

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

FORM <b>DR-2</b> (Rev. 12/2005)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	9021
Logged In	SW
Scanned	
Computer	
Audited	
File with: Iowa Ethics and Campaign Disclosure Board 510 E. 12 <sup>th</sup> St. 1A Des Moines, Iowa 50319 Fax: 515-281-3701	

COMMITTEE NAME (Must be same as on Statement of Organization)  
**BUENA VISTA COUNTY  
REPUBLICAN CENTRAL COMMITTEE**

IMPORTANT: Indicate by # type of committee you are reporting for: 4  
( 1 )Statewide/Legislative/Judge Standing for Retention Candidates ( 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:

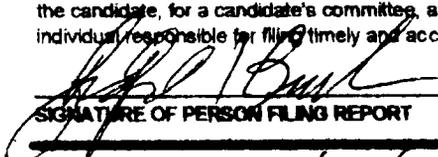
Candidate Name \_\_\_\_\_ Political Party (if applicable) \_\_\_\_\_  
Office Sought \_\_\_\_\_ District (if Senate or House) \_\_\_\_\_

**ETHICS & CAMPAIGN  
DISCLOSURE BOARD**

JUL 11 2006

FILED

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.


712-732-2663
7/11/06

SIGNATURE OF PERSON FILING REPORT      TELEPHONE      DATE SIGNED

I AM FILING A 7/19/06 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 <u>11/06</u>
County & Local Committees, enter County in which Election is held <u>BUENA VISTA</u>

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.) .....\$ 8767.08

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (\*also see in-kind below) ..... 100.00

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.....\$ 8867.08

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (\*\*also see debts and loans below)..... 347.35

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) .....\$ 8519.73

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\*\*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.

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SCHEDULE <b>A</b> (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 **BUENA VISTA COUNTY**  
**REPUBLICAN CENTRAL COMMITTEE**)

STATE CANDIDATES' NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND CHECK THE POLITICAL PARTY 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
7/29/06	ID# CK#	NANCY HALL 20 ST. ANDREWS DR. STORM LAKE, IA 50588		\$ 100-	<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"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

\$ 100-

TOTAL (if last page of this schedule)

\$ 100-

\* 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**

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

**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.

COMMITTEE NAME (Must be same as on Statement of Organization)  
**BOENA VISTA COUNTY  
 REPUBLICAN 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
5/22/06	ID# CK#	US POST OFFICE 311 RAILROAD AVE STORM LAKE, IA 50588	STAMPS	\$ 15 <sup>60</sup>
5/22/06	ID# CK#	B.V. CO FAIR BOX 253 STORM LAKE, IA 50588	FAIR BOOTH	50 <sup>00</sup>
6/1/06	ID# CK#	COLORIZE 806 LAKE AVE STORM LAKE, IA 50588	PROGRAMS FOR FORUM	23 <sup>54</sup>
6/7/06	ID# CK#	STORM LAKE TIMES BOX 487 STORM LAKE, IA 50588	PRIMARY AD	47 <sup>60</sup>
6/7/06	ID# CK#	THE PLOT TRIBUNE 111 W 7th ST STORM LAKE, IA 50588	PRIMARY AD	51 <sup>84</sup>
6/29/06	ID# CK#	KAREN STRAWN 303 E. LAKESHORE DR. STORM LAKE, IA 50588	SECRETARIAL EXPENSES	158 <sup>77</sup>
	ID# CK#			
	ID# CK#			

SUB-TOTAL \$ 347.35  
 TOTAL (if last page of this schedule) \$ 347.35

**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).)