

FOR INSTRUCTIONS, SEE BACK OF FORM
DISCLOSURE SUMMARY PAGE

IA ETHICS AND CAMPAIGN DISCLOSURE BOARD

2010 NOV 17 AM 8:43

File with:
 Iowa Ethics and Campaign Disclosure Board
 510 E. 12th, Ste. 1A
 Des Moines, Iowa 50319
 Fax: 515-281-4073

Effective January 1, 2010, all statements and reports filed by new committees for state office must be filed electronically and effective January 1, 2012, all statements and reports filed by all committees for state office must be filed electronically.
 Effective May 1, 2010, all statements and reports for State PACs and State Parties must be filed electronically.

Reset Form

COMMITTEE NAME (Must be same as on Statement of Organization)
CALHOUN COUNTY DEMOCRATIC CENTRAL Comm.

IMPORTANT: Indicate by # type of committee you are reporting for: 4
 (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. 12/2009)	DISCLOSURE REPORT
For Office Use Only	
Comm. # <u>9024</u>	
Logged In _____	
Scanned _____	
Computer _____	
Audited _____	

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), 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.

Janet K. Lindstrom Treas 712-297-7487 11-15-10
 SIGNATURE OF PERSON FILING REPORT TELEPHONE DATE SIGNED

I AM FILING A OCTOBER 19, 2010 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.) \$ 1927.18 should be
~~1798.24~~

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below) 1,712.00

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 \$ 3639.18

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below) 1,636.20

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) \$ 2002.98 *ok with Bank*

**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

Reset 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)
CALHOUN COUNTY DEMOCRATIC Central Comm

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/YYR)	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
8-23-10	ID# CK#	TRICIA STUMPF 414 5th St. Rockwell City IA		\$ 10.00	<input checked="" type="checkbox"/>
8-23-10	ID# CK#	Audrey A. Gray 271 Morton Drive Rockwell City IA		10.00	<input checked="" type="checkbox"/>
8-23-10	ID# CK#	Margaret A. Galletley 409 W. Jefferson Street Lake City, IA 51449		10.00	<input checked="" type="checkbox"/>
8-23-10	ID# CK#	Margaret A. Galletley 409 W. Jefferson Street Lake City IA 51449		15.00	<input checked="" type="checkbox"/>
8-23-10	ID# CK#	Margaret L. Feld 315 1/2 Grd St Rockwell City, IA 50579		15.00	<input checked="" type="checkbox"/>
8-23-10	ID# CK#	Audrey A. Gray 271 Morton Drive Rockwell City, IA 50579		15.00	<input checked="" type="checkbox"/>
8-23-10	ID# CK#	M. Joyce Christensen 603 N. Woodlawn Avenue Lake City IA 51449		15.00	<input checked="" type="checkbox"/>
8-23-10	ID# CK#	Rose Marie Mahaney 5229 Shady Point Lane Rockwell City IA 50579		15.00	<input checked="" type="checkbox"/>
8-23-10	ID# CK#	Blanche Mary McMahon 6275 Twin Lakes Road Manson IA 50563		15.00	<input checked="" type="checkbox"/>
8-23-10	ID# CK#	Sally McCubbin 6297 Twin Lakes Road Manson, Ia 50563		15.00	<input checked="" type="checkbox"/>
SUB-TOTAL				\$ 135.00	
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

Reset 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)
CALHOUN COUNTY DEMOCRATIC CENTRAL COMM

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
8-23-10	ID# CK#	Richard E. Grannan 841 main Street Rockwell City IA 50579		\$15.00	<input checked="" type="checkbox"/>
8-23-10	ID# CK#	Karen Uosberg 2365 TRAER Avenue Manson, IA 50563		17.00	<input checked="" type="checkbox"/>
8-23-10	ID# CK#	June M ^c Gowan 517 Lake Street Rockwell City IA 50579		20.00	<input checked="" type="checkbox"/>
8-23-10	ID# CK#	M. Joyce Christensen 603. N. Woodlawn Ave Lake City IA 51449		20.00	<input checked="" type="checkbox"/>
8-23-10	ID# CK#	Mary Gregory 826 main Street Rockwell City, IA 50579		25.00	<input checked="" type="checkbox"/>
8-23-10	ID# CK#	Richard Black 3228 Xenia Avenue Farnhamville, IA 50538		25.00	<input checked="" type="checkbox"/>
8-23-10	ID# CK#	Keith & Roberta Lindstrom 8921 Twin Lakes Road Manson, IA 50563		30.00	<input checked="" type="checkbox"/>
8-23-10	ID# CK#	David Linder 7823 Twin lakes Road Manson, IA 50563		30.00	<input checked="" type="checkbox"/>
8-23-10	ID# CK#	David M. Staver 7109 Twin Lakes Road Manson, IA 50563		30.00	<input checked="" type="checkbox"/>
8-23-10	ID# CK#	Betty Sandvig 7118 Twin Lakes Road Manson, IA 50563		30.00	<input checked="" type="checkbox"/>
SUB-TOTAL				\$ 242.00	
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

Reset 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)
CALHOUN COUNTY DEMOCRATIC CENTRAL COMM.

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/YYR)	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
8-23-10	ID# CK#	KATHYRN A. BENNETT 2335 320th Street Rockwell City IA 50579		\$ 30.00	<input checked="" type="checkbox"/>
8-23-10	ID# CK#	GARY L. MAYS 917 8th Street Manson, IA 50563		31.00	<input checked="" type="checkbox"/>
8-23-10	ID# CK#	Bill Maske Po Box 20 Truro, Ia 50257		32.00	<input checked="" type="checkbox"/>
8-23-10	ID# CK#	Larry and Carole Hood 300 maple Street Lohrville, Ia 51453		35.00	<input checked="" type="checkbox"/>
8-23-10	ID# CK#	Teresa Sexton 325 main St Manson, IA 50563		37.00	<input checked="" type="checkbox"/>
8-23-10	ID# CK#	DARYL & JOANN Beall 1928 N. 22nd Street Fort Dodge IA 60501		40.00	<input checked="" type="checkbox"/>
8-23-10	ID# CK#	James & Gracia Willis 1747-250th Street Rockwell City, IA 50579		40.00	<input checked="" type="checkbox"/>
8-23-10	ID# CK#	Marty Minnick 413 Austin Street Rockwell City IA 50579		50.00	<input checked="" type="checkbox"/>
8-23-10	ID# CK#	James & Gracia Willis 1747-250th Street Rockwell City, IA 50579		50.00	<input checked="" type="checkbox"/>
8-23-10	ID# CK#	Marlene Johnson 218 Wabash Street Joilet IA 50551		50.00	<input checked="" type="checkbox"/>
SUB-TOTAL				\$ 395.00	
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

Reset 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)
CALHOUN COUNTY DEMOCRATIC CENTRAL
Comm

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
8-23-10	ID# CK#	Lois Smith 804 main Street Lake City IA 51449		\$ 50.00	<input checked="" type="checkbox"/>
8-23-10	ID# CK#	Kathy McCullough 5271 Shady Point Lane Rockwell City, IA		50.00	<input checked="" type="checkbox"/>
8-23-10	ID# CK#	Larry & Carole Hood 300 maple Street Zohrville, IA 51453		55.00	<input checked="" type="checkbox"/>
8-23-10	ID# CK#	DARYL & JOANN Beall 1928 N. 22nd Street FORT DODGE, IA 50501		60.00	<input checked="" type="checkbox"/>
8-23-10	ID# CK#	M. Faith Blaskovich 2475 390th Street Zohrville IA 51453		75.00	<input checked="" type="checkbox"/>
8-23-10	ID# CK#	BILL MASKE PO BOX 20 TRURO, IA 50257		100.00	<input checked="" type="checkbox"/>
8-23-10	ID# CK#	Unitemized Contributions		550.00	<input checked="" type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL
\$ 940.00
 TOTAL (if last page of this schedule)
\$ 1712.00

* 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

Reset Form

EXPENDITURES – MONEY SPENT FROM COMMITTEE ACCOUNT

SCHEDULE 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)
CALHOUN 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
	ID# CK#			
7/23/10	ID# CK# 699	June McGowan 517 Lake St. Rockwell City, IA	Parade expenses	36.14
7/23/10	ID# CK# 700	Margaret Galletley 408 W. Jackson Lake City, IA	Parade candy	9.63
8/23/10	ID# CK# 701	Wagon Wheel Restaurant 116 N. Illinois St Lake City, IA	Fundraiser Meals	436.45
8/23/10	ID# CK# 702	Mark's Super Valu 820 E. Main St Lake City, IA	Fundraiser Gift Certificate	50.00
8/23/10	ID# CK# 703	Wagon Wheel Rest. 116 N. Illinois St. Lake City, IA	Gratuity on meals for Fundraiser	65.48
8/30/10	ID# CK# 704	MidAmerican Publish. PO Box 29 Hampton, IA	Ad for Fundraiser	33.00
9/13/10	ID# CK# 705	Calhoun County Reminder 515 4th Street Rockwell City, IA	Fundraiser ads	85.50
SUB-TOTAL				\$ 716.20
TOTAL (if last page of this schedule)				\$

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).)

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

SCHEDULE 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)
CALHOUN 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
9/29/10	ID# CK# 706	Bill Maske Campaign PO Box 20 Truro, IA	Donation to campaign	\$300.00
9/29/10	ID# CK# 707	Daryl Beall Campaign 1928 N 22nd St Fort Dodge, IA	Donation to campaign	300.00
9/29/10	ID# CK# 708	Roxanne Conlin Campaign Des Moines, IA	Donation to campaign	300.00
10/4/10	ID# CK#710	Subway Restaurant 730 High St, Ste A Rockwell City, IA	Gift card for member having surgery	20.00
	ID# CK#			
SUB-TOTAL				\$920.00
TOTAL (if last page of this schedule)				\$1636.20

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).)