

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



ETHICS AND  
CAMPAIGN DISCLOSURE BOARD

FOR INSTRUCTIONS, SEE BACK OF FORM  
**DISCLOSURE SUMMARY PAGE**

2009 JUL 20 AM 8:23

**COMMITTEE NAME (Must be same as on Statement of Organization)**  
Home Builders Association of Greater Des Moines

**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) \_\_\_\_\_

<b>FORM DR-2</b> (Rev. 12/2005)	<b>DISCLOSURE REPORT</b>
<b>For Office Use Only</b>	
Comm. # <u>6207</u>	
Logged In <u>AVW</u>	
Scanned _____	
Computer _____	
Audited _____	

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code section 68B.32A(7) the candidate, for a candidate's committee, and the chairperson, for any other type of committee, is the individual responsible for filing timely and accurate reports.

Credit Co  
SIGNATURE OF PERSON FILING REPORT

515-270-8500  
TELEPHONE

July 19, 2009  
DATE SIGNED

I AM FILING A July 19 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>417.81</u>
<b>ADD TOTAL MONEY TAKEN IN THIS PERIOD</b>		
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below).....		<u>1683.37</u>
Schedule F: Loans Received total (Attach Schedule F).....		<u>0</u>
Schedule H: Total Sales of Campaign Property (Attach Schedule H) .....		<u>0</u>
<u>(Schedule H applies to Candidates' Committees Only)</u>		
<b>SUB-TOTAL</b> .....	\$	<u>2101.18</u>
<b>SUBTRACT TOTAL MONEY SPENT THIS PERIOD</b>		
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below).....		<u>538.16</u>
Schedule F: Loan Repayments total (Attach Schedule F).....		<u>0</u>
CASH ON HAND at the end of this reporting period (if final report balance must be zero).....	\$	<u>1563.02</u>
**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
<b>CANDIDATE COMMITTEES ONLY:</b>		
VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)	\$	_____

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

**CONTRIBUTIONS - MONEY TAKEN IN**  
(Including candidate's personal funds)

SCHEDULE <b>A</b> (Rev. 08/97)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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

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/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
2/13/09	ID# 6146 CK# 1861	Home Builders Association PAC 3072 104th Street Urbandale, IA 50322		\$813.37	
4/21/09	ID# CK#	Steve Archer 2922 SW Glenbrook Blvd Ankeny IA 50023		100.00	
4/25/09	ID# CK#	Dean Vogel 1745 Hawthorne Dr. Waukee IA 50263		100.00	
4/29/09	ID# CK#	Kathy Borman 9460 Swenson Blvd Clive, IA 50325		100.00	
4/29/09	ID# CK#	Don Beal 7166 Dakota Drive West Des Moines, IA 50266		100.00	
4/30/09	ID# CK#	Don Knop 18214 Ridgeman Dr. Urbandale, IA 50323		100.00	
5/11/09	ID# CK#	<del>Pat King</del> Colin King 2814 122nd St Urbandale, IA 50323		100.00	
5/13/09	ID# CK#	Creighton Cox 12322 Winston Ave Urbandale, IA 50323		20.00	
5/18/09	ID# CK#	Ted Grob 1307 50th St. West Des Moines, IA 50266		100.00	
5/11/09	ID# CK#	Terry Doling 1318 NW Cedarwood Dr. Ankeny IA 50023		100.00	
SUB-TOTAL				\$1683.37	
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

**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.

SCHEDULE <b>B</b> (Rev. 09/97)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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

DATE EXPENDED (MM/DD/YY)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
1-30	ID# CK#	Charter Bank 5526 NW 86th St Johnston, IA 50131	Bank Fees	\$ 6.36
2-28	ID# CK#	Charter Bank	Bank Fees	6.36
3-30	ID# CK#	Charter Bank	Bank Fees	6.36
4-30	ID# CK#	Charter Bank	Bank Fees	6.36
5-30	ID# CK#	Charter Bank	Bank Fees	6.36
6-30	ID# CK#	Charter Bank	Bank Fees	6.36
5-29	ID# CK#	House Majority Fund	Fundraiser	\$500.00
	ID# CK#			
SUB-TOTAL				\$ 538.16
TOTAL (# last page of this schedule)				\$ 538.16

**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 56.5(3)(f).)