

Reset Form

DISCLOSURE SUMMARY PAGE

COMMITTEE NAME (Must be same as on Statement of Organization)
Nick Van Patten for Iowa 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: Nick Van Patten Political Party (if applicable): Republican
 Office Sought: State Senate District (if Senate or House): 31

FORM DR-2 (Rev. 12/2005)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	<u>1432</u>
Logged In	<u>SW</u>
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	

IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD
 JUN - 2 2006
 FILED AD

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.

Mary Hannan SIGNATURE OF PERSON FILING REPORT
(515) 285-6901 TELEPHONE
5/31/06 DATE SIGNED

I AM FILING A 5/15/06 - 5/31/06 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
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>12,341.13</u>
ADD TOTAL MONEY TAKEN IN THIS PERIOD	
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)	<u>6,204.00</u>
Schedule F: Loans Received total (Attach Schedule F) <u>no new loans</u>	<u>0</u>
Schedule H: Total Sales of Campaign Property (Attach Schedule H)	<u>0</u>
<u>(Schedule H applies to Candidates' Committees Only)</u>	
SUB-TOTAL	<u>18,545.13</u>
SUBTRACT TOTAL MONEY SPENT THIS PERIOD	
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)	<u>3,273.55</u>
Schedule F: Loan Repayments total (Attach Schedule F)	<u>0</u>
CASH ON HAND at the end of this reporting period (if final report balance must be zero) (Attach DR-3)	<u>15,271.58</u>
**UNPAID BILLS (From Schedule D - Attach Schedule D)	<u>0</u>
*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)	<u>0</u>
**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)	<u>8,000.00</u>
CONSULTANT BREAKDOWN (Schedule G Attached?)	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
CANDIDATE COMMITTEES ONLY:	
VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)	\$ <u>1142.41</u>

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

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)
Nick Van Patten for Iowa 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.

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
5/15/06	ID# CK# 2763	George Frazier 2746 Fleur Drive #310 Des Moines, IA 50321		\$ 100	<input type="checkbox"/>
5/15/06	ID# CK# 1401	Steve Rovane 5577 Ponderosa Dr West Des Moines, IA 50366		100	<input type="checkbox"/>
5/15/06	ID# CK# 2593	Kay Sheeley 6916 531 Hwy Hartford, IA 50118		50	<input type="checkbox"/>
5/15/06	ID# CK# 15071	Crawford Hubbell Jr. 110 Glenview Dr. Des Moines, IA 50312		100	<input type="checkbox"/>
5/15/06	ID# CK# 3868	Rick Vernon 965 Brentwood Circle Waukee, IA 50363		50	<input type="checkbox"/>
5/15/06	ID# CK# 1050	Nancy De Almeida 12801 Buck Lane Darnestown, MD 20878		50	<input type="checkbox"/>
5/15/06	ID# CK# 7456	Robert Jambor One IBM Plaza Chicago, IL 60611		100	<input type="checkbox"/>
5/15/06	ID# CK# 6692	Suzanne Fisher 4120 1st St. Des Moines, IA 50313		25	<input type="checkbox"/>
5/15/06	ID# CK# 5463	Steve Flood 4321 Greenwood Dr. Des Moines, IA 50312		250	<input type="checkbox"/>
5/15/06	ID# CK# 8264	Cathleen Freesen 600 Clipper Rd. Springfield, IL 62711		50	<input type="checkbox"/>
SUB-TOTAL				\$ 875.00	
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



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

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(Including candidate's personal funds)

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 Nick VanPatten for Iowa State Senate

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5/15/06	ID# CK# 3654	Deana Gast 2860 Druid Hill Dr. Des Moines, IA 50315		\$ 150	<input type="checkbox"/>
5/15/06	ID# CK# 18825	Everett Sather 8875 N.W. Polk City Dr. Ankeny, IA 50623		100	<input type="checkbox"/>
5/15/06	ID# CK# 5030	Christopher Maharry 3407 70th St. Urbandale, IA 50322		25	<input type="checkbox"/>
5/18/06	ID# CK# 1665	Carole Reichardt 1776 NW 130th St. Clive, IA 50325		50	<input type="checkbox"/>
5/18/06	ID# CK# 6963	Barbara Gregg 745 Farnham Ave. P.O. Box 73 Farnhamville, IA 50538	cousin	250	<input type="checkbox"/>
5/18/06	ID# CK# 5960	Irene VanPatten 435 Niebel P.O. Box 42 Farnhamville, IA 50538	aunt	200	<input type="checkbox"/>
5/18/06	ID# CK# 4482	Christine Miller 3705 Boulder Cir West Des Moines, IA 50265		100	<input type="checkbox"/>
5/18/06	ID# CK# 3079	Kim Hiscox 809 14th St. West Des Moines, IA 50265		24	<input type="checkbox"/>
5/18/06	ID# CK# 10484	Chris Vernon 4995 Country Club Blvd Des Moines, IA 50312		100	<input type="checkbox"/>
5/18/06	ID# CK# 1344	Michael Venturini 811 Burr Oaks Dr # 904 West Des Moines, IA 50266		250	<input type="checkbox"/>
SUB-TOTAL				\$ 1249	
TOTAL (if last page of this schedule)				\$	

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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)
 Nick Van Patten for Iowa State Senate

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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
5/18/06	ID# CK# 9794	Neva Hogan 1121 3rd St. # 45 Des Moines, IA 50314		\$ 50	<input type="checkbox"/>
5/18/06	ID# CK# 4302	William Goodwin 223 49th St. Des Moines, IA 50312-2144		500	<input type="checkbox"/>
5/18/06	ID# CK# 12015	Carla Wood 4116 81st Street Urbandale, IA 50322-2428	2nd cousin	100	<input type="checkbox"/>
5/22/06	ID# CK# 2014	Iowa Dental Association Political Action Committee 5530 West Parkway Suite 100 Johnston, IA 50131		100	<input type="checkbox"/>
5/22/06	ID# CK# 1533	Kevin Tiffany 1911 34th St. Des Moines, IA 50310		50	<input type="checkbox"/>
5/22/06	ID# CK# 1143	Ann Squire 14039 Birch Overland Park, KS 66224		50	<input type="checkbox"/>
5/22/06	ID# CK# 9593	Bernice Boulton 1049 65th St. Des Moines, IA 50311		100	<input type="checkbox"/>
5/22/06	ID# CK# 5334	Barbara Fisher 1616 8th Ave. Grinnell, IA 50112		250	<input type="checkbox"/>
5/22/06	ID# CK# 8292	Jon Gilbertson 1805 NW 121st Circle Clive, IA 50325		200	<input type="checkbox"/>
5/24/06	ID# CK# 1381	John Ramsey 98 9625 Hickman Rd. Urbandale, IA 50322		1000	<input type="checkbox"/>
SUB-TOTAL				\$ 2400	
TOTAL (if last page of this schedule)				\$	

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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)
 Nick Van Patten for Iowa State Senate

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5/24/06	ID# CK# 4457	Lisa Dreyer 3862 Timberline Dr West Des Moines, IA 50265		\$ 100	<input type="checkbox"/>
5/24/06	ID# CK# 7022	Charles Lozier 330 Tonawanda Dr Des Moines, IA 50312		35	<input type="checkbox"/>
5/24/06	ID# CK# 2279	John Braswell 6007 S.W. 19th St Des Moines, IA 50315		100	<input type="checkbox"/>
5/24/06	ID# CK# 6852	Elroy Wingers 1420 20th St #4 West Des Moines, IA 50265		50	<input type="checkbox"/>
5/24/06	ID# CK# 1293	Webster Lehmann Jr. 4401 Westown Pkwy Ste 102 West Des Moines, IA 50266		100	<input type="checkbox"/>
5/24/06	ID# CK# 4569	Dorothy Phillips 902 6th Ave Charles City, IA		20	<input type="checkbox"/>
5/24/06	ID# CK# 3882	Ronald Rand 3606 S.W. 38th St. Des Moines, IA 50321		500	<input type="checkbox"/>
5/24/06	ID# CK# 8417	William Tiffany Jr. 339 49th St. Des Moines, IA 50312		50	<input type="checkbox"/>
5/30/06	ID# CK# 5773	Barton Hicklin 3600 Waterworks Pky Des Moines, IA 50312		500	<input type="checkbox"/>
5/18/06	ID# CK# Cash	Bob Margiis 1233 63rd St. Des Moines, IA 50311		50	<input type="checkbox"/>
SUB-TOTAL				\$ 1505	
TOTAL (if last page of this schedule)				\$	

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CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

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5/31/06	ID# CK# 8722	Julie Evans 3200 Park Avenue Des Moines, IA 50321		\$ 100	<input type="checkbox"/>
5/31/06	ID# CK# 2403	Mary Toon 3800 S.W. 56th St. Des Moines, IA 50321		50	<input type="checkbox"/>
5/31/06	ID# CK# 7578	Marcelene Forrest 6036 Terrace Dr. Johnston, IA 50131-1559		25	<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 \$ 175
TOTAL (if last page of this schedule) \$ 6204

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FOR INSTRUCTIONS, SEE BACK OF FORM

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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.

COMMITTEE NAME (Must be same as on Statement of Organization)
Nick Van Patten for Iowa State 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
5/22/06	ID# CK# 1028	Benjamin Bishop 3500 S.W. 12th Place Des Moines, IA 50315	Consulting Services	\$ 645.00
5/30/06	ID# CK# 1029	Benjamin Bishop 3500 S.W. 12th Place Des Moines, IA 50315	Consulting Services	540.00
5/31/06	ID# CK# 1030	Macdonald Letter Service 1632 Ohio Des Moines, IA 50314	Brochure	178.08
5/31/06	ID# CK# 1031	Nation-wide Bldrs. Inc. 706 E. 2nd St. Des Moines, IA 50309	Utilities for campaign office	60.52
5/31/06	ID# CK# 1032	Nation-wide Bldrs Inc. 706 E. 2nd St. Des Moines, IA 50309	Rent for campaign office - June	300.00
5/31/06	ID# CK# 1033	Mezzodis 4519 Fleur Drive Des Moines, IA 50321	Fundraiser food and beverages	1549.95
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$3273.55
TOTAL (if last page of this schedule)				\$3273.55

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).)

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)
Nick VanPatten for Iowa State Senate

NOTE: This schedule reports money loaned to the committee which is deposited in the committee account.

TOTAL UNPAID LOANS FROM LAST REPORTING PERIOD \$ 8000.00

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.)

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

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

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

TOTAL (PART I) \$ 0

TOTAL CASH REPAYMENTS (PART II) \$ 0
 From Schedule E -- TOTAL LOANS FORGIVEN \$ 0
 TOTAL OUTSTANDING LOANS END OF REPORT PERIOD \$ 8000.00

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Reset Form

SCHEDULE G (Rev. 02/96)	BREAKDOWN OF MONETARY EXPENDITURES BY CONSULTANT
	<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM

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

Nick Van Patten for Iowa State Senate

PART II- ITEMIZED BREAKDOWN OF UNREIMBURSED EXPENSES PAID BY CONSULTANT TO OTHERS IN PERFORMING SERVICES OF CONTRACT (These expenses should NOT be reported on Schedule B, as they are direct payment from the consultant.)

PART I - NAME AND ADDRESS OF CONSULTANT

Name of Consultant		
Benjamin Bishop		
Mailing Address		
3500 S.W. 12th Place		
City	State	Zip Code
Des Moines	IA	50315

CONTRACT PERIOD (MM/DD/YR)	TOTAL ANTICIPATED COMPENSATION FOR PERFORMANCE
From 5/15/06	\$ 1185.00
To 5/31/06	

ESTIMATES OF PERFORMANCE

Campaign Manager

DATE EXPENDED (MM/DD/YR)	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE	AMOUNT EXPENDED
			\$

SUB-TOTAL	\$ 0
TOTAL (If last page of this schedule)	\$

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.	
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)
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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
4/17/06	Personal Computer + Monitor	\$ 1142.41	same

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) \$ 1142.41

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

* If estimated, show *est.* beside figure.

(Attach Additional Schedules if Needed)