

Carroll

FOR INSTRUCTIONS, SEE BACK OF FORM



DISCLOSURE SUMMARY PAGE

COMMITTEE NAME (Must be same as on Statement of Organization)
 YES FOR CARROLL'S FAMILY AQUATIC CENTER

IMPORTANT: Indicate by # type of committee you are reporting for: 11
 (1) Statewide/Legislative/Judge Standing Retention Candidate (2) State PAC (3) State Party
 (4) County Central Committee (5) County Board of Supervisors Candidate (7) School Board or Other
 Political Subdivision Candidate () County Board of Supervisors 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
 AUG - 3 2006
 FILED FAX

FORM DR-2 DISCLOSURE REPORT
 (Rev. 12/2005)

For Office Use Only
 Comm. # 21415
 Logged In _____
 Scanned DM
 Computer DM
 Audited DM

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]
SIGNATURE OF PERSON FILING REPORT

712-792-4368
TELEPHONE

8-3-06
DATE SIGNED

I AM FILING A 8/3/06 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
AUGUST 3, 2006

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

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.)	\$	0.00 ✓
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)		0.00
Schedule H: Total Sales of Campaign Property (Attach Schedule H)		0.00
<u>(Schedule H applies to Candidates' Committees Only)</u>		
SUB-TOTAL	\$	100.00
SUBTRACT TOTAL MONEY SPENT THIS PERIOD		
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)		0.00
Schedule F: Loan Repayments total (Attach Schedule F)		0.00
CASH ON HAND at the end of this reporting period (if final report balance must be zero) (Attach DR-3)	\$	100.00 ✓
UNPAID BILLS (From Schedule D - Attach Schedule D)	\$	7,103.43 ✓
IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)	\$	3,035.00 ✓
OUTSTANDING LOANS (From Schedule F - Attach Schedule F)	\$	0.00
CONSULTANT BREAKDOWN (Schedule G Attached?)		YES <input checked="" type="checkbox"/> NO
<u>CANDIDATE COMMITTEES ONLY:</u>		
VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)	\$	
<u>STATE COMMITTEES:</u> 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)
 YES FOR CARROLL'S FAMILY AQUATIC CENTER

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
08/01/06	ID# CK# 7018	JAMES B WILSON PO BOX 546 CARROLL, IA 51401		\$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"/>

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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COMMITTEE NAME (Must be same as on Statement of Organization)
 YES FOR CARROLL'S FAMILY AQUATIC CENTER

NOTE: Debts previously reported that remain unpaid must be included on this Schedule, as well as any new obligations incurred in this period.



SCHEDULE D (Rev. 06/98)	INCURRED INDEBTEDNESS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**DEBTS/OBLIGATIONS REMAINING THIS REPORTING PERIOD
 (DO NOT INCLUDE LOANS - SHOW LOANS ON SCHEDULE F)**

An "Incurred debt" is a debt for goods or services ordered or received, but not paid for by the end of the reporting period, regardless of whether an invoice has been received.

DATE INCURRED (MM/DD/YR)	NAME AND ADDRESS OF PERSON TO WHOM DEBT OR OBLIGATION IS OWED	DESCRIPTION OF GOODS OR SERVICES PROVIDED OR PURCHASED	BALANCE OWED AT CLOSE OF REPORTING PERIOD*
06/26/06	HERALD PUBLISHING COMPANY 508 N. COURT ST PO BOX 546 CARROLL, IA 51401	NEWSPAPER ADVERTISING FOR 6/30/06 - 8/7/08 ESTIMATED TOTAL COST	\$ 7,560.00
7/17/06	WIZARD ENTERPRISES 626 N COURT ST. CARROLL, IA 51401	SET UP WEB PAGE	10.00
7/31/06	OPTIONS INC 528 N MSPLE CARROLL, IA 51401	FLYERS AND SIGNS	594.92
7/31/06	MURRAY'S WELDING & MACHINE HWY 71 SOUTH CARROLL, IA 51401	WIRE STAKES FOR SIGNS	316.19
8/1/06	KKRL RADIO STATION 1119 PLAZA DRIVE CARROLL, IA 51401	RADIO ADS FOR 8/1/06 - 8/8/06	1,000.00
SUB-TOTAL			\$ 9,481.11
TOTAL DEBTS OWED BY COMMITTEE AT THE END OF THIS REPORTING PERIOD			\$ 9,481.11 ✓

*If actual figure is unknown, show "estimated" beside the figure.

CANDIDATE COMMITTEES NOTE:
 *Incurred indebtedness also includes each person/entity with whom the candidate's committee has entered into a contract during the reporting period for future or continuing performance. Enter the name of the consultant who provides or procures services for items such as advertising, fund-raising, polling, managing or organizing services. Report on Schedule G the nature of performance and the estimated performance reasonably expected of the consultant.

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

YES FOR CARROLL'S FAMILY AQUATIC CENTER

Reset Form

SCHEDULE E (Rev 06/87)	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	Y IF FOR FUND-RAISER CONTRIBUTION
7/10/06	STONE PRINTING 108 W 7TH ST PO BOX 127 CARROLL, IA 51401		FLYERS	\$ 1,500.00	<input type="checkbox"/>
7/14/06	THE OFFICE STOP 216 W 5TH ST CARROLL, IA 51401		FLYERS	535.00	<input type="checkbox"/>
8/1/06	KKRL RADIO STATION 1119 PLAZA DRIVE CARROLL, IA 51401		RADIO ADS FOR 8/1 - 8/8/06	1,000.00	<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

SUB-TOTAL \$ 3,035.00

TOTAL (if last page of this schedule) \$ 3,035.00

*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.