

ETHICS & CAMPAIGN DISCLOSURE BOARD
MAY 18 2006
 FOR INSTRUCTIONS, SEE BACK OF FORM
 FILED FOR **DISCLOSURE SUMMARY PAGE**

Reset Form

FORM DR-2 (Rev. 12/2005)	DISCLOSURE REPORT
For Office Use Only	
Comm. # <u>1615</u>	
Logged In <u>SW</u>	
Scanned <input checked="" type="checkbox"/>	
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)
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) (House)

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 5-17-06

I AM FILING A MAY 19TH REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR.
 (report date) Indicate by # (2)

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 CLINTON

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.) \$ 1706.01

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)..... 2089.59

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 3796.40 \$ 3796.40

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)..... 1421.99

Schedule F: Loan Repayments total (Attach Schedule F)..... 0

CASH ON HAND at the end of this reporting period (if final report balance must be zero) (Attach DR-3)..... \$ 2374.41

**UNPAID BILLS (From Schedule D - Attach Schedule D) \$ 0

**IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E) Supp. Supper Food + Beverage \$ 396.57

**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)..... \$ 50.00

CONSULTANT BREAKDOWN (Schedule G Attached?) _____ YES _____ NO

CANDIDATE COMMITTEES ONLY:

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H) \$ ~~771.44~~ 771.44

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

COPY

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

Reset Form

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

SHIELDS FOR LEGISLATURE

MAILED
MAY 22 2006
5:18
FILED

FORM DR-2 (Rev. 12/2005)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	
Logged In	
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	

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)

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: 563-242-3121 DATE SIGNED: 5-17-06

I AM FILING A MAY 19TH REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR. Indicate by # (2)

- 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
CLINTON

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.)	\$	1706.81
ADD TOTAL MONEY TAKEN IN THIS PERIOD		
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)		2089.59
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	\$	3796.40
SUBTRACT TOTAL MONEY SPENT THIS PERIOD		
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)		1421.99
Schedule F: Loan Repayments total (Attach Schedule F)		0
CASH ON HAND at the end of this reporting period (if final report balance must be zero) (Attach DR-3)	\$	2374.41
**UNPAID BILLS (From Schedule D - Attach Schedule D)	\$	0
*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)	\$	396.57
**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)	\$	50.00
CONSULTANT BREAKDOWN (Schedule G Attached?)	YES	NO
CANDIDATE COMMITTEES ONLY:		
VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)	\$	771.44
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)
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
2/22/06	ID# CK#	GREG BAKER 2700 WILLADSON CLINTON	NONE	\$ 100 ⁰⁰	<input type="checkbox"/>
2/22/06	ID# CK#	CLYDE BRADLEY CLYDE BRADLEY 315 33RD AVEN - CLINTON	NONE	100 ⁰⁰	<input type="checkbox"/>
3/14/06	ID# CK#	ROBERT EVANS 3341 VALLEY OAKS DR - CLINTON	NONE	150 ⁰⁰	<input type="checkbox"/>
3/14/06	ID# CK#	BRIAN KENNEDY 3524 WOODBERRY PL - BETTENDORF	NONE	200 ⁰⁰	<input type="checkbox"/>
5/17/06	ID# CK#	DON KRAMBECK 909 S. 15TH ST. CLINTON	NONE	50 ⁰⁰	<input type="checkbox"/>
3/14/06	ID# CK#	MIKE OTTENS 4031 VALLEY OAKS DR CLINTON	NONE	50 ⁰⁰	<input type="checkbox"/>
3/14/06 3/14/06 5/17/06	ID# CK#	MICHAEL SHIELDS 2535 N. 40TH AVE HOLLYWOOD FL	BROTHER	100 ⁰⁰ 100 ⁰⁰ 25 ⁰⁰	<input type="checkbox"/>
5-11-06	ID# CK#	SOUP SUPPER RECEIPTS	—	994.59	<input type="checkbox"/>
	ID# CK#	9 OTHERS UNDER 25 ⁰⁰		220 ⁰⁰	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL \$ 2089.59

TOTAL (if last page of this schedule) \$ 2089.59

* 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

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)

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
2/8/06	ID# CK#	Happy Joe's PIZZA MEETINGS EXPENSE	CAMPAIGN MEETING	\$ 66. ⁵⁹
3/14/06	ID# CK#	VICTORY STORE	SIGNS	626. ⁴⁹
4/13/06	ID# CK#	CLINTON PRINTING	PADS & SIGNS	56. ⁷¹
4/25/06	ID# CK#	YWCA	ROOM RENT Deposit (Soup Supper)	50. ⁰⁰
4/28/06	ID# CK#	CLINTON HERALD	AD'S (Soup Supper)	246. ⁴⁸
5/9/06	ID# CK#	DONAHUE CO	PENCILS	144. ⁹⁵
5/11/06	ID# CK#	YWCA	BALANCE RENT	120. ⁰⁰
5/11/06	ID# CK#	SUPPLIES MISC.	Soup Supper	110. ⁸²

SUB-TOTAL \$ ~~1421.99~~ 1421.99

TOTAL (if last page of this schedule) \$ ~~1421.99~~ 1421.99

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).)

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)
SHIELDS FOR LEGISLATURE

Reset Form

SOUP SUPPER FUND RAISER 5-11-06

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
5/11/06	MARTHA HAYES 1306 CAROLINE CLINTON	NONE	FOOD	\$ 5	<input checked="" type="checkbox"/>
5/11/06	MONIQUE BACHELDER 302-4 th AVE CAMANCHE	NONE	FOOD	\$ 10	<input checked="" type="checkbox"/>
5/11/06	Linda Ray 1746-468 AVE. CLINTON	SISTER-IN-LAW	FOOD	\$ 5	<input checked="" type="checkbox"/>
5/11/06	CAROL HARDEN 839-6 AVE S. CLINTON	NONE	FOOD	\$ 7	<input checked="" type="checkbox"/>
5/11/06	JOAN McGUIRE 440 MILL RIDGERD CLINTON	NONE	FOOD	\$ 3	<input checked="" type="checkbox"/>
5/11/06	PHYLLIS STACHOUR 1837 MILL DT. CLINTON	NONE	FOOD	\$ 5	<input checked="" type="checkbox"/>
5/11/06	NORMA WEAVER 633- S. 18 th ST CLINTON	NONE	FOOD	\$ 5	<input checked="" type="checkbox"/>
5/11/06	JOANNE SHIELDS 436 Mill Ridge Rd CLINTON	WIFE	FOOD	\$ 80	<input checked="" type="checkbox"/>
5/11/06	GLORIA MAHMENS 619 N. 11 th ST. CLINTON	NONE	FOOD	\$ 12	<input checked="" type="checkbox"/>
5/11/06	Judith Locey 406 S. 9 th ST CLINTON	NONE	FOOD	\$ 10	<input checked="" type="checkbox"/>

SUB-TOTAL \$ 142.00

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

*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.

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)
SHIELDS FOR LEGISLATURE

Reset Form

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
5/11/06	ANN MEYER 932 Mill Ridge Rd. CLINTON	NONE	FOOD	\$ 10	<input checked="" type="checkbox"/>
5/11/06	SIBYLLE WOLFE 410-13A th No. CLINTON	NONE	FOOD	\$ 10	<input checked="" type="checkbox"/>
5/11/06	SUSAN McCLOY 2133-218 th ST DELWITT	NONE	FOOD	\$ 42	<input checked="" type="checkbox"/>
5/11/06	LIZ SCHOFIELD 2337-13Ave No CLINTON	NONE	FOOD	\$ 65	<input checked="" type="checkbox"/>
5/11/06	BILL KOPPEL	NONE	FOOD	---	<input checked="" type="checkbox"/>
5/11/06	DUANE GERDIN 1401 HUNST CLINTON	NONE	FOOD	\$ 15	<input checked="" type="checkbox"/>
5/11/06	LEE Mc CLURE 1715 No. 4 th ST CLINTON	NONE	FOOD	\$ 35	<input checked="" type="checkbox"/>
5/11/06	CATHY JOHNSON 2160 CARTRAIL DR CAMANCHE	NONE	FOOD	\$ 10	<input checked="" type="checkbox"/>
5/11	Sharon Jepsen 553 210 th St, Clinton	None	Food	\$ 5.00	<input checked="" type="checkbox"/>
5/11	BILLIE RINDSICH 3174 235 th ST DELWITT	No	Food	\$ 62.57	<input checked="" type="checkbox"/>

SUB-TOTAL \$ 254.57

TOTAL (if last page of this schedule) \$ 396.57

*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.

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 \$ 50⁰⁰

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.)

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

TOTAL (PART I) \$ 0

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

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

TOTAL CASH REPAYMENTS (PART II) \$ 0
From Schedule E - TOTAL LOANS FORGIVEN \$ 0
TOTAL OUTSTANDING LOANS END OF REPORT PERIOD \$ 50⁰⁰

*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 when it applies.

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.
 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	STAN'S	626 ⁴⁹	626 ⁴⁹
5/9/06	PENCILS	144 ⁹⁵	144 ⁹⁵

Date (MM/DD/YR)	Name and Address of Purchaser/Donee	Description of Property	Sold? Y/N	Sale Price	Value of Donation

TOTAL VALUE CAMPAIGN PROPERTY THIS REPORT (TRANSFER TO SUMMARY PAGE) \$ 771.44

** PROPERTY SALES & TRANSFERS TOTAL (TRANSFER TO SUMMARY PAGE) \$ _____ TOTALS \$ _____ \$ 0

* If estimated, show est. beside figure.

(Attach Additional Schedules if Needed)