

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

IA ETHICS AND
CAMPAIGN DISCLOSURE BOARD
PM 1-17
2009 JAN 20 PM 2:33

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

Committee to Elect Art Staed

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: Art Staed Political Party (if applicable): Democratic

Office Sought: State Representative District (if Senate or House): 37

FORM DR-2 (Rev. 07/2007)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	<u>1586</u>
Logged In	<u>[Signature]</u>
Scanned	_____
Computer	_____
Audited	_____
<u>7 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

Art Staed

319-899-4365

1-16-09

SIGNATURE OF PERSON FILING REPORT

TELEPHONE

DATE SIGNED

I AM FILING A 01-20-2009 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.)

\$ 6,905.28

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below) \$ 731.75

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..... \$ 7,637.03

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)..... \$ 2,092.06

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) \$ 5,544.97

****UNPAID BILLS** (From Schedule D - Attach Schedule D)..... \$ 344.95

****IN KIND CONTRIBUTIONS** (From Schedule E - Attach Schedule E)..... \$ 2,125.21

****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) \$ 200.00

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

For Instructions, See Back of Form

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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)

Committee to Elect Art Staed

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
10/29/2008	ID# 8026 CK# 18673	I.B.E.W. Educational Committee 900 Seventh Street N.W Washington, D.C. 20001		\$200.00	<input type="checkbox"/>
10/31/2008	ID# CK# 14510	Rebecca A. Mirabella 7818 Gray Fox Dr. NE Cedar Rapids, IA 52402-6701		50.00	<input type="checkbox"/>
11/03/2008	ID# CK# 4092	Mark T. Mentzer 5504 Old River Road Ely, IA 52227		50.00	<input type="checkbox"/>
11/03/2008	ID# CK# 6018	Robert E. Dvorsky 412 6th Street Coralville, IA 52241		50.00	<input type="checkbox"/>
11/05/2008	ID# 6439 CK# 17857	CWA - COPE PCC 501 3rd Street NW Washington, D.C. 20001		200.00	<input type="checkbox"/>
11/14/2008	ID# 6001 CK# 4570000259	Nationwide Mutual Insurance Company, Iowa PAC, 1100 Locust Road Des Moines, IA 50391		100.00	<input type="checkbox"/>
11/14/2008	ID# CK# 5889	Scott Olson 6467 Quail Ridge Dr. SW Cedar Rapids, IA 52404		50.00	<input type="checkbox"/>
12/01/2008	ID# CK# 5110	F. John Herbert 1103 Third Street SE Cedar Rapids, IA 52401		30.00	<input type="checkbox"/>
11/14/2008	ID# Bank Interest CK#	Guaranty Bank Banking account for Committee to Elect Art Staed PO Box 1807, Cedar Rapids, IA 52406		0.74	<input type="checkbox"/>
12/15/2008	ID# Bank Interest CK#	Guaranty Bank Banking account for Committee to Elect Art Staed PO Box 1807, Cedar Rapids, IA 52406		0.52	<input type="checkbox"/>

SUB-TOTAL

\$ 731.26
\$

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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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)
 Committee to Elect Art Staed

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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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
01/15/2009	ID# Bank Interest CK#	Guaranty Bank Banking account for Committee to Elect Art Staed PO Box 1807, Cedar Rapids, IA 52406		\$0.49	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<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
 \$ 0.49
TOTAL (if last page of this schedule)
 \$ 731.75

* 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.

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)

Committee to Elect Art Staed

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
10/29/2008	ID# CK# 2660	NCSML (National Czech & Slovak Museum & Library) 30 16th Ave. SW Cedar Rapids, IA 52404	Flood recovery fund raiser.	\$ 100.00
10/30/2008	ID# CK# 2661	House Truman Fund 5661 Fleur Drive Des Moines, IA 50321	Poling, mailings, and media.	1000.00
11/02/2008	ID# CK# 2662	Subway 5512 Blairs Forest Way NE Cedar Rapids, IA 52402	Food for volunteers at Linn County Democratic campaign headquarters.	168.29
11/02/2008	ID# CK# 2663	Hy Vee 3235 Oakland Road NE Cedar Rapids, IA 52402	Food for volunteers at Linn County Democratic campaign headquarters.	83.15
12/02/2008	ID# CK# 2664	Ad Craft Printing 309 Fifth Ave. SE, PO Box 246 Cedar Rapids, IA 52406	Invitation (postcards) to legislative forum at Reynaldos.	240.62
12/15/2008	ID# CK# 2665	Joe Stutler 581 Ashton Place NE, Apt. 1 Cedar Rapids, IA 52402-8359	Services conducting House District #37 election recount.	500.00
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$ 2092.06
TOTAL (if last page of this schedule)				\$ 2092.06

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).)

COMMITTEE NAME (Must be same as on Statement of Organization)
 Committee to Elect Art Staed

SCHEDULE D (Rev. 08/98)	INCURRED INDEBTEDNESS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

NOTE: Debts previously reported that remain unpaid must be included on this Schedule, as well as any new obligations incurred in this period.

Reset Form

**DEBTS/OBLIGATIONS REMAINING THIS REPORTING PERIOD
 (DO NOT INCLUDE LOANS – SHOW LOANS ON SCHEDULE F)**

An "incurred debt" is a debt for goods or services ordered or received, but not paid for by the end of the reporting period., regardless of whether an invoice has been received.

DATE INCURRED (MM/DD/YR)	NAME AND ADDRESS OF PERSON TO WHOM DEBT OR OBLIGATION IS OWED	DESCRIPTION OF GOODS OR SERVICES PROVIDED OR PURCHASED	BALANCE OWED AT CLOSE OF REPORTING PERIOD*
08/07/08 -09	Art Staed 2905 Alleghany Dr. NE Cedar Rapids, IA 52402	Monthly Access Charges for Blackberry Unlimited Plan 319-365-6993	\$ 44.99
09/07/08 -10	Art Staed 2905 Alleghany Dr. NE Cedar Rapids, IA 52402	Monthly Access Charges for Blackberry Unlimited Plan 319-365-6993	44.99
10/07/08 -11	Art Staed 2905 Alleghany Dr. NE Cedar Rapids, IA 52402	Monthly Access Charges for Blackberry Unlimited Plan 319-365-6993	44.99
11/07/08-12	Art Staed 2905 Alleghany Dr. NE Cedar Rapids, IA 52402	Monthly Access Charges for Blackberry Unlimited Plan 319-365-6993	44.99
12/07/08-01	Art Staed 2905 Alleghany Dr. NE Cedar Rapids, IA 52402	Monthly Access Charges for Blackberry Unlimited Plan 319-365-6993	44.99
12/31/2008	Art Staed 2905 Alleghany Dr. NE Cedar Rapids, IA 52402	Early termination fee for Blackberry Unlimited Plan 319-365-6993	120.00
SUB-TOTAL			\$ 344.95
TOTAL DEBTS OWED BY COMMITTEE AT THE END OF THIS REPORTING PERIOD			\$ 344.95

*If actual figure is unknown, show "estimated" beside the figure.

CANDIDATE COMMITTEES NOTE:
 *Incurred indebtedness also includes each person/entity with whom the candidate's committee has entered into a contract during the reporting period for future or continuing performance. Enter the name of the consultant who provides or procures services for items such as advertising, fund-raising, polling, managing, or

RESET

THIS FORM IS USED BY CANDIDATES' COMMITTEES ONLY

SCHEDULE H (Rev. 02/08)	CAMPAIGN PROPERTY
ATTACH SCHEDULE H TO EACH REPORT, MAKING CHANGES AS REQUIRED.	
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)
Committee to Elect Art Staed

PART I - ONGOING INVENTORY OF CAMPAIGN PROPERTY

Date Purchased (Schedule B) or Date Received (Schedule E) (MM/DD/YR)	Description of Property	Purchase Price or Est. Value When Acquired*	Current Value at Fair Market This Report
01/21/08	Blackberry 8830 PDA, charger, headset & case. Model # RBK41CG.	200.00	200.00

TOTAL VALUE CAMPAIGN PROPERTY THIS REPORT (TRANSFER TO SUMMARY PAGE) \$ 200.00

* If estimated, show *est.* beside figure.

PART II - SALES OR TRANSFERS OF CAMPAIGN PROPERTY **

Date (MM/DD/YR)	Name and Address of Purchaser/Donee	Description of Property	Sold? Y/N	Sale Price	Value of Donation

TOTALS \$ _____ \$ _____

** PROPERTY SALES & TRANSFERS TOTAL (TRANSFER TO SUMMARY PAGE) \$ _____

(Attach Additional Schedules if Needed)