

Reset Form

DISCLOSURE SUMMARY PAGE

FORM DR-2 (Rev. 12/2005) DISCLOSURE REPORT. For Office Use Only: Comm. # 1526, Logged In SW, Scanned, Computer, Audited. File with: Iowa Ethics and Campaign Disclosure Board, 510 E. 12th, Ste. 1A, Des Moines, Iowa 50319, Fax: 515-281-3701.

COMMITTEE NAME (Must be same as on Statement of Organization) Citizens for Wessel - Kroeschell. 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 Campaign Committee, (6) City Candidate, (7) School Board or Other Political Subdivision Candidate, (8) County PAC, (9) County Party, (10) School Board or Other Political Subdivision PAC, (11) Local Ballot Issue. CANDIDATE COMMITTEES ONLY: Candidate Name Beth Wessel-Kroeschell, Office Sought Representative - IA House, District (if Senate or House) 45.

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.

Jerry L. Besser SIGNATURE OF PERSON FILING REPORT, 515-292-3018 TELEPHONE, May 31, 2006 DATE SIGNED.

I AM FILING A June 2, 2006 (report date) REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR. 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

Table with columns for description and amount. Rows include: CASH ON HAND at the beginning of the reporting period (\$11010.17), ADD TOTAL MONEY TAKEN IN THIS PERIOD (Schedule A: 6010.00, Schedule F: 0, Schedule H: 0), SUB-TOTAL (\$11620.17), SUBTRACT TOTAL MONEY SPENT THIS PERIOD (Schedule B: 61.48, Schedule F: 0), CASH ON HAND at the end of this reporting period (\$11558.29), **UNPAID BILLS (0), **IN KIND CONTRIBUTIONS (0), **OUTSTANDING LOANS (288.00), CONSULTANT BREAKDOWN (YES/NO), CANDIDATE COMMITTEES ONLY: VALUE OF CAMPAIGN PROPERTY (\$), STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

For Instructions, See Back of Form

SCHEDULE A (Rev. 06/97)	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)
Citizens for Wessel-Kraeschell

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
5-22-06	ID# CK#	Herman Quirmbach 1002 JARRETT Circle Ames IA 50014		\$ 50 ⁰⁰	
"	ID# CK#	Lorgh Testatsion 1002 JARRETT Circle Ames 50014		50 ⁰⁰	
"	ID# CK#	IRVING B. Rosheim 423 N. FRANKLIN Ames 50014		15 ⁰⁰	
"	ID# CK#	L. Beenadine McDonald 301 MAIN ST, # 411 Ames 50010		30 ⁰⁰	
"	ID# CK#	Geoffrey Abelson 1414 Glendale Ave Ames 50010		20 ⁰⁰	
"	ID# CK#	FAITH Finnemore 3312 OAKLAND Ames 50010		100 ⁰⁰	
"	ID# CK#	Jill R. Meilahn 421 BRIARWOOD PLACE Ames 50014		50 ⁰⁰	
"	ID# CK#	CATHERINE F Peet 2833 ROSS RD. Ames 50014		30 ⁰⁰	
"	ID# CK#	Randi Peters 3127 GREENWOOD RD. Ames, 50014		25 ⁰⁰	
"	ID# CK#	Rebecca Hoepfner 3503 ONTARIO Ames 50014		25	
SUB-TOTAL				\$ 395	
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) (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

SCHEDULE A (Rev. 06/97)	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)

Citizens for Wauel-Kroeschell

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
5-22-06	ID# CK#	Robert Kenksieck 621 Garden Rd. Ames 50010		\$ 25 ⁰⁰	
"	ID# CK#	Douglas B. Haviland 1239 Wisconsin Ave Ames 50014		15 ⁰⁰	
"	ID# CK# 1226	Story County Democratic Central Com. Box 1256 Ames 50014		25 ⁰⁰	
"	ID# 6060 CK# 2436	Iowa Committee on Political Action AFL-CIO 2000 Walker, Suite A Des Moines, IA 50317		150 ⁰⁰	
	ID# CK#				

SUB-TOTAL

\$ 215

TOTAL (if last page of this schedule)

\$ 610

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FOR INSTRUCTIONS, SEE BACK OF FORM

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

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.

SCHEDULE B (Rev. 09/97)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)
Citizens for Wendell-Kroenke

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
5-19-06	ID# 1 CK# 1148	CARTER PRINTING 1739 Grand Ave Des Moines, IA 50316	Business Cards	\$6148
	ID# CK#			
SUB-TOTAL				\$
TOTAL (if last page of this schedule)				\$ 6148

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 56.6(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)
Citizens for Wenzel-Knoeschell

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

TOTAL UNPAID LOANS FROM LAST REPORTING PERIOD \$ 288⁰⁰

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) \$ _____

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) \$ _____

From Schedule E -- TOTAL LOANS FORGIVEN \$ _____

TOTAL OUTSTANDING LOANS END OF REPORT PERIOD \$ _____

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