

Reset Form

**DISCLOSURE SUMMARY PAGE**

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

*Friends of Extension*

IMPORTANT: Indicate by # type of committee you are reporting for:  (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): \_\_\_\_\_

<b>FORM DR-2</b> (Rev. 12/2005)	<b>DISCLOSURE REPORT</b>
<b>For Office Use Only</b>	
Comm. # _____	
Logged In _____	
Scanned _____	
Computer _____	
Audited _____	
File with: Iowa Ethics and Campaign Disclosure Board 510 E. 12 <sup>th</sup> , 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.

*Rene W. Klemm, Treasurer*      *641-342-9763*      *12-21-06*  
 SIGNATURE OF PERSON FILING REPORT      TELEPHONE      DATE SIGNED  
 or *641-414-2894*

I AM FILING A \_\_\_\_\_ 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 <i>Nov 7, 2006</i>
County & Local Committees, enter County in which Election is held <i>Clarke County</i>

**STATEMENT OF CASH ON HAND**

<b>CASH ON HAND</b> at the beginning of the reporting period. (Total of all funds held by the committee. This amount <b>MUST</b> 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>459.78</u>
<b>ADD TOTAL MONEY TAKEN IN THIS PERIOD</b>		
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below).....		<u>550.00</u>
Schedule F: Loans Received total (Attach Schedule F).....		<u>0.00</u>
Schedule H: Total Sales of Campaign Property (Attach Schedule H) .....		<u>0.00</u>
<b>(Schedule H applies to Candidates' Committees Only)</b>		
<b>SUB-TOTAL</b> .....		\$ <u>1,009.78</u>
<b>SUBTRACT TOTAL MONEY SPENT THIS PERIOD</b>		
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below).....		<u>4,009.78</u>
Schedule F: Loan Repayments total (Attach Schedule F).....		<u>0.00</u>
<b>CASH ON HAND</b> at the end of this reporting period (if final report balance must be zero) (Attach DR-3).....	\$	<u>0.00</u>
<b>**UNPAID BILLS</b> (From Schedule D - Attach Schedule D) .....	\$	<u>0.00</u>
<b>*IN KIND CONTRIBUTIONS</b> (From Schedule E - Attach Schedule E) .....	\$	<u>22.62</u>
<b>**OUTSTANDING LOANS</b> (From Schedule F - Attach Schedule F).....	\$	<u>0.00</u>
<b>CONSULTANT BREAKDOWN</b> (Schedule G Attached?)	YES	NO
<b>CANDIDATE COMMITTEES ONLY:</b>		
<b>VALUE OF CAMPAIGN PROPERTY</b> (From Schedule H - Attach Schedule H)	\$	<u>N/A</u>

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

For Instructions, See Back of Form

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)  
*Friends of Extension*

**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
11/20/06	ID# CK# <i>55053</i>	<i>Clarke Community School - FFA PO Box 535 Osceola, Iowa 50213</i>		\$ <i>350<sup>00</sup></i>	<input type="checkbox"/>
11/07/06	ID# CK# <i>1682</i>	<i>Clarke County Development Corp PO Box 426 Osceola, Iowa 50213</i>		\$ <i>200<sup>00</sup></i>	<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  
\$ *550<sup>00</sup>*  
TOTAL (if last page of this schedule)  
\$ *550<sup>00</sup>*

\* 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>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.

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**Friends of Extension**

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
11/02/06	ID# CK# 109	Mary Jo Schade 1011 Park Lane Osceola, IA 50213	Reimburse For Postage For Absentee Mailers	\$48 <sup>00</sup>
12/01/06	ID# CK# 110	Clarke County Publishing 115 E Washington Osceola, Iowa 50213	Print Ads - Campaign Osceola Sentinel-Tribune	\$194 <sup>54</sup>
<del>12/01/06</del>	<del>ID# CK# 111</del>	<del>The Advertiser 111 E. Washington Osceola, Iowa 50213</del>	<del>Print Ads - Campaign The Advertiser</del>	<del>\$227<sup>71</sup></del>
12/01/06	ID# CK# 112	Mary Jo Schade 1011 Park Lane Osceola, IA 50213	Reimbursement For Postage of Absentee List.	\$23 <sup>00</sup>
12/21/06	ID# CK# 113	The Advertiser 111 E Washington Osceola, Ia 50213	Print Ads - Correction Check for #111 to the Advertiser	\$221 <sup>11</sup>
12/21/06	ID# CK# 114	Clarke County Fair Board c/o Marcia Porter, Sec Osceola, Iowa 50213	Disburse left over funds to 501c3/Nonprofit	\$523 <sup>13</sup>
	ID# CK#			
	ID# CK#			

SUB-TOTAL \$1,009<sup>78</sup>  
TOTAL (if last page of this schedule) \$1,009<sup>78</sup>

**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)  
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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
12-1-06	American State Bank 1000 Jefftrays Drive Oscoda, Iowa 50213		Postage	\$ 11 <sup>31</sup>	<input type="checkbox"/>
10-19-06	American State Bank 1000 Jefftrays Drive Oscoda, Ia 50213		Postage	11 <sup>31</sup>	<input type="checkbox"/>
					<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 \$ 22<sup>62</sup>  
 TOTAL (if last page of this schedule) \$ 22<sup>62</sup>

\*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.