

File with:
Iowa Ethics and Campaign
Disclosure Board
510 E. 12th St. 1A
Des Moines, Iowa 50319
Fax: 515-281-4073



LA ETHICS AND
Fax
2008 JAN 14 AM 7:56

FOR INSTRUCTIONS, SEE BACK OF FORM
DISCLOSURE SUMMARY PAGE

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

JOSH EATON FOR STATE REPRESENTATIVE

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 JOSH EATON Political Party (if applicable) DEMOCRATIC
Office Sought STATE HOUSE DIST 10 District (if Senate or House) 10

FORM DR-2 (Rev. 07/2007)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	<u>1712</u>
Logged In	<u>S</u>
Scanned	<u>✓</u>
Computer	_____
Audited	_____

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a

[Signature]

SIGNATURE OF PERSON FILING REPORT

(515) 382-3050

TELEPHONE

1-11-08

DATE SIGNED

I AM FILING A 1-11-08 REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR.
(report date) Indicate by # 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 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>.00</u>
ADD TOTAL MONEY TAKEN IN THIS PERIOD		
Schedule A: Cash Contributions total (Attach Schedule A) (**also see In-kind below)		<u>23,995.00</u>
Schedule F: Loans Received total (Attach Schedule F)		<u>.00</u>
Schedule H: Total Sales of Campaign Property (Attach Schedule H)		<u>.00</u>
<u>(Schedule H applies to Candidates' Committees Only)</u>		
SUB-TOTAL	\$	<u>23,995.00</u>
SUBTRACT TOTAL MONEY SPENT THIS PERIOD		
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)		<u>295.44</u>
Schedule F: Loan Repayments total (Attach Schedule F)		<u>.00</u>
CASH ON HAND at the end of this reporting period (if final report balance must be zero)	\$	<u>23,699.56</u>
**UNPAID BILLS (From Schedule D - Attach Schedule D)	\$	<u>.00</u>
**IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)	\$	<u>77.93</u>
**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)	\$	<u>.00</u>
CONSULTANT BREAKDOWN (Schedule G Attached?)	YES <input checked="" type="checkbox"/> NO	
CANDIDATE COMMITTEES ONLY:		
VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)	\$	<u>.00</u>

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

For Instructions, See Back of 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)
JOSH EATON FOR STATE REPRESENTATIVE

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/YY)	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
9/24/07	ID# CK#	JOSH EATON 1032 W AVENUE NEWADA, IA 50201	CANDIDATE	\$ 250 ⁰⁰	<input type="checkbox"/>
10/12/07	ID# CK#	PAUL MONTOVER 1201 N. 5TH ST. MANCHESTER, IA 52057		100 ⁰⁰	<input checked="" type="checkbox"/>
10/15/07	ID# CK#	JEFF HAUENSTEIN 1040 W AVENUE NEWADA, IOWA 50201		100 ⁰⁰	<input checked="" type="checkbox"/>
10/16/07	ID# CK#	THOMAS WYNIA 829 GRAND AVENUE STORY CITY, IA 50248		100 ⁰⁰	<input checked="" type="checkbox"/>
10/16/07	ID# CK#	RICHARD OLIVE 1264 NORTH WASE RD STORY CITY, IA 50248		100 ⁰⁰	<input checked="" type="checkbox"/>
10/16/07	ID# CK#	LARRY M. TRUITT 1450 W. 7TH STREET NEWADA, IOWA 50201		100 ⁰⁰	<input checked="" type="checkbox"/>
10/13/07	ID# CK#	RON GARRET 2707 28TH AVE SW CEDAR RAPIDS, IOWA 52404		100 ⁰⁰	<input checked="" type="checkbox"/>
10/13/07	ID# CK#	JOEL RASMUSSEN 1001 222ND DR OGBEN, IOWA 50212		100 ⁰⁰	<input checked="" type="checkbox"/>
10/13/07	ID# CK#	MELISSA STENDER P.O. BOX 523 PLEASANTVILLE, IOWA 50225		50 ⁰⁰	<input checked="" type="checkbox"/>
10/13/07	ID# CK#	THOMAS BELL 1217 ROOSEVELT AVENUE AMES, IOWA 50010		50 ⁰⁰	<input checked="" type="checkbox"/>
SUB-TOTAL				\$ 1,050	
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. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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

JOSH EATON FOR STATE REPRESENTATIVE

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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10/13/07	ID# CK#	SCOTT SNYDER 1720 W. 3RD ST. DEBBY, IOWA 50220		\$ 100 ⁰⁰	<input checked="" type="checkbox"/>
10/13/07	ID# CK#	CINDY JERNINGBY 1060' U AVENUE NEVADA, IOWA 50201		100 ⁰⁰	<input checked="" type="checkbox"/>
10/13/07	ID# CK#	BRENT WYNJA 1012 HUNZIKER DRIVE AMES, IOWA 50010		100 ⁰⁰	<input checked="" type="checkbox"/>
10/13/07	ID# CK#	ARLIN T. BRANHAGEN 1122 28TH STREET AMES, IOWA 50010		20 ⁰⁰	<input checked="" type="checkbox"/>
10/13/07	ID# CK#	FRANCES LANNING 610 HIGHVIEW NEVADA, IOWA 50201		100 ⁰⁰	<input checked="" type="checkbox"/>
10/13/07	ID# CK#	HERMAN QUIRMBACH 1002 JARRETT CIRCLE AMES, IOWA 50014		50 ⁰⁰	<input checked="" type="checkbox"/>
10/13/07	ID# CK#	LETIA TESFATSION 1002 JARRETT CIRCLE AMES, IOWA 50014		50 ⁰⁰	<input checked="" type="checkbox"/>
10/13/07	ID# CK#	LISA HEDDENS 4541 513TH AVENUE AMES, IOWA 50014		25 ⁰⁰	<input checked="" type="checkbox"/>
10/13/07	ID# CK#	BRIAN MEYER 5417 SE 29TH ST. DES MOINES, IOWA 50320		25 ⁰⁰	<input checked="" type="checkbox"/>
10/13/07	ID# CK#	CALVIN HALLIBURTON 1128 ROOSEVELT AMES, IOWA 50010		50 ⁰⁰	<input checked="" type="checkbox"/>
SUB-TOTAL				\$ 1670 ⁰⁰	
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. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)
JOSH EATON FOR STATE REPRESENTATIVE

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
10/13/07	ID# CK#	SARAY OPSTVEDT 1309 PARKVIEW DRIVE STORY CITY, IOWA 50248		\$ 100 ⁰⁰	<input checked="" type="checkbox"/>
10/13/07	ID# CK#	ROBERT WYMORE 1216 WEST STATE MASON CITY, IA 50401		100 ⁰⁰	<input checked="" type="checkbox"/>
10/13/07	ID# CK#	DOUGLAS KINGSBURY 23471 HWY 69 NEW VIRGINIA, IA 50210		100 ⁰⁰	<input checked="" type="checkbox"/>
10/13/07	ID# CK#	MICHAEL KRIEGBMEIER 6051 BEVERLY ROAD SW CEDAR RAPIDS, IA 52404		50 ⁰⁰	<input checked="" type="checkbox"/>
10/13/07	ID# CK#	LYLE GLASS 7393 30TH AVENUE ATKINS, IA 52206		100 ⁰⁰	<input checked="" type="checkbox"/>
10/13/07	ID# CK#	TED TOSTLEBE 1336 PARKVIEW DRIVE STORY CITY, IA 50248		100 ⁰⁰	<input checked="" type="checkbox"/>
10/13/07	ID# CK#	UNITEMIZED RECEIPTS FROM PASS THE HAT		657 ⁰⁰	<input checked="" type="checkbox"/>
10/13/07	ID# 8026 CK# 16721	I. B. E. W. EDUCATIONAL COMMITTEE 900 SEVENTH STREET, N.W. WASHINGTON, D.C. 20001		20,000 ⁰⁰	<input checked="" type="checkbox"/>
10/26/07	ID# CK#	BETTY BRIM-HUNTER 452 WILMERS AVE. DELMONIES, IA. 50315		100 ⁰⁰	<input type="checkbox"/>
10/19/07	ID# CK#	RICHARD FLYNN 609 S. WALNUT STREET CRESTON, IA 50801		100 ⁰⁰	<input type="checkbox"/>
SUB-TOTAL				\$23,077 ⁰⁰	
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. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)
JOSH EATON FOR STATE REPRESENTATIVE

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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
10/13/07	ID# CK#	HAROLD S. MCNABB 1232 WISCONSIN AVENUE AMES, IOWA 50014		\$ 100 ⁰⁰	<input checked="" type="checkbox"/>
10/31/07	ID# CK#	LINDA KRAUSE 3626 OAKCREST DRIVE DES MOINES, IA 50310		50 ⁰⁰	<input type="checkbox"/>
11/14/07	ID# CK#	MARY BUKTA 604 SOUTH 32 ND STREET CLINTON, IOWA 52732		250 ⁰⁰	<input type="checkbox"/>
12/13/07	ID# CK#	GILLEN E. SPENCER 823 ASHWOOD DRIVE HUXLEY, IOWA 50124		100 ⁰⁰	<input checked="" type="checkbox"/>
12/13/07	ID# CK#	TED TOSTLEBE 1336 PRAIRIEVIEW DRIVE STORY CITY, IOWA 50248		50 ⁰⁰	<input checked="" type="checkbox"/>
12/13/07	ID# CK#	HERMAN C. QUIRMBACH 1002 JARRETT CIRCLE AMES, IOWA 50014		50 ⁰⁰	<input checked="" type="checkbox"/>
12/13/07	ID# CK#	FAY BURDICK 710 11TH STREET NEWADA, IOWA 50201		35 ⁰⁰	<input checked="" type="checkbox"/>
12/13/07	ID# CK#	SANDY OPSTVEDT 1309 PARK VIEW DRIVE STORY CITY, IOWA 50248		25 ⁰⁰	<input checked="" type="checkbox"/>
12/13/07	ID# CK#	MARCIE M. OSMBUNDSON 926 FOREST AVENUE STORY CITY, IOWA 50248		25 ⁰⁰	<input checked="" type="checkbox"/>
12/13/07	ID# CK#	UNITEMIZED RECEIPTS FROM PASS THE HAT		233 ⁰⁰	<input checked="" type="checkbox"/>

SUB-TOTAL

\$23,995⁰⁰

TOTAL (If last page of this schedule)

\$23,995⁰⁰

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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)
JOSH EATON FOR STATE REPRESENTATIVE

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
9/19/07	ID# CK# AUTO DEDUCT	COMMUNITY BANK 1121 SOUTH G AVENUE NEVADA, IA 50201	PURCHASE 1 BOX OF CHECKS	\$ 12.00
10/17/07	ID# CK# 1001	JOSH EATON 1032 W AVENUE NEVADA, IA 50201	REIMBURSE JOSH EATON FOR FOOD, NAME TAGS, PROpane FOR GAS GRILLS AND ICE FOR EATON'S FUND RAISER	\$ 241.04
10/30/07	ID# CK# 1002	NILE LANNING 610 HIGHVIEW NEVADA, IOWA 50201	300 POST CARDS FROM CARTER PRINTING	42.40
	ID# CK#			
SUB-TOTAL				\$ 295.44
TOTAL (If last page of this schedule)				\$ 295.44

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).)

FOR INSTRUCTIONS, SEE BACK OF FORM

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

JOSH EATON FOR STATE REPRESENTATIVE

SCHEDULE E (Rev. 06/97)	IN-KIND CONTRIBUTIONS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
10/10/07	CHAD FRY 17047 640TH AVENUE NEWARR, IOWA 50201		BEER AND WINE FOR FUND RAISER	\$ 58.95	<input checked="" type="checkbox"/>
10/12/07	SANDY OPSTVEDT 1309 PARKVIEW DRIVE STORY CITY, IOWA 50248		150 COPIES FOR FLYERS FOR FUND-RAISER	13.52	<input checked="" type="checkbox"/>
11/6/07	JOSH EATON 1032 LA AVENUE NEWARR, IOWA 50201		POSTAGE FOR THANK YOUS	5.46	<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

SUB-TOTAL \$ 77.93
 TOTAL (if last page of this schedule) \$ 77.93

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