

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

FORM DR-2 (Rev. 12/2005)	DISCLOSURE REPORT
For Office Use Only	
Comm. # _____	
Logged In _____	
Scanned _____	
Computer _____	
Audited _____	
File with: Iowa Ethics and Campaign Disclosure Board 510 E. 12 th , Ste. 1A Des Moines, Iowa 50319 Fax: 515-281-3701	

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

Ron Boyer for Supervisor Committee

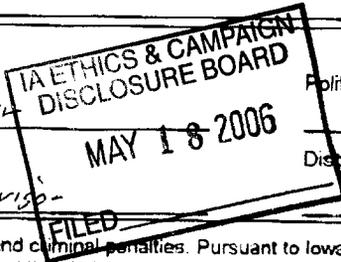
IMPORTANT: Indicate by # type of committee you are reporting for:

(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 *Ron Boyer* Political Party (if applicable) *Rep*

Office Sought *County Supervisor* 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.

Ron Boyer

SIGNATURE OF PERSON FILING REPORT

563-920-0319
TELEPHONE

5-18-06
DATE SIGNED

I AM FILING A *May 19 2006* REPORT FOR (1) ELECTION // (2) NON-ELECTION YEAR.
 (report date) Indicate by #

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 <i>Nov 7 2006</i>
County & Local Committees, enter County In which Election is held <i>Buchanan</i>

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>0</u>
ADD TOTAL MONEY TAKEN IN THIS PERIOD		
Schedule A: Cash Contributions total (Attach Schedule A) (**also see in-kind below)		<u>1650⁰⁰</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>
(Schedule H applies to Candidates' Committees Only)		
SUB-TOTAL	\$	<u>1650⁰⁰</u>
SUBTRACT TOTAL MONEY SPENT THIS PERIOD		
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)		<u>1382¹⁹</u>
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) (Attach DR-3)	\$	<u>267⁸¹</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 <input checked="" type="checkbox"/> NO
CANDIDATE COMMITTEES ONLY:		
VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)	\$	

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)

Ron Boyer for Supervisor Committee

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<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(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
2-21	ID# CK#	Ron Boyer 201 Miller St Brandon 52210	self	\$ 100 ⁰⁰	
2-28	ID# CK#	2327 Bengum Fred Steinbrun Shady Grove Av Jesup Ia		50 ⁰⁰	
3-6	ID# CK#	Reynae Hartman 1620 W 4 th Spencer 51301	sister	50 ⁰⁰	
3-6	ID# CK#	Dean Boyer 6321 31 st Av Shellburg 52332	Father	100 ⁰⁰	
3-8	ID# CK#	Ron Boyer 201 Miller St Brandon 52210	self	600 ⁰⁰	
3-28	ID# CK#	Bob Hoke 3871 Lake Vista DR NE Solon Ia 52333		200 ⁰⁰	
4-18	ID# CK#	Nel Wehner 2117 220 st Independence 50644		100 ⁰⁰	
4-21	ID# CK#	Dick Blount 806 9 th Av SW Independence 50644		40 ⁰⁰	
4-21	ID# CK#	Jan Miller Rint 3358 Dwyer Av RR Brandon 52210		100 ⁰⁰	
5-5	ID# CK#	Carl Esken 2236 David Ct N CR 52402		250 ⁰⁰	
SUB-TOTAL				\$ 1590 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

CONTRIBUTIONS – MONEY TAKEN IN

(Including candidate's personal funds)

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

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

Ron Boyer for Supervisor Committee

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5-9	ID# CK#	<i>Nel Wehner 50644 2117 220 St Independence</i>		\$ 60 ⁰⁰	
	ID# CK#				

SUB-TOTAL

\$ 60⁰⁰

TOTAL (if last page of this schedule)

\$ 1650

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

COMMITTEE NAME (Must be same as on Statement of Organization)
Ron Boyer for Supervisor Committee

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
3-8	ID# CK#	<i>Security State Bank 231 1st St E Independence 50644</i>	<i>check</i>	<i>\$ 14⁰⁰</i>
3-10	ID# CK#	<i>Lamat Sign Co 335 Pink St Lamont 50650</i>	<i>Purchased signs</i>	<i>754³⁵</i>
4-3	ID# CK#	<i>Miller Printarie 1108 3rd St Independence 50644</i>	<i>Brochures</i>	<i>256⁹⁶</i>
4-4	ID# CK#	<i>Rita's 6287 28th Vista 52349</i>	<i>Hats</i>	<i>60⁴²</i>
5-8	ID# CK#	<i>Rita 6287 28th Vista 52349</i>	<i>Hat</i>	<i>120⁸⁴</i>
5-9	ID# CK#	<i>Independence Bulletin 116 5th Ave NE Tama Independence 50644</i>	<i>Ads</i>	<i>132¹²</i>
5-10	ID# CK#	<i>Wintrop News PO Box 9 225 W Madison Wintrop Ia 50682</i>	<i>Ads</i>	<i>43⁵⁰</i>
	ID# CK#			
SUB-TOTAL				<i>\$ 1382¹⁴</i>
TOTAL (If last page of this schedule)				<i>\$ 1382¹⁴</i>

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).)