

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

FORM DR-2	DISCLOSURE REPORT
For Office Use Only	
Comm. #	9693
Logged In	SW
Scanned	
Computer	
Audited	

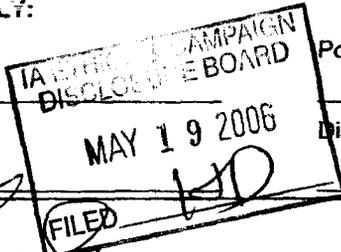
COMMITTEE NAME (Must be same as on Statement of Organization)
African American Leadership Coalition (PAC)

IMPORTANT: Indicate type of committee you are reporting for:

- (1) Statewide/Legislative Candidate (2) Statewide PAC (3) State Party (4) County/Local Candidate
- (5) County PAC (6) Ballot Issue/Franchise Committee (7) County/City Central Committee
- (8) Support State of Candidates

Candidate Name _____ Political Party _____

Office Sought _____ District (if Senate or House) _____



[Signature]
SIGNATURE OF TREASURER (or person filing this report)

515-262-7828
TELEPHONE

19 May 06
DATE SIGNED

Late filed reports are subject to possible civil and criminal penalties.

SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE:

I AM FILING A _____ REPORT FOR ANA (1) ELECTION / (2) NON-ELECTION YEAR.
(report date) Indicate one

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 Notice of Dissolution is filed.)

Local Committees, enter Date of Election _____

County & Local Committees which Election is held _____

STATEMENT OF CASH

CASH ON HAND at the beginning of the reporting period. (This is the total of all monies 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>447.93</u>
ADD TOTAL MONEY TAKEN IN THIS PERIOD		
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)		<u>325.00</u>
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	\$	<u>772.93</u>
SUBTRACT TOTAL MONEY SPENT THIS PERIOD		
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)		<u>53.18</u>
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>719.75</u>
UNPAID BILLS (From Schedule D - Attach Schedule D)	\$	_____
CONTRIBUTIONS (From Schedule E - Attach Schedule E)	\$	_____
OUTSTANDING LOANS (From Schedule F - Attach Schedule F)	\$	_____

CANDIDATE COMMITTEES ONLY:

CONSULTANT BREAKDOWN (Schedule G Attach _____)

For instructions, See Back of 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)
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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/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
03/27/06	ID# CK# 13271	Jo Ann Hughes 217 E. Broad St. Des Moines, IA 50315		\$ 15.00	
05/04/06	ID# CK# 5337	Linda M. Carter Lewis 3141 SW 38th Pl Des Moines, IA 50321		150.00	
05/06/06	ID# CK# 13421	Jo Ann Hughes 217 E. Broad St. Des Moines, IA 50315		15.00	
05/06/06	ID# CK# 10548	Veola Perry 3132 Glenorm CT Des Moines, IA 50310		20.00	
05/06/06	ID# CK# 3993	Vicky Long - Hill 637 36th St. Des Moines, IA 50312		25.00	
05/11/06	ID# CK# 4542	Rev Irvin Lewis, Sr. 3141 SW 38th Pl Des Moines, IA 50321		100.00	
	ID# CK#				

SUB-TOTAL

\$ 325.00
\$ 325.00

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.

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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.

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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
04/24/06	ID# CK# 1014	Hy Vee 2540 Euclid Des Moines, IA 50317	Refreshment & Supplies For Voter Forum	\$ 53.18
	ID# CK#			
SUB-TOTAL				\$ 53.18
TOTAL (if last page of this schedule)				\$ 53.18

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.6(3)(f).)