

SENT 7-15-08

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

Reset Form

IA ETHICS AND
CAMPAIGN DISCLOSURE BD.
PM 9-8
2009 SEP -9 AM 10:59

FOR INSTRUCTIONS, SEE BACK OF FORM
DISCLOSURE SUMMARY PAGE

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

KIBBIE FOR SENATE

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: John P. Kibbie
Political Party (if applicable): Democrat

Office Sought: State Senate
District (if Senate or House): 4

FORM DR-2 (Rev. 07/2007)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	<u>464</u>
Logged In	
Scanned	
Computer	<u>WRS WRS</u>
Audited	<u>10-22-09 e</u>

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

John M. Hand
SIGNATURE OF PERSON FILING REPORT

(712) 852-4808
TELEPHONE

7-15-08
DATE SIGNED

I AM FILING A July 21, 2008 REPORT FOR (1) ELECTION //(2)NON-ELECTION YEAR.
(report date) Indicate by # 1

CHECK IF AMENDMENT TO REPORT DATED 7-21-08

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>23,306.12</u>
ADD TOTAL MONEY TAKEN IN THIS PERIOD		
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)		<u>3,025.00</u>
Schedule F: Loans Received total (Attach Schedule F)		<u>0.00</u>
Schedule H: Total Sales of Campaign Property (Attach Schedule H)		<u>0.00</u>
(Schedule H applies to Candidates' Committees Only)		
SUB-TOTAL	\$	<u>26,331.12</u>
SUBTRACT TOTAL MONEY SPENT THIS PERIOD		
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)		<u>202.03</u>
Schedule F: Loan Repayments total (Attach Schedule F)		<u>0.00</u>
CASH ON HAND at the end of this reporting period (if final report balance must be zero)	\$	<u>26,129.09</u>
**UNPAID BILLS (From Schedule D - Attach Schedule D)	\$	0.00 <u>946.00</u>
*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)	\$	<u>0.00</u>
**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)	\$	<u>0.00</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>0.00</u>

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

0248

IA ETHICS AND
CAMPAIGN DISCLOSURE
PM 7:16
2008 JUL 17 AM 10:10

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S

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Disclosure Board
510 E. 12th, Ste. 1A
Des Moines, Iowa 50319
Fax: 515-281-4073

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

KIBBIE FOR SENATE

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(1)Statewide/Legislative/Judge Standing for Retention Candidate (2)State PAC (3)State Party
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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: John P. Kibbie
Office Sought: State Senate
Political Party (if applicable): Democrat
District (if Senate or House): 4

See amended report

FORM DR-2 (Rev. 07/2007)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	<u>H6H</u>
Logged In	<u>S e</u>
Scanned	<u>WRS DV</u>
Computer	<u>WRS DV</u>
Audited	<u>3 pages</u>

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

John M. Hand
SIGNATURE OF PERSON FILING REPORT

(712) 852-4808
TELEPHONE

7-15-08
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(report date) Indicate by # 1

- CHECK IF AMENDMENT TO REPORT DATED _____
- Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
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Local Committees, enter Date of Election
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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.)	\$	23,306.12	✓
ADD TOTAL MONEY TAKEN IN THIS PERIOD			
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)		3,025.00	✓
Schedule F: Loans Received total (Attach Schedule F)		0.00	
Schedule H: Total Sales of Campaign Property (Attach Schedule H)		0.00	
(Schedule H applies to Candidates' Committees Only)			
SUB-TOTAL	\$	26,331.12	
SUBTRACT TOTAL MONEY SPENT THIS PERIOD			
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)		202.03	✓
Schedule F: Loan Repayments total (Attach Schedule F)		0.00	
CASH ON HAND at the end of this reporting period (if final report balance must be zero)	\$	26,129.09	
**UNPAID BILLS (From Schedule D - Attach Schedule D)	\$	0.00	
*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)	\$	0.00	
**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)	\$	0.00	
CONSULTANT BREAKDOWN (Schedule G Attached?)		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
CANDIDATE COMMITTEES ONLY:			
VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)	\$	0.00	
STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.			

For Instructions, See Back of Form

Reset Form

SCHEDULE A (Rev. 07/03)	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)
KIBBIE FOR SENATE

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
06/18/08	ID# 6038 CK# 501	Verizon Iowa State Good Govt PAC 101 11th Ave. Grinnell, IA 50112		\$250.00	<input type="checkbox"/>
06/18/08	ID# 6027 CK# 2686	Deere PAC Iowa 666 Grand Ave., Suite 1707 Des Moines, IA 50309		1,000.00	<input type="checkbox"/>
07/10/08	ID# CK#	Trudy Kattner P.O. Box 94 Algona, IA 50511		25.00	<input type="checkbox"/>
07/10/08	ID# 6237 CK# 2017	ABATEPAC 3118 Eastern Ave. NE Cedar Rapids, IA 52402		500.00	<input type="checkbox"/>
07/10/08	ID# 8438 CK# 2616	MEDCO Health PAC 591 Redwood Hwy, Bldg 4000 Mill Valley, CA 94941		250.00	<input type="checkbox"/>
07/10/08	ID# 6113 CK# 4051	AFSME/IOWA Public Employees PAC 4320 N.W. 2nd Ave. Des Moines, IA 50313		1,000.00	<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				\$ 3,025.00	
TOTAL (if last page of this schedule)				\$ 3,025.00	

* 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

Reset 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)
KIBBIE FOR SENATE

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
06/25/08	ID# CK#	Carter Printing Co. Inc. 1739E. Grand Ave. Des Moines, IA 50316	Invitations for Fundraiser	\$ 27.56
06/25/08	ID# 9098 CK#	Iowa Democratic Party 5661 Fleur Dr. Des Moines, IA 50321	Postage for mailing invitations for fundraiser	84.00
07/02/08	ID# CK#	E-Pride Office Supplies 918 Broadway, Ste. 2 Emmetsburg, IA 50536	Supplies for campaign purposes	70.47
07/09/08	ID# CK#	Emmetsburg Publ Co. P.O. Box 73 Emmetsburg, IA 50536	Political ad for fundraiser	20.00
	ID# CK#			
SUB-TOTAL				\$ 202.03
TOTAL (if last page of this schedule)				\$ 202.03

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).)