

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

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

2010 OCT 18 AM 11:07

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

Sara Beiter for Recorder

IMPORTANT: Indicate by # type of committee you are reporting for: 6 (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 Sara Beiter Political Party (If applicable)

Office Sought Recorder District (if Senate or House)

FORM DR-2 DISCLOSURE REPORT (Rev. 12/2009) For Office Use Only Comm. # 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.

SIGNATURE OF PERSON FILING REPORT

712-792-3508 TELEPHONE

10/18/10 DATE SIGNED

I AM FILING A October 14, 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 Carroll

STATEMENT OF CASH ON HAND

Table with columns for description and amount. Rows include: CASH ON HAND at the beginning of the reporting period (\$ 0.00), ADD TOTAL MONEY TAKEN IN THIS PERIOD (Schedule A: 2,426.00, Schedule F: 0.00, Schedule H: 0.00), SUB-TOTAL (\$ 2,426.00), SUBTRACT TOTAL MONEY SPENT THIS PERIOD (Schedule B: 1,795.03, Schedule F: 0.00), CASH ON HAND at the end of this reporting period (\$ 630.97).

Table with columns for description and amount. Rows include: \*\*UNPAID BILLS (From Schedule D - Attach Schedule D) (\$ 278.63), \*\*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E) (\$ 631.77), \*\*OUTSTANDING LOANS (From Schedule F - Attach Schedule F) (\$ 0.00).

CONSULTANT BREAKDOWN (Schedule G Attached?) YES [X] NO

CANDIDATE COMMITTEES ONLY: VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H) \$ 0.00

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

Reset Form

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 Statement of Organization)**  
 Sara Beiter for Recorder

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 688.32A(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
09/08/10	ID# CK#	Jeff Koster, 2532 N Grant Rd., Carroll, IA 51401		\$100.00	<input type="checkbox"/>
09/10/10	ID# CK#	Frank Comito, 705 Prairie View Dr., Carroll, IA 51401	brother in law	200.00	<input type="checkbox"/>
09/15/10	ID# CK#	Lec Ann Flood, 286 Pebble Lane, Carroll, IA 51401		30.00	<input checked="" type="checkbox"/>
09/15/10	ID# CK#	Mike Hoffman, 22429 250th St., Carroll, IA 51401	uncle	100.00	<input checked="" type="checkbox"/>
09/15/10	ID# CK#	Jared Hoffman, PO Box 105, Halbur, IA 51444	cousin	30.00	<input checked="" type="checkbox"/>
09/15/10	ID# CK#	Patrick O'Leary, 1409 High Ridge Rd., Carroll, IA 51401		50.00	<input checked="" type="checkbox"/>
09/15/10	ID# CK#	Kris Riesberg, 16072 250th St., Manning, IA 51455	aunt	42.00	<input checked="" type="checkbox"/>
09/15/10	ID# CK#	Merle Riesberg, 1118 Amy Ave., Carroll, IA 51401	uncle	30.00	<input checked="" type="checkbox"/>
09/15/10	ID# CK#	Lisa Hartwigsen, 22991 Timber Ave., Glidden, IA 51443	sister	100.00	<input checked="" type="checkbox"/>
09/15/10	ID# CK#	Sue Hoffman, 412 E. Timber Creek Dr., Carroll, IA 51401	aunt	100.00	<input checked="" type="checkbox"/>
<b>SUB-TOTAL</b>				\$ 782.00	
<b>TOTAL (if last page of this schedule)</b>				\$	

\* 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.



**CONTRIBUTIONS -- MONEY TAKEN IN**  
 (Including candidate's personal funds)

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

**COMMITTEE NAME (Must be same as on Statement of Organization)**  
 Sara Beiter for Recorder

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09/15/10	ID# CK#	Ellen Hoffman, 21093 Hawthorne Ave., Carroll, IA 51401	cousin	\$50.00	<input checked="" type="checkbox"/>
09/15/10	ID# CK#	Janet Handlos, 25637 260th St., Carroll, IA 51401	aunt	50.00	<input checked="" type="checkbox"/>
09/15/10	ID# CK#	Patricia Hogan, 241 Perch St., Carroll, IA 51401		25.00	<input checked="" type="checkbox"/>
09/15/10	ID# CK#	Roger Hartwigsen, 609 Montana St., Glidden, IA 51443		50.00	<input checked="" type="checkbox"/>
09/15/10	ID# CK#	John Klein, 122 W. Todd Terrace, Carroll, IA 51401		30.00	<input checked="" type="checkbox"/>
09/15/10	ID# CK#	Jim Molitor, 133 W. 21st St., Carroll, IA 51401		25.00	<input checked="" type="checkbox"/>
09/15/10	ID# CK#	Stacey Nepple, 21842 Mahogany Ave., Carroll, IA 51401		50.00	<input checked="" type="checkbox"/>
09/15/10	ID# CK#	Dennis Pietig, 23608 230th St., Carroll, IA 51401		35.00	<input checked="" type="checkbox"/>
09/15/10	ID# CK#	Rod Roberts, 732 San Salvador Ave., Carroll, IA 51401		25.00	<input checked="" type="checkbox"/>
09/15/10	ID# CK#	Valerie Riesberg, 28684 Hawthorne Ave., Templeton, IA 51463	cousin	40.00	<input checked="" type="checkbox"/>
<b>SUB-TOTAL</b>				\$ 380.00	
<b>TOTAL (if last page of this schedule)</b>				\$	

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**CONTRIBUTIONS -- MONEY TAKEN IN**  
 (Including candidate's personal funds)



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

**COMMITTEE NAME (Must be same as on Statement of Organization)**  
 Sara Beiter for Recorder

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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
09/15/10	ID# CK#	Leona Riesberg, 25093 Hawthorne Ave., Templeton, IA 51463	grandmother	\$35.00	<input checked="" type="checkbox"/>
09/15/10	ID# CK#	Jane Snyder, 816 Capistrano, Carroll, IA 51401		25.00	<input checked="" type="checkbox"/>
09/15/10	ID# CK#	Darlis Shelp, 1068 Mayberry Lane, Carroll, IA 51401		30.00	<input checked="" type="checkbox"/>
09/15/10	ID# CK#	Leona Schmitz, 410 May St., Arcadia, IA 51430		100.00	<input checked="" type="checkbox"/>
09/15/10	ID# CK#	Mary Thatcher, 15053 Granite Ave., Breda, IA 51436		25.00	<input checked="" type="checkbox"/>
09/15/10	ID# CK#	The Healing Arts Center, PLC, 715 N. Clark St., Carroll, IA 51401		100.00	<input checked="" type="checkbox"/>
09/15/10	ID# CK#	Arlene Eischeid, 506 W. 14th St., Carroll, IA 51401	grandmother	50.00	<input checked="" type="checkbox"/>
09/08/10	ID# CK#	Unitemized contributions		15.00	<input type="checkbox"/>
09/14/10	ID# CK#	Unitemized contributions		20.00	<input type="checkbox"/>
09/15/10	ID# CK#	Unitemized contributions		422.00	<input checked="" type="checkbox"/>
<b>SUB-TOTAL</b>				\$ 822.00	
<b>TOTAL (if last page of this schedule)</b>				\$	

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**CONTRIBUTIONS -- MONEY TAKEN IN**  
 (Including candidate's personal funds)

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

**COMMITTEE NAME (Must be same as on Statement of Organization)**  
 Sara Beiter for Recorder

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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
09/16/10	ID# CK#	Tina Gehling, 19186 245th St., Carroll, IA 51401	sister	\$150.00	<input type="checkbox"/>
09/16/10	ID# CK#	Susan Scharfenkamp, 485 Deer Creek Lane, Carroll, IA 51401		25.00	<input type="checkbox"/>
09/16/10	ID# CK#	Peggy White, 1471 390th St., Westside, IA 51467		25.00	<input type="checkbox"/>
09/16/10	ID# CK#	Unitemized contributions		72.00	<input type="checkbox"/>
09/21/10	ID# CK#	Unitemized contributions		20.00	<input type="checkbox"/>
09/21/10	ID# CK#	Ron Lingle, 127 W. Todd Terrace, Carroll, IA 51401		50.00	<input type="checkbox"/>
09/22/10	ID# CK#	Jamie Stoltz, 7420 LaGrange Dr., Raleigh, NC 27613	sister in law	100.00	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
<b>SUB-TOTAL</b>				\$ 442.00	
<b>TOTAL (if last page of this schedule)</b>				\$ 3308.00	

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FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

**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>B</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)  
Sara Beiter for Recorder

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
09/14/10	ID# CK#	Carroll Broadcasting Co., PO Box 886, Carroll, IA 51401	radio ads for fundraiser	\$ 63.00
09/16/10	ID# CK#	Speciality Etc., LLC, 15053 Granite Ave., Breda, IA 51436	ball point pens	119.00
09/21/10	ID# CK#	Speciality Etc., LLC, 15053 Granite Ave., Breda, IA 51436	yard signs	1613.03
	ID# CK#			
SUB-TOTAL				\$ 1795.03
TOTAL (if last page of this schedule)				\$ 1795.03

**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

COMMITTEE NAME (Must be same as on Statement of Organization)  
 Sara Beiter for Recorder



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

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (If applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
09/10/10	Sara Beiter, 112 W. Todd Terrace, Carroll, IA 51401		postage stamps	\$ 44.00	<input type="checkbox"/>
09/13/10	Sara Beiter, 112 W. Todd Terrace, Carroll, IA 51401		hamburger buns	33.75	<input checked="" type="checkbox"/>
09/13/10	Sara Beiter, 112 W. Todd Terrace, Carroll, IA 51401		potato chips	59.94	<input checked="" type="checkbox"/>
09/13/10	Sara Beiter, 112 W. Todd Terrace, Carroll, IA 51401		shelter house rental	35.00	<input checked="" type="checkbox"/>
09/15/10	Sara Beiter, 112 W. Todd Terrace, Carroll, IA 51401		paper plates, napkins and utensils	75.34	<input checked="" type="checkbox"/>
09/15/10	Sara Beiter, 112 W. Todd Terrace, Carroll, IA 51401		cookies for fundraiser	89.74	<input checked="" type="checkbox"/>
09/15/10	Gary Riesberg, 13697 260th St., Halbur, IA 51444	father	processed pork	250.00	<input checked="" type="checkbox"/>
09/15/10	Alison Bauer, 1123 Woodland Dr., Carroll, IA 51401		postage stamps	44.00	<input checked="" type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
SUB-TOTAL				\$ 631.77	
TOTAL (if last page of this schedule)				\$ 631.77	

\*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.