FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

IA ETHICS AND CAMPAIGN DISCLOSURE BD
2008 JAN 15 AM 11:14

FORM DR-2 (Rev. 01/98) | DISCLOSURE REPORT

For Office Use Only
Comm. # 6044
Indexed S
Audited
Computer

COMMITTEE NAME (Must be same as on Statement of Organization)
Hearing Aid Specialist Political Action Committee

IMPORTANT: Indicate type of committee you are reporting for: 2

(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 State of Candidates

Peggy Stephens BC-HIS (641) 424-1111 1/15/08
SIGNATURE OF TREASURER (or person filing this report) TELEPHONE DATE SIGNED

Routine Penalties Due For Late Filed Reports Range from $20 to $800

SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE:

I AM FILING A 1/19/2008 (report date) REPORT FOR AN/A (1) ELECTION /(2)NON-ELECTION YEAR.
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.) ..... $ 158.37

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) 740.00

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 ..... $ 898.37

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) 19.26

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) ..... $ 879.11

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

SCHEDULE A (Rev. 06/07)	MONETARY RECEIPTS
☐ 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)*
Hearing Aid Specialist Political Action Committee

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
10/5/07	ID# CK# 5579	Shirley Albright 1620 Oakwood Dr. Carroll, IA 51401		$ 20.00	
10/5/07	ID# CK# 1539	Ronald L. Potter 1416 W. 4th St. Waterloo, IA 50702-2908		50.00	
10/5/07	ID# CK# 3005	Henry F. Schmidt 3171 Larach Ave. Sheldon, IA 51201		50.00	
10/5/07	ID# 17871 CK#	Rodger B. Kramer 2322 E. Kimberly Road Davenport, IA 52807		100.00	
10/5/07	ID# CK# Cash	Margaret Lake 1640 W. Locust Davenport, IA 52804		20.00	
10/5/07	ID# CK# Cash	Larry Dellwo 107 W. 5th Storm Lake, IA 50588		20.00	
10/5/07	ID# CK# Cash	R. David Nelson 119 E. 5th St. Box 17 Spencer, IA 51301		20.00	
10/5/07	ID# CK# Cash	Monica Duve 1601 52nd Ave. Ste 6 Moline, IL 61265		20.00	
10/5/07	ID# CK# Cash	Dean Kayser 3529 East 26th St. Des Moines, IA 50317		60.00	
10/5/07	ID# CK# Cash	Dawn Boyle 30 W. Main St. Marshalltown, IA 50158		20.00	
			SUB-TOTAL	$ 380.00	
			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) (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. 08/97)	MONETARY RECEIPTS
☐ 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)*
Hearing Aid Specialist Political Action Committee

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
10/5/07	ID# CK# Cash	Peggy L. Stephens 2428 4th S.W. Mason City, IA 50401		$30.00	
10/5/07	ID# CK# Cash	Jerry Smith 118 E. 13th St. Box 808 Ames, IA 50010		100.00	
10/5/07	ID# CK# Cash	Coral Jud 9 N 18th St. Fort Dodge, IA 50501		20.00	
10/5/07	ID# CK# Cash	Kyle Kuhlman 834 W 4th St. Waterloo, IA 50702		5.00	
10/5/07	ID# CK# Cash	Jean Duran 125 1st St. N.W. Lemars, IA 51031		20.00	
10/5/07	ID# CK# Cash	Mike D. Smith 118 E. 13th St. Ames, IA 50010		30.00	
10/5/07	ID# CK# Cash	Jeffrey S. Smith 834 W. 4th Street Waterloo, IA 50702		55.00	
10/12/07	ID# CK# 15186	Jason E. Aird 415 10th Ave. Coralville, IA 52241		100.00	
	ID# CK#				
	ID# CK#				

SUB-TOTAL $360.00

TOTAL *(If last page of this schedule)* $740.00

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SCHEDULE B (Rev. 09/97)	MONETARY EXPENDITURES
☐ CHECK THIS BOX IF AMENDING 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.

COMMITTEE NAME *(Must be same as on Statement of Organization)*
Hearing Aid Specialist Political Action Committee

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
7/9/07	ID# CK# Auto	Wells Fargo Bank Mason City, IA 50401	Mo. Service Chg	$ 3.21
8/7/07	ID# CK# Auto	Wells Fargo Bank Mason City, IA 50401	Mo. Service Chg	3.21
9/10/07	ID# CK# Auto	Wells Fargo Bank Mason City, IA 50401	Mo. Service Chg	3.21
10/5/07	ID# CK# Auto	Wells Fargo Bank Mason City, IA 50401	Mo. Service Chg	3.21
11/7/07	ID# CK# Auto	Wells Fargo Bank Mason City, IA 50401	Mo. Service Chg	3.21
12/7/07	ID# CK# Auto	Wells Fargo Bank Mason City, IA 50401	Mo. Service Chg	3.21
	ID# CK#			
	ID# CK#			
			SUB-TOTAL	$
			TOTAL *(If last page of this schedule)*	$ 19.26

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)(l).)

(for Schedule B)