

# DISCLOSURE SUMMARY PAGE

Reset Form

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

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

Williams For Treasurer

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 Council (7) School Board or Other Political  
 Subdivision Candidate (8) County PAC (9) Other Political Subdivision Candidate (10) Political Subdivision PAC  
 (11) Local Ballot Issue

**STATEWIDE CAMPAIGN  
DISCLOSURE BOARD**

OCT 13 2006

FILED

**CANDIDATE COMMITTEES ONLY:**

Candidate Name: Mary Kay Williams Political Party (if applicable): Republican

Office Sought: Appanoose County Treasurer District (if Senate or House): \_\_\_\_\_

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.

Mary Kay Williams 641-724-9019 October 12, 2006

SIGNATURE OF PERSON FILING REPORT TELEPHONE DATE SIGNED

I AM FILING A October 19, 2006 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  
November 7, 2006

County & Local Committees, enter County in which Election is held  
Appanoose

## 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>23.00</u>
<b>ADD TOTAL MONEY TAKEN IN THIS PERIOD</b>		
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below).....		<u>125.00</u>
Schedule F: Loans Received total (Attach Schedule F) .....		<u>—</u>
Schedule H: Total Sales of Campaign Property (Attach Schedule H).....		<u>—</u>
<b>(Schedule H applies to Candidates' Committees Only)</b>		
	SUB-TOTAL .....	\$ <u>148.00</u>
<b>SUBTRACT TOTAL MONEY SPENT THIS PERIOD</b>		
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below) .....		<u>-0-</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) (Attach DR-3).....	\$	<u>148.00</u>

**UNPAID BILLS (From Schedule D - Attach Schedule D).....	\$	<u>-0-</u>
**IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E) .....	\$	<u>-0-</u>
**OUTSTANDING LOANS (From Schedule F - Attach Schedule F).....	\$	<u>-0-</u>
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.

For Instructions, See Back of Form

Reset Form

<b>SCHEDULE</b> <b>A</b> (Rev. 07/03)	<b>MONETARY</b> <b>RECEIPTS</b>
<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)  
*Williams For Treasurer*

**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/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
<i>8/28/2006</i>	ID# CK# <i>10360</i>	<i>Linda Derry 803 E. Wall St. Centerville IA 52544</i>	<i>N/A</i>	<i>\$ 2500</i>	<input type="checkbox"/>
<i>10/5/06</i>	ID# CK#	<i>Cash Contributions under \$2500 each</i>	<i>N/A</i>	<i>10000</i>	<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  
**\$ 12500**  
 TOTAL (if last page of this schedule)  
**\$ 12500**

\* 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.