

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

Reset Form

FOR INSTRUCTIONS, SEE BACK OF FORM
DISCLOSURE SUMMARY PAGE

2008 OCT 17 AM 8:53

COMMITTEE NAME (Must be same as on Statement of Organization)
Iowa Ophthalmology P.A.C.

IMPORTANT: Indicate by # type of committee you are reporting for: 2
 (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 _____ Political Party (if applicable) _____
 Office Sought _____ District (if Senate or House) _____

FORM DR-2
(Rev. 07/2007)

DISCLOSURE REPORT

For Office Use Only

Comm. # 6279
 Logged in MW
 Scanned _____
 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

Terese A Young - Iowa Academy Ophthalmology 515-984-6383 10/17/08
 EXECUTIVE DIRECTOR TELEPHONE DATE SIGNED

I AM FILING A October 19, 2008 REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR.
 (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.
(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.)	\$ 3,455.60
ADD TOTAL MONEY TAKEN IN THIS PERIOD	
Schedule A: Cash Contributions total (Attach Schedule A) ("also see in-kind below")	3,910.00
Schedule F: Loans Received total (Attach Schedule F)	_____
Schedule H: Total Sales of Campaign Property (Attach Schedule H)	_____
<u>(Schedule H applies to Candidates' Committees Only)</u>	
SUB-TOTAL	\$ 7,365.60
SUBTRACT TOTAL MONEY SPENT THIS PERIOD	
Schedule B: Expenditures total (Attach Schedule B) ("also see debts and loans below")	2,008.48
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)	\$ 5,357.12
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)	\$ _____
CONSULTANT BREAKDOWN (Schedule G Attached?) _____	YES NO
CANDIDATE COMMITTEES ONLY:	
VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)	\$ _____
STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.	

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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)
 Iowa Ophthalmology P.A.C.

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
8/05/08	ID# CK#	Gretchen Fuerste, MD 20922 Country Squire Lane Dubuque, IA 52001		\$365.00	<input type="checkbox"/>
8/05/08	ID# CK#	H. Culver Boldt, MD 29 Shagbark Ct. Iowa City, IA 52246		\$365.00	<input type="checkbox"/>
9/04/08	ID# CK#	Steven J. Jacobs, MD 1650 1st Ave., NE Cedar Rapids, IA 52403		\$500.00	<input type="checkbox"/>
9/04/08	ID# CK#	Christopher F. Blodi, MD 13380 Hickory Ave. Clive, IA 50325	12/31/07	\$500.00	<input type="checkbox"/>
9/25/08	ID# CK#	Richard C. Maurer, MD 1547 Olympic Rd. Waterloo, IA 50701		\$275.00	<input type="checkbox"/>
9/25/08	ID# CK#	Sanjay Shirish Shah, MD 1650 1st Ave., NE Cedar Rapids, IA 52402		\$275.00	<input type="checkbox"/>
9/25/08	ID# CK#	Gregory L. Thorgaard, MD 1005 E. Pennsylvania Ave. Ottumwa, IA 52501		\$150.00	<input type="checkbox"/>
9/25/08	ID# CK#	C. Rommel Furste, MD 2140 John F. Kennedy Rd. Dubuque, IA 52002		\$365.00	<input type="checkbox"/>
10/14/08	ID# CK#	Stephen R. Russell, MD 422 Butternut Lane Iowa City, IA 52246		\$250.00	<input type="checkbox"/>
10/14/08	ID# CK#	James Davison, MD 309 E. Church St. Marshalltown, IA 50158		\$365.00	<input type="checkbox"/>

SUB-TOTAL
 \$ 3410.00
 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). 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

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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.

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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
09/09/08	ID# CK#	Wells Fargo 666 Walnut Des Moines, IA 50309	Bank Charges and taxes	\$ 3.18
09/11/08	ID# CK#1007	Miller Meeks for Congress PO Box 3011 Iowa City, IA 52244	Political Contribution	500.00
09/26/08	ID# 1304 CK# 1008	Neighbors for Hatch 1623 Woodland Ave. Des Moines, IA 50309	Political Contribution	750.00
10/14/08	ID# 1336 CK#1009	Amanda Ragan for Iowa Senate 20 Granite Court, SE Mason City, IA 50401	Political Contribution	750.00
07/31/08	ID# CK#	Wells Fargo 666 Walnut Des Moines, IA 50309	Bank charges and taxes	5.30
	ID# CK#			
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$ 2008.48
TOTAL (if last page of this schedule)				\$ 2008.48

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)(f).)