

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

Recall Notice

FORM DR-2 (Rev. 07/2003)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	_____
Logged In	_____
Scanned	_____
Computer	_____
Audited	_____

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

IMPORTANT: Indicate type of committee you are reporting for: (1) Statewide/Legislative Candidate (2) Statewide PAC (3) State Party (4) County/Local Candidate (5) County PAC (6) Ballot Issue/Franchise Committee (7) County/City Central Committee (8) Support State of Candidates

CANDIDATE COMMITTEES ONLY:

Candidate Name	<u>NA</u>	Political Party	_____
Office Sought	<u>NA</u>	District (if Senate or House)	_____

Curtis Colleson
SIGNATURE OF TREASURER (or person filing this report)

712-830-6978
TELEPHONE

2-28-07
DATE SIGNED

Late filed reports are subject to possible civil and criminal penalties.

SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE:

I AM FILING A 5 days before Election REPORT FOR AN/A (1) ELECTION / (2) NON-ELECTION YEAR.
(report date)

Indicate one

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 Notice of Dissolution is filed)

Local Committees, enter Date of Election
MARCH 6, 2007

County & Local Committees, enter County in which Election is held
CRAWFORD

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (This is the total of all monies 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.)	\$	<u>0</u>
ADD TOTAL MONEY TAKEN IN THIS PERIOD		
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)		<u>3395</u>
Schedule F: Loans Received total (Attach Schedule F)		<u>0</u>
Schedule H: Total Sales of Campaign Property (Attach Schedule H)		<u>0</u>
(Schedule H applies to Candidates' Committees Only)		
SUB-TOTAL	\$	<u>3395</u>
SUBTRACT TOTAL MONEY SPENT THIS PERIOD		
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)		<u>2550</u>
Schedule F: Loan Repayments total (Attach Schedule F)		<u>0</u>
CASH ON HAND at the end of this reporting period (if final report, balance must be zero) (Attach DR-3)	\$	<u>845.00</u>

**UNPAID BILLS (From Schedule D - Attach Schedule D)	\$	<u>0</u>
**IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)	\$	<u>0</u>
**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)	\$	<u>0</u>

CANDIDATE COMMITTEES ONLY:

CONSULTANT BREAKDOWN (Schedule G Attached?) YES NO

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H) \$ _____

For Instructions, See Back of Form

Reset Form

SCHEDULE A (Rev. 07/02)	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)
Better Education 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.

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
2-9-07	ID# CHK#	Randy Kohorst Arcadia		\$ 100 ⁰⁰	<input type="checkbox"/>
2-10-07	ID# CHK#	Douge & Judy Guonau VAIL		100 ⁰⁰	<input type="checkbox"/>
2-10-07	ID# CHK#	Leon & Nancy Schulte Westside		100 ⁰⁰	<input type="checkbox"/>
2-10-07	ID# CHK#	Leo & Regina Schiebnock VAIL		100 ⁰⁰	<input type="checkbox"/>
2-10-07	ID# CHK#	Curt & Kris Collison Arcadia		100 ⁰⁰	<input type="checkbox"/>
2-10-07	ID# CHK#	Tom Schwanzkogh Breda		100 ⁰⁰	<input type="checkbox"/>
2-10-07	ID# CHK#	Gary Schulte Westside		100 ⁰⁰	<input type="checkbox"/>
2-14-07	ID# CHK#	Phil Collison Arcadia		100 ⁰⁰	<input type="checkbox"/>
2-14-07	ID# CHK#	Chris Hinneus Arcadia		100 ⁰⁰	<input type="checkbox"/>
2-14-07	ID# CHK#	Curt & Kris Collison Arcadia		300 ⁰⁰	<input type="checkbox"/>
SUB-TOTAL				\$ 1,700 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)
Better Education 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.

CAUTION: Section 88B.32A(8), 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/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
2-17-07	ID# CK#	Dennis & Julie Dozank VAIL		\$ 100 ⁰⁰	<input type="checkbox"/>
2-17-07	ID# CK#	Grell Farms Westside		100 ⁰⁰	<input type="checkbox"/>
2-20-07	ID# CK#	Mark & Betty Schweny VAIL		100 ⁰⁰	<input type="checkbox"/>
2-20-07	ID# CK#	Gary Vetter Westside		150 ⁰⁰	<input type="checkbox"/>
2-20-07	ID# CK#	Richard Ricke Westside		25 ⁰⁰	<input type="checkbox"/>
2-20-07	ID# CK#	Leonard Walde Westside		200 ⁰⁰	<input type="checkbox"/>
2-20-07	ID# CK#	JoAnn Adams VAIL		75 ⁰⁰	<input type="checkbox"/>
2-20-07	ID# CK#	Joe Lally VAIL		20 ⁰⁰	<input type="checkbox"/>
2-20-07	ID# CK#	Roger Lieting Westside		50 ⁰⁰	<input type="checkbox"/>
2-20-07	ID# CK#	Dave Vonnahme Westside		100 ⁰⁰	<input type="checkbox"/>
SUB-TOTAL				\$ 920 ⁰⁰	
TOTAL (If last page of this schedule)				\$	

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React Form

SCHEDULE A <small>(Rev. 07/03)</small>	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)
Betten Education 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.

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
2-20-07	ID# CK#	Vince Lieting Westside		\$100 ⁰⁰	<input type="checkbox"/>
2-20-07	ID# CK#	Kevin Ricke Westside		25 ⁰⁰	<input type="checkbox"/>
2-20-07	ID# CK#	DICK HUSS Westside		50 ⁰⁰	<input type="checkbox"/>
2-20-07	ID# CK#	Joe Thelen Denison		50 ⁰⁰	<input type="checkbox"/>
2-20-07	ID# CK#	Al Feilmeier Westside		100 ⁰⁰	<input type="checkbox"/>
2-20-07	ID# CK#	Steve Riesselman VAIL		50 ⁰⁰	<input type="checkbox"/>
2-20-07	ID# CK#	Lanny Gehling Westside		100 ⁰⁰	<input type="checkbox"/>
2-20-07	ID# CK#	WALT RIESSELMAN VAIL		30 ⁰⁰	<input type="checkbox"/>
2-20-07	ID# CK#	Ken Drees VAIL		100 ⁰⁰	<input type="checkbox"/>
2-20-07	ID# CK#	Unitemized		670 ⁰⁰	<input type="checkbox"/>
SUB-TOTAL				\$1275	
TOTAL (If last page of this schedule)				\$3395	

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