

2011 JUN -9 PM 2:32

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

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

Effective January 1, 2010, all statements and reports filed by new committees for state office must be filed electronically and effective January 1, 2012, all statements and reports filed by all committees for state office must be filed electronically.  
Effective May 1, 2010, all statements and reports for State PACs and State Parties must be filed electronically.

**COMMITTEE NAME** (Must be same as on Statement of Organization)  
Committee to Elect Drew Hager

**IMPORTANT:** Indicate by # type of committee you are reporting for: 5  
( 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: Drew Hager Political Party (if applicable): Independent  
Office Sought: Allamakee County Supervisor District (if Senate or House):

**FORM DR-2** DISCLOSURE REPORT  
(Rev. 12/2009)  
**For Office Use Only**  
Comm. # 18777  
Logged In \_\_\_\_\_  
Scanned BW  
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 candidate's committee, and the chairperson, for any other type of committee, is the individual responsible for filing timely and accurate reports.

Sharon L Welch 563-568-3399 6/9/11  
SIGNATURE OF PERSON FILING REPORT TELEPHONE DATE SIGNED

I AM FILING A June 9, 2011 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  
June 14, 2011  
County & Local Committees, enter County in which Election is held  
Allamakee

**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.) ..... \$ 0.00

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (\*\*also see in-kind below) ..... 750.00

Schedule F: Loans Received total (Attach Schedule F) ..... 200.00

Schedule H: Total Sales of Campaign Property (Attach Schedule H) ..... 0.00

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL ..... \$ 950.00

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (\*\*also see debts and loans below) ..... 0.00

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) ..... \$ 950.00

\*\*UNPAID BILLS (From Schedule D - Attach Schedule D) ..... \$ 965.00

\*\*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E) ..... \$ 651.78

\*\*OUTSTANDING LOANS (From Schedule F - Attach Schedule F) ..... \$ 200.00

CONSULTANT BREAKDOWN (Schedule G Attached?) ..... YES  NO

**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

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

**COMMITTEE NAME** (Must be same as on Statement of Organization)  
Committee to Elect Drew Hager

<b>SCHEDULE</b> <b>A</b> (Rev. 07/03)	<b>MONETARY</b> <b>RECEIPTS</b>
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**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(8), 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
5/27/2011	ID# CK# 4786	Kyle Halverson 10 3rd Ave NW Waukon, IA 52172		\$250.00	<input type="checkbox"/>
5/28/11	ID# CK#	Larry White 15 3rd Ave SE Waukon, IA 52172	Uncle	40.00	<input type="checkbox"/>
5/28/11	ID# CK#	Jack Hager 389 Picnic Woods Dr. Waukon, IA 52172	Father	100.00	<input type="checkbox"/>
6/1/11	ID# CK#	Chuck Bloxham 522 5th Ave NW Waukon, IA 52172		100.00	<input type="checkbox"/>
6/1/11	ID# CK#	Leah Cohen 1638 Tog Dr. Iowa City, IA 52246	Aunt	100.00	<input type="checkbox"/>
6/2/11	ID# CK#	Elsa Hager 306 2nd Ave NE Waukon, IA 52172	None	100.00	<input type="checkbox"/>
6/2/11	ID# CK#	Ewing Auction 7 West Main Waukon, IA 52172		60.00	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
<b>SUB-TOTAL</b>				\$ 750.00	
<b>TOTAL (if last page of this schedule)</b>				\$ 750.00	

\* 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.

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**COMMITTEE NAME** (Must be same as on Statement of Organization)  
 Committee to Elect Drew Hager

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

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

**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*
6/1/11	Jack Hager 389 Picnic Woods Dr. Waukon, IA 52172	yard signs	\$ 640.00
6/3/11	KNEI Radio 14 West Main Street Waukon, IA 52172	radio advertisements	325.00
<b>SUB-TOTAL</b>			\$ 965.00
<b>TOTAL DEBTS OWED BY COMMITTEE AT THE END OF THIS REPORTING PERIOD</b>			\$ 965.00

\*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 organizing services. Report on Schedule G the nature of performance and the estimated performance reasonably expected of the consultant.

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**COMMITTEE NAME** (Must be same as on Statement of Organization)  
 Committee to Elect Drew Hager

<b>SCHEDULE E</b> (Rev. 06/07)	<b>IN-KIND CONTRIBUTIONS</b>
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
5/27/11	Drew Hager 307 9th St. NW Waukon, IA 52172	self	t-shirts	\$ 128.00	<input type="checkbox"/>
6/3/11	Jadccc's Computer Center 17 1st St. NW Waukon, IA 52172		palm cards	125.00	<input type="checkbox"/>
6/8/11	Mick Sweeney 1351 State Hwy 76 Waukon, IA 52172		newspaper ad	200.00	<input type="checkbox"/>
6/8/11	Sweeney Modular Homes 230 7th Ave SE Waukon, IA 52172		newspaper ad	198.78	<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
<b>SUB-TOTAL</b>				\$ 651.78	
<b>TOTAL (if last page of this schedule)</b>				\$ 651.78	

\*Disclosure law requires candidates to disclose the relationship of any relative making an in kind 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.

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**COMMITTEE NAME** (Must be same as on Statement of Organization)  
 Committee to Elect Drew Hager

<b>SCHEDULE</b> <b>F</b> (Rev. 02/08)	<b>LOANS</b> <b>RECEIVED</b> <b>&amp; REPAID</b>
<input type="checkbox"/> <b>CHECK THIS BOX IF AMENDING FORM</b>	

**NOTE:** This schedule reports money loaned to the committee which is deposited in the committee account.  
**TOTAL UNPAID LOANS FROM LAST REPORTING PERIOD** \$ 0.00

**PART I - MONETARY LOANS RECEIVED THIS REPORTING PERIOD**  
 (Original source of loan, such as a bank, must be shown if a third party is involved. Include loans from candidate's personal funds.)

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, if Applicable)	RELATIONSHIP TO CANDIDATE* (If Applicable)	AMOUNT OF LOAN
5/26/11	Sharon Welch 20 5th Ave NE Waukon, Ia 52172		\$ 200.00

**TOTAL (PART I)** \$ 200.00

**PART II - MONETARY LOAN REPAYMENTS MADE THIS REPORTING PERIOD**  
 (Loans forgiven must be reported on Schedule E -- In-kind Contributions.)

DATE PAID (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, if Applicable)	RELATIONSHIP TO CANDIDATE* (If Applicable)	AMOUNT REPAID
			\$

**TOTAL CASH REPAYMENTS (PART II)** \$ \_\_\_\_\_  
**From Schedule E -- TOTAL LOANS FORGIVEN** \$ \_\_\_\_\_  
**TOTAL OUTSTANDING LOANS END OF REPORT PERIOD** \$ 200.00

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