1671	Muriel Heideman 3837 Thornton Ave Des Moines, IA 50321	NA	20	<input type="checkbox"/>

SUB-TOTAL

\$
\$

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

*See amended schedule*

Reset Form

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

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

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

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5/06/06	ID# CK# 5556	Anthony Caligiuri 3720 SW 32nd Des Moines, IA 50321	NA	\$ 75	<input type="checkbox"/>
5/06/06	ID# CK# 17921	Vincent/Kay Ruggiero 3506 SW Rorc Ave Des Moines, IA 50321	NA	100	<input type="checkbox"/>
5/06/06	ID# CK# 4237	Thomas R Renda Des Moines, IA 50321	NA	200	<input type="checkbox"/>
5/06/06	ID# CK# 5500	Randy or Kim Lehman 5873 Doswood Johnston, IA 50131	NA	500	<input type="checkbox"/>
5/06/06	ID# CK# 4014	Frank Tursi 3830 Thornton Ave Des Moines IA 50321	NA	25	<input type="checkbox"/>
5/06/06	ID# CK# 9034	Patrick Caligiuri 2220 Thornton Ave. Des Moines, IA 50321	NA	50	<input type="checkbox"/>
5/06/06	ID# CK# 2162	William J Trout 111 3rd Street Des Moines IA 50309	NA	100	<input type="checkbox"/>
5/06/06	ID# CK# Cash	Joe Tursi Des Moines, IA 50321	NA	25	<input type="checkbox"/>
5/06/06	ID# CK# Cash	Joe Tursi Des Moines IA 50321	NA	90	<input type="checkbox"/>
5/11/06	ID# CK# 3000	Bonnie K Barry 818 SE Rio Cir Ankeny IA 50021	NA	90	<input type="checkbox"/>

SUB-TOTAL

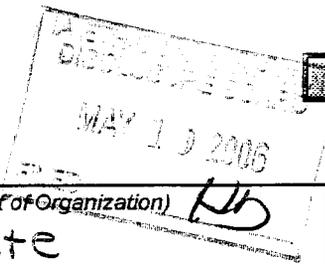
\$  
\$

TOTAL (if last page of this schedule)

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For Instructions, See Back of Form

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



Reset Form

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

COMMITTEE NAME (Must be same as on Statement of Organization) **ND**  
**Randa for Senate**

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5/06/06	ID# CK# 5556	Anthony Caliguri 3720 SW 32nd Des Moines, IA 50321	NA	\$ 75	<input type="checkbox"/>
5/06/06	ID# CK# 17921	Vincent/Kay Ruggiero 3506 SW Rock Ave Des Moines, IA 50321	NA	100	<input type="checkbox"/>
5/06/06	ID# CK# 4237	Thomas R Renda Des Moines, IA 50321 3130 SW 38th PL.	NA	200	<input type="checkbox"/>
5/06/06	ID# CK# 5500	Randy or Kim Lehman 5873 Doswood Johnston, IA 50131	NA	500	<input type="checkbox"/>
5/06/06	ID# CK# 4014	Frank Tursi 3830 Thornton Ave Des Moines IA 50321	NA	25	<input type="checkbox"/>
5/06/06	ID# CK# 9034	Patrick Caliguri 2220 Thornton Ave. Des Moines, IA 50321	NA	50	<input type="checkbox"/>
5/06/06	ID# CK# 2162	William J Trout 111 3rd Street Des Moines IA 50309	NA	100	<input type="checkbox"/>
5/06/06	ID# CK# Cash	Joe Tursi Des Moines, IA 50321	NA	25	<input type="checkbox"/>
5/06/06	ID# CK# Cash	Joe Tursi 3514 SW 38th St Des Moines IA 50321	NA	90	<input type="checkbox"/>
5/11/06	ID# CK# 3000	Bonnie K Barry 818 SE Rio Cir Ankeny IA 50021	NA	90	<input type="checkbox"/>

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

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Reset Form

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(Including candidate's personal funds)

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

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

*Randa for Senate*

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5/11/06	ID# CK# 3691	James J McDonough 3014 Thornton Ave Des Moines, IA 50321	NA	\$ 50	<input type="checkbox"/>
5/12/06	ID# CK# 2084	Fred Nesbit 415 45th St Des Moines, IA 50312	NA	1000	<input type="checkbox"/>
5/06/06	ID# CK# 8296	Muriel Heideman 3837 Thornton Ave Des Moines, IA 50321	NA	20	<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"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL  
\$  
TOTAL (if last page of this schedule) \$690.00

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FOR INSTRUCTIONS, SEE BACK OF FORM

Reset 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)  
*Randa For Senate*

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
3/16/06	ID# CK#	West Bank P.O. Box 65020 50265 West Des Moines, IA	Automatic Withdrawal Bank Fees Checks	\$ 62.96
3/28/06	ID# CK# 1001	Carter Printing Co. 1739 E Grand Ave. Des Moines IA	Campaign Materials Postcards	53.00
3/31/06	ID# CK#	West Bank P.O. Box 65020 West Des Moines, IA 50265	Bank Fee's & Taxes	3.18
4/7/06	ID# CK# 1002	Michael Vasquez 3807 Thornton Ave Des Moines, IA 50321	CONSULTING WORK (General Campaign)	\$1600
5/3/06	ID# CK# 1003	Carter Printing 1739 E Grand Ave. Des Moines, IA	Literature Postcards	\$1003.82
4/28/06	ID# CK#	West Bank P.O. Box 65020 WDM, IA 50265	Bank fees & Taxes	3.18
5/05/06	ID# CK# 1004	Michael Vasquez 3807 Thornton Ave. Des Moines, IA 50321	CONSULTING WORK (General Campaign)	\$1600
	ID# CK#			
SUB-TOTAL				\$
TOTAL (if last page of this schedule)				\$4,326.14

**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).)