

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

FORM DR-2 (Rev. 12/2005)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	1615
Logged In	S
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	

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: LES 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: 1-18-07

I AM FILING A JANUARY 18, 2007 (report date) REPORT FOR (1) ELECTION YEAR / (2) NON-ELECTION YEAR. (1) ELECTION YEAR

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.)

IA ETHICS & CAMPAIGN DISCLOSURE BOARD
JAN 18 2007
FILED FAX

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.)\$ 2069.83

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below).....\$ 250.00

Schedule F: Loans Received total (Attach Schedule F).....\$ 0

Schedule H: Total Sales of Campaign Property (Attach Schedule H).....\$ 0

(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).....\$ 1005.67

Schedule F: Loan Repayments total (Attach Schedule F).....\$ 1,314.16

CASH ON HAND at the end of this reporting period (if final report balance must be zero) (Attach DR-3).....\$ 0

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

*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E).....\$ 2905.92

**OUTSTANDING LOANS (From Schedule F - Attach Schedule F).....\$ 0

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

CANDIDATE COMMITTEES ONLY:

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H).....\$ 0

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

For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

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

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
11-3	ID# CK# 2677	PAUL MCCORMURAN 2 CURTIS CIRCLE CLINTON, IA 52732	NONE	\$ 100 ⁰⁰	<input type="checkbox"/>
11-3	ID# CK# 2190	JOHN RIMMIDHIL 1531 8TH AVE S. CLINTON, IA 52732	NONE	100 ⁰⁰	<input type="checkbox"/>
11-3	ID# CK# 3995	CAROLYN CRIMES 530 30TH AVE N. CLINTON, IA 52732	NONE	50 ⁰⁰	<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

\$250⁰⁰

TOTAL (if last page of this schedule)

\$250⁰⁰

* 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



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)
SHIELDS FOR LEGISLATURE

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
<i>11-7</i>	ID# CK# <i>1024</i>	<i>HAPPY JOES PIZZA 406 S 1ST ST CLINTON, IA 52732</i>	<i>ELECTION NIGHT GATHERING</i>	<i>\$ 199⁷⁰</i>
<i>11-9</i>	ID# CK# <i>1025</i>	<i>CLINTON HERALD</i>	<i>NEWS PAPER AD</i>	<i>73²⁰</i>
<i>11-9</i>	ID# CK# <i>1026</i>	<i>CLINTON PRINTING</i>	<i>PRINTING MATERIAL COSTS</i>	<i>732⁷⁷</i>
	ID# CK#			
SUB-TOTAL				\$
TOTAL (if last page of this schedule)				\$ <i>1005.67</i>

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of 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 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).)

FOR INSTRUCTIONS, SEE BACK OF FORM



SCHEDULE F (Rev. 07/03)	LOANS RECEIVED & REPAID
<input type="checkbox"/> CHECK THIS BOX IF	

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

01/19/07 02:06pm P. 008

563 242 7030

HAPPY JOES

PART I LOANS RECEIVED DURING REPORTING PERIOD
Loans from banks, 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 CASH 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
12-20-06	LES SHIELDS 436 MILL ROAD RD CLINTON, IA 52732	CANDIDATE	\$ 1314.16

TOTAL CASH REPAYMENTS (PART II) \$ 1,314.16
From Schedule E - TOTAL LOANS FORGIVEN \$ 1,594.97
TOTAL OUTSTANDING LOANS END OF REPORT PERIOD \$ 0

*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.

Notice of Dissolution

Reset Form

Mail to:
IECDB
510 East 12th, Suite 1A
Des Moines, Iowa 50319

FILED fax
JAN 18 2007
BOARD

FORM (Rev. 07/03)

**DR-3
NOTICE OF
DISSOLUTION**

For Office Use Only

Comm. # 1615
 Indexed 2
 Audited _____
 Computer db
 Certified Date of Dissolution _____

COMMITTEE NAME

SHIELDS FOR LEGISLATURE
 Official Name of Committee

400 S. 1ST STREET
 Street

CLINTON, IOWA, 52732
 City, State, Zip Code

063 242-312-1
 Area Telephone
 Code

WHEN TO FILE:

The Notice of Dissolution must be filed within thirty (30) days of completion of all the following:

1. All debts, loans and obligations have been paid or transferred;
2. All campaign funds have been spent;
3. All campaign property sold or transferred (candidates only); and
4. A final report disclosing all transactions closing the committee.

For state candidates and state PACs, a final bank statement must be filed with the Notice of Dissolution or as soon as possible if the bank statement is not available at the time the Notice of Dissolution is filed.

[Signature] TREASURER
 Signature of Candidate or Treasurer (if candidate's committee)/Signature of Chair or Treasurer (if PAC)

1-19-07
 Date Signed

FOR INSTRUCTIONS, SEE BACK OF FORM
This form is not applicable to statutory political committees.