

FOR INSTRUCTIONS, SEE BACK OF FORM

Buchanan

Reset Form

DISCLOSURE SUMMARY PAGE

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

RECEIVED FAX JAN 18 2007

Concerned Citizens for Better Education

IMPORTANT: Indicate by # type of committee you are reporting for: 11 (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)

FORM DR-2 (Rev. 12/2005) DISCLOSURE REPORT For Office Use Only Comm. # 21234 Logged In Scanned AM Computer AM Audited AM File with: Iowa Ethics and Campaign Disclosure Board 510 E. 12th, Ste. 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.

SIGNATURE OF PERSON FILING REPORT

TELEPHONE 319 935 3791

DATE SIGNED 2-7-07

I AM FILING A January 19, 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 Buchanan Co

STATEMENT OF CASH ON HAND

Table with 2 columns: Description and Amount. Rows include CASH ON HAND at the beginning of the reporting period (\$316.46), ADD TOTAL MONEY TAKEN IN THIS PERIOD (Schedule A: 4,131.00), SUBTRACT TOTAL MONEY SPENT THIS PERIOD (Schedule B: 3,524.22), and CASH ON HAND at the end of this reporting period (\$923.24).

**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

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.

DISCLOSURE SUMMARY PAGE

Reset Form

Buchanan

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

RECEIVED

Concerned Citizens for Better Education

FAX
JAN 18 2007

IMPORTANT: Indicate by # type of committee you are reporting for: 11
(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) _____

FORM DR-2 (Rev. 12/2005)	DISCLOSURE REPORT
For Office Use Only	
Comm. # _____	<u>21234</u>
Logged In _____	
Scanned _____	<u>DM</u>
Computer _____	<u>DM</u>
Audited _____	

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

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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
Buchanan Co

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.)

\$ 316.46

ADD TOTAL MONEY TAKEN IN THIS PERIOD

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

4,131.00

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

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

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL.....\$ _____

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

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

3,524.22

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).....

\$ 923.24

**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

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



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)
Concerned Citizens for Better Education

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
12-08-06	ID# CK#	Steve Wapthart 2121 Plymouth Ave Indep 50694		\$600 ⁰⁰	<input type="checkbox"/>
12-08	ID# CK#	Mary Corkery 2312 183 St Indep		300	<input type="checkbox"/>
12-08	ID# CK#	Roger Noe RR Rowley 52329		75 ⁰⁰	<input type="checkbox"/>
12-08	ID# CK#	Lenord Hunter 315 6th Ave Indep		100 ⁰⁰	<input type="checkbox"/>
12-08	ID# CK#	Ramon Rasseussen Rowley 52329		50 ⁰⁰	<input type="checkbox"/>
12-08	ID# CK#	RT Miller 3193 King Ave Rowley 52329		450 ⁰⁰	<input type="checkbox"/>
12-08	ID# CK#	Tom Greenley 1780 185th St Independence 50694		100 ⁰⁰	<input type="checkbox"/>
12-08-06	ID# CK#	Currency wise unitemized per treasurer		140 ⁰⁰	<input type="checkbox"/>
12-15-06	ID# CK#	Craig Alberts 1625 330 St Brandon		50 ⁰⁰	<input type="checkbox"/>
12-15-06	ID# CK#	Dave Lynch 2275 Iowa Ave Indep 50694		150 ⁰⁰	<input type="checkbox"/>
SUB-TOTAL				\$2015	
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)
Concerned Citizens for Better Education

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
12-15	ID# CK#	B A Goldenstein 7682 Noley Ave Indep 50641		\$100 ⁰⁰	<input type="checkbox"/>
12-15	ID# CK#	Robert Rasmussen 210 Rowley St Rowley 52329		100 ⁰⁰	<input type="checkbox"/>
12-15	ID# CK#	Mike Noe 2624 Coats Blvd Rowley 52329		100 ⁰⁰	<input type="checkbox"/>
12-15	ID# CK#	Lawrence Noe 2564 Postal Independence 50644		100 ⁰⁰	<input type="checkbox"/>
12-15	ID# CK#	Ron Gramling 1679 Indiana Ave Indep 50644		100	<input type="checkbox"/>
12-15	ID# CK#	Guy Grover 813 3rd Ave Indep 50641		1000 ⁰⁰	<input type="checkbox"/>
12-15-06	ID# CK#	Dave Jardenig 2457 Henley Ave Indep 50644		500 ⁰⁰	<input type="checkbox"/>
12-20-06	ID# CK#	MISC unitemized per treasurer		116	<input type="checkbox"/>
12-18	ID# CK#	Margaret Zieser 3103 Mickel Rowley 52329		100 ⁰⁰	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
SUB-TOTAL				\$7716	
TOTAL (if last page of this schedule)				\$4131	

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EXPENDITURES - MONEY SPENT FROM COMMITTEE ACCOUNT

SCHEDULE B (Part 0703)
 CHECK THIS BOX IF AMENDING FORM

STATE PAC COMMITTEES NOTE: FOR CANDIDATE EXPENDITURES MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE'S NAME AND COMMITTEE NUMBER IN THE DESIGNATED COLUMN AND THE EXPENDITURE NUMBER AND TYPE OF EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA DIVISION OF POLITICAL CAMPAIGN FINANCE.

COMMITTEE NAME: *Concerned Citizens for Better Education*

DATE	DESCRIPTION OF EXPENDITURE	ADDRESS TO WHOM EXPENDITURE WAS MADE	PURPOSE OF EXPENDITURE	AMOUNT EXPENDED
12-15		Paul Dorr PO Box 185 Ocheyedan 51334	consulting	\$ 950.00
12-8-07		"	"	\$ 950.00
12-15		Karans Print Rite 2515 Falls ave Waterloo Ia 50701	balance due	1624.22
1-18-07		Linda Walthart 2121 Plymouth Iadep 50644	reimburse credit card phone marketers	100.00
SUB-TOTAL				\$ 3524.22
TOTAL (if last page of this schedule)				\$ 3524.22

THIS FORM APPLIES TO CANDIDATES & COMMITTEES ONLY.

Purchases of certain types of property costing \$500 or more must also be inventoried on Schedule B. (Refer to Schedule B instructions)

Expenditures to lease a vehicle provided by a company, advertising, fundraising, polling, managing, organizing, or other services also be detail itemized on Schedule B by the donor. Also include each type of expenditure made by the person on the behalf of the candidate's committee. (Refer to Schedule B instructions.)

Reset Form

SCHEDULE G (Rev. 02/96)	BREAKDOWN OF MONETARY EXPENDITURES BY CONSULTANT
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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

Concerned Citizens for Better Education

PART I - NAME AND ADDRESS OF CONSULTANT

Name of Consultant Copperhead Consulting, Paul Dorr		
Mailing Address PO Box 188		
City Ocheyedan, IA	State	Zip Code 51354

CONTRACT PERIOD (MM/DD/YR)	TOTAL ANTICIPATED COMPENSATION FOR PERFORMANCE
From <u>Jan 2006</u>	\$ <u>4,800.00</u>
To <u>Dec 2006</u>	

ESTIMATES OF PERFORMANCE

Coordinated all advertising for the committee.

PART II- ITEMIZED BREAKDOWN OF UNREIMBURSED EXPENSES PAID BY CONSULTANT TO OTHERS IN PERFORMING SERVICES OF CONTRACT (These expenses should NOT be reported on Schedule B, as they are direct payment from the consultant.)

DATE EXPENDED (MM/DD/YR)	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE	AMOUNT EXPENDED
			\$

SUB-TOTAL	\$
TOTAL (If last page of this schedule)	\$