

FOR INSTRUCTIONS, SEE BACK OF FORM



DISCLOSURE SUMMARY PAGE

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

BUCHANAN COUNTY DEMOCRATIC CENTRAL COMMITTEE

IMPORTANT: Indicate by # type of committee you are reporting for: (1) Statewide/Legislative/Judge Standing for Retirement Candidate (2) State PAC (3) State Party (4) County Central Committee (5) County Candidate (6) Campaign Committee (7) School Board or Other Political Subdivision Candidate (8) County PAC (9) City School Board or Other Political Subdivision PAC (10) Local Ballot Issue

CANDIDATE COMMITTEES ONLY: JAN 18 2007

Candidate Name _____ Political Party (if applicable) _____

Office Sought _____ District (if Senate or House) _____

FORM DR-2 (Rev 12/2005) DISCLOSURE REPORT

For Office Use Only 9018

Comm. # 5

Logged In _____

Scanned _____

Computer _____

Audited _____

File with:
Iowa Ethics and Campaign Disclosure Board
510 E. 12th St. 1A
Des Moines, Iowa 50319
Fax 515-281-3701

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.

Janey Hoffman - Treasurer 319-448-4549 01/18/07

SIGNATURE OF PERSON FILING REPORT TELEPHONE DATE SIGNED

I AM FILING A January 15, 2007 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.)	\$ 1,057.46
ADD TOTAL MONEY TAKEN IN THIS PERIOD	
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)	1,747.44
Schedule F: Loans Received total (Attach Schedule F)	_____
Schedule H: Total Sales of Campaign Property (Attach Schedule H)	_____
<u>(Schedule H applies to Candidates' Committees Only)</u>	
SUB-TOTAL	\$ 2,804.90
SUBTRACT TOTAL MONEY SPENT THIS PERIOD	
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)	1,214.86
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)	\$ 1,590.04
*UNPAID BILLS (From Schedule D - Attach Schedule D)	\$ _____
*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)	\$ 162.83
*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)	\$ _____
STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.	

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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)
BUCHANAN COUNTY DEMOCRATIC CENTRAL COMMITTEE

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
11/13/06	ID# CK#	Security State Bank Independence, IA interest on savings		\$0.18	<input type="checkbox"/>
12/11/06	ID# CK#	Security State Bank Independence, IA interest on savings		0.13	<input type="checkbox"/>
10/17/06	ID# CK#	Unitemized free will donations (Collected at candidate breakfast event)		1510.00	<input checked="" type="checkbox"/>
11/13/06	ID# CK#	Unitemized contribution - soda can refund		6.40	<input type="checkbox"/>
11/21/06	ID# CK#	Independence Light & Power Independence, IA HQ acct. balance refund		203.09	<input type="checkbox"/>
11/21/06	ID# CK#	Indy Tel Independence, IA HQ tele. acct. balance ref.		27.64	<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				\$ 1747.44	
TOTAL (if last page of this schedule)				\$ 1747.44	

* 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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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)
BUCHANAN COUNTY DEMOCRATIC CENTRAL 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
10/16/06	ID# CK# 433-SF	Two Brothers Restaurant Independence, IA	120 plates @ \$6 for candidate breakfast event	\$ 720.00
10/16/06	ID# CK# 434-SF	Julie Knudtson Brandon, IA	waitress tip at breakfast event	40.00
10/16/06	ID# CK# 435-SF	Laura Lynch Independence, IA	waitress tip at breakfast event	40.00
10/16/06	ID# CK# 436-SF	Ralph Kremer Aurora, IA	HQ utilities reimburse	175.85
11/13/06	ID# CK# debit	Security State Bank Independence, IA	account service fee	1.00
11/15/06	ID# CK# 439-SF	Ralph Kremer Aurora, IA	HQ utilities reimburse	237.01
12/11/06	ID# CK# debit	Security State Bank Independence, IA	account service fee	1.00
	ID# CK#			
SUB-TOTAL				\$ 1214.86
TOTAL (if last page of this schedule)				\$ 1214.86

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).)

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BUCHANAN COUNTY DEMOCRATIC CENTRAL COMMITTEE



SCHEDULE E (Rev. 06/97)	IN-KIND CONTRIBUTIONS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

DATE RECEIVED (MM/DD/YYR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
10/19/06	James Hoffman Walker, IA		printing & postage for disclosure report	\$ 4.55	<input type="checkbox"/>
11/07/06	Richard Machacek winthrop, IA		pizza & soda for election night fest	124.39	<input type="checkbox"/>
10/15/06	Diane Curry Independence, IA		sign printing for breakfast event	33.89	<input checked="" type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
SUB-TOTAL				\$	162.83
TOTAL (if last page of this schedule)				\$	162.83

*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.