

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

FORM DR-2 (Rev. 03/2003)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	<u>6484</u>
Logged In	<u>S</u>
Scanned	
Computer	
Audited	

COMMITTEE NAME (Must be same as on Statement of Organization)
IDA SOCIETY OF ANESTHESIOLOGISTS PAC PAC # 6484

IMPORTANT: Indicate type of committee you are reporting for: 2 007 JUL 18 PM 3:45

(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 Slate of Candidates

CANDIDATE COMMITTEES ONLY:

Candidate Name _____ Political Party _____

Office Sought _____ District (if Senate or House) _____

George Lederhaus MD 515-241-5722 7/17/07
 SIGNATURE OF TREASURER (or person filing this report) TELEPHONE 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 7/19/07 REPORT FOR AN/A (1) ELECTION / (2) NON-ELECTION YEAR.
 (report date)

Indicate one 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 Notice of Dissolution 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. (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.) \$ 3,105²⁷

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (**also see in-kind below) 9,325⁰⁰

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 \$ 12,420²⁷

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below).... - 1,300⁰⁰

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) \$ 11,120²⁷

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

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

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

CANDIDATE COMMITTEES ONLY:

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

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

For Instructions, See Back of Form

CONTRIBUTIONS – MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 06/97)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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

IOWA SOCIETY OF ANESTHESIOLOGISTS PAC PAC #6484

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 FC FUND-RAISE/ INCOM
1/5/07	ID# CK#	MAURICE HART, MD 411 LAUREL ST. DES MOINES, IA 50314		\$ 250	
1/12/07	ID# CK#	DIRK BROM 3320 FOXLEY DR. AMES, IA 50010		100	
1/16/07	ID# CK#	PAOLA MCFADDEN, MD 4150 LIMBALL AVE. WATERLOO, IA 50704		100	
1/18/07	ID# CK#	DAVID PAPWORTH, MD 200 HAWKINS DR. IOWA CITY, IA 52242		100	
1/26/07	ID# CK#	ROBERT BECKMAN, MD 500 E. MARKET ST. IOWA CITY, IA 52245		100	
1/26/07	ID# CK#	JOHNNY BRIAN, MD PO BOX 2441 DAVENPORT, IA 52809		500	
1/26/07	ID# CK#	JUDITH DILLMAN, MD 540 E. JEFFERSON IOWA CITY, IA 52245		100	
2/20/07	ID# CK#	JOHN MOYERS, MD 200 HAWKINS DR IOWA CITY, IA 52242		100	
2/20/07	ID# CK#	TIM BRENNAN, MD 200 HAWKINS DR. IOWA CITY, IA 52242		100	
2/22/07	ID# CK#	JOHN SKOUMAL, MD 411 LAUREL ST. DES MOINES, IA 50314		100	
SUB-TOTAL				\$ 1,550	
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

CONTRIBUTIONS -- MONEY TAKEN IN
(Including candidate's personal funds)

SCHEDULE A (Rev. 06/97)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)
 IOWA SOCIETY OF ANESTHESIOLOGISTS PAC PAC#6484

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 FC FUND-RAISEI INCOM
3/15/07	ID# CK#	RICHARD AERTS, MD 1550 BOYSON RD. HIAWATHA, IA 52233		\$ 250	
"	ID# CK#	MICHAEL ALMASI, MD 1550 BOYSON RD. HIAWATHA, IA 52233		100	
"	ID# CK#	DAVID CRUMLEY, MD 1550 BOYSON RD HIAWATHA, IA 52233		100	
"	ID# CK#	CARRIE DYKSTRA, MD 1550 BOYSON RD. HIAWATHA, IA 52233		100	
"	ID# CK#	TORK HARMAN, MD 1550 BOYSON RD. HIAWATHA, IA 52233		250	
"	ID# CK#	DAVID HAUPT, MD 1550 BOYSON RD. HIAWATHA, IA 52233		100	
"	ID# CK#	JOHN HERRING, MD 1550 BOYSON RD. HIAWATHA, IA 52233		100	
"	ID# CK#	NANCY LORENZINI, MD 1550 BOYSON RD. HIAWATHA, IA 52233		150	
"	ID# CK#	STEPHEN MAZE, MD 1550 BOYSON RD. HIAWATHA, IA 52233		100	
"	ID# CK#	SCOTT MURTHA, MD 1550 BOYSON RD. HIAWATHA, IA 52233		100	
SUB-TOTAL				\$ 1,350	
TOTAL (if last page of this schedule)				\$	

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For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(including candidate's personal funds)

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

IOWA SOCIETY OF ANESTHESIOLOGISTS PAC PAC #6484

SCHEDULE A (Rev. 06/97)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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 FC FUND-RAISE/ INCOM
3/15/07	ID# CK#	JULIE SADDLER, MD 1550 BOYSON RD. HIAWATHA, IA 52233		\$ 100	
"	ID# CK#	DOUGLAS SEDLACEK, MD 1550 BOYSON RD HIAWATHA, IA 52233		200	
"	ID# CK#	HANS STEINE, MD 1550 BOYSON RD. HIAWATHA, IA 52233		100	
"	ID# CK#	MARK STEINE, MD 1550 BOYSON RD. HIAWATHA, IA 52233		250	
"	ID# CK#	CHRISTOPHER TEGGATZ, MD 1550 BOYSON RD. HIAWATHA, IA 52233		100	
4/19/07	ID# CK#	TARA MATA, MD 200 HAWKINS DR. IOWA CITY, IA 52242		50	
5/1/07	ID# CK#	CHRISTOPHER WALSH, MD 1550 BOYSON RD. HIAWATHA, IA 52233		100	
"	ID# CK#	DAVID BURKAMPER, MD 1550 BOYSON RD. HIAWATHA, IA 52233		100	
5/16/07	ID# CK#	TIMOTHY MAUES, MD 500 E MARKET ST. IOWA CITY, IA 52245		100	
"	ID# CK#	BRYAN PEARSON, MD 411 LAUREL ST. DES MOINES, IA 50314		125	
SUB-TOTAL				\$ 1,225	
TOTAL (if last page of this schedule)				\$	

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(for Schedule A)

For Instructions, See Back of Form

CONTRIBUTIONS – MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 08/97)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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

IOWA SOCIETY OF ANESTHESIOLOGISTS PAC PAC #6482

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 FC FUND-RAISE/ INCOM
5/16/07	ID# CK#	JAMES FAUST, MD 1215 PLEASANT ST. DES MOINES, IA 50309		\$ 150	
5/18/07	ID# CK#	TIM BRENNAN, MD 200 HAWKINS DR. IOWA CITY, IA 52242		125	
"	ID# CK#	THOMAS MUKKADA, MD 312 E ALTA VISTA OTTUMWA, IA 52501		500	
"	ID# CK#	DAVID JOHNS, DO 1215 PLEASANT ST. DES MOINES, IA 50309		150	
"	ID# CK#	JOHN QUINN, MD 1215 PLEASANT ST. DES MOINES, IA 50309		250	
5/22/07	ID# CK#	GEORGE LEDERHAAS, MD 1215 PLEASANT ST. DES MOINES, IA 50309		250	
5/22/07	ID# CK#	JASON WALKER, MD 411 LAUREL ST. DES MOINES, IA 50314		100	
5/30/07	ID# CK#	PATRICIA HOFFMANN, DO 1215 PLEASANT ST. DES MOINES, IA 50309		125	
5/30/07	ID# CK#	JEFF DRAWBOND, MD 1215 DUFF AVE. AMES IA 50010		250	
6/1/07	ID# CK#	STEPHEN FORNEY, MD 1215 PLEASANT ST. DES MOINES IA 50309		125	
SUB-TOTAL				\$2,025	
TOTAL (if last page of this schedule)				\$	

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(for Schedule A)

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 06/97)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)
 IOWA SOCIETY OF ANESTHESIOLOGISTS PAC PAC #6484

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 FC FUND-RAISE INCOM
6/1/07	ID# CK#	BLYTHE HARRIS, MD 411 LAUREL ST. DES MOINES, IA 50309		\$ 100	
"	ID# CK#	CLINTON HARRIS, MD 411 LAUREL ST. DES MOINES, IA 50309		100	
"	ID# CK#	FRANKLIN SCAMMAN, MD 200 HAWKINS DR. IOWA CITY, IA 52242		100	
"	ID# CK#	PAUL BURKE, DO 2515 W. SLOWAY SIOUX CITY, IA 51104		250	
"	ID# CK#	BRADLEY HINDMAN, MD 200 HAWKINS DR. IOWA CITY, IA 52242		500	
6/7/07	ID# CK#	DIRK BROM, MD 3320 FOXLEY DR. AMES, IA 50010		100	
"	ID# CK#	JEFFREY ANDERSON, MD 1215 PLEASANT ST. DES MOINES, IA 50309		250	
"	ID# CK#	CHRISTINE JARSTENSEN, MD 411 LAUREL ST. DES MOINES, IA 50309		500	
"	ID# CK#	DEBORAH TETRINE, MD 200 HAWKINS DR. IOWA CITY, IA 52242		50	
"	ID# CK#	JOHANNY BRIAN, JR MD PO BOX 2441 DAVENPORT IA 52809		500	
SUB-TOTAL				\$ 2,450	
TOTAL (if last page of this schedule)				\$	

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For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 06/97)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization) PAC #484
 IOWA SOCIETY OF ANESTHESIOLOGISTS PAC #484

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
6/28/07	ID# CK#	HANS STEINE, MD 1550 BOYSON RD. HIAWATHA, IA 52233		\$ 250	
	ID# CK#	ROBERT SHONTZ, MD 1444 JACKENSON LN. IOWA CITY, IA 52240		25	
6/29/07	ID# CK#	MARK SHOCKLEY, MD 2710 ST. FRANCIS DR. WATERLOO, IA 50702		200	
	ID# CK#	KEVIN WATKINS, MD 540 E. JEFFERSON ST. IOWA CITY, IA 52245		250	
	ID# CK#				

SUB-TOTAL
 \$ 725
 TOTAL (if last page of this schedule)
 \$ 9,325

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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)
 IOWA SOCIETY OF ANESTHESIOLOGISTS PAC PAC # 6484

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
1/02/07	ID# 863 CK# 1597	COMMITTEE TO ELECT MASCHEK	CAMPAIGN	\$ 400
1/03/07	ID# 1385 CK# 1596	MCCARTHY FOR STATE REPRESENTATIVE	"	400
1/22/07	ID# 952 CK# 1593	LUNDBY FOR IOWA SENATE	"	500
	ID# CK#			
SUB-TOTAL				\$
TOTAL (if last page of this schedule)				\$ 1,300

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).)