

FOR INSTRUCTIONS, SEE BACK OF FORM

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DISCLOSURE SUMMARY PAGE

FORM DR-2 (Rev. 12/2005)	<i>Clay</i> DISCLOSURE REPORT
For Office Use Only	
Comm. #	<u>17956</u>
Logged In	
Scanned	<u>DM</u>
Computer	<u>DM</u>
Audited	<u>DM</u>
File with: Iowa Ethics and Campaign Disclosure Board 510 E. 12 th Ste. 1A Des Moines, Iowa 50319 Fax: 515-281-3701	

COMMITTEE NAME (Must be same as on Statement of Organization)
Committee to Elect Bill Zinn

IMPORTANT: Indicate by # type of committee you are reporting for: 5
(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 Bill Zinn Party (if applicable) Republican
Office Sought Clay County Treasurer District (if Senate or House)

IA ETHICS & CAMPAIGN DISCLOSURE BOARD
MAY 19 2006
FILED FAX

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.

Sherry Zinn (712) 262-3718 5-18-06
SIGNATURE OF PERSON FILING REPORT TELEPHONE DATE SIGNED

I AM FILING A 5-19-06 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
06-06-06

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

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.)	\$	<u>0 /</u>
ADD TOTAL MONEY TAKEN IN THIS PERIOD		
Schedule A: Cash Contributions total (Attach Schedule A) (**also see in-kind below)		<u>1720.00 /</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>
<u>(Schedule H applies to Candidates' Committees Only)</u>		
SUB-TOTAL	\$	<u>1720.00</u>
SUBTRACT TOTAL MONEY SPENT THIS PERIOD		
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)		<u>1000.55</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>719.45</u>
**UNPAID BILLS (From Schedule D - Attach Schedule D)	\$	<u>586.57</u>
**IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)	\$	<u>0</u>
**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)	\$	<u>0</u>
CONSULTANT BREAKDOWN (Schedule G Attached?)	YES	<input checked="" type="checkbox"/> NO
CANDIDATE COMMITTEES ONLY:		
VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)	\$	<u>0</u>

STATE COMMITTEES: 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)
Committee to Elect Bill Zinn

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
5/1/06	ID# CK#	Tom Howe 1020 Breezy Meadow Ln. Spencer, IA 51301		\$ 25 ⁰⁰	<input type="checkbox"/>
5/1/06	ID# CK#	Kenneth Riessen 1616 1 st Ave W Spencer, IA 51301		25 ⁰⁰	<input type="checkbox"/>
5/1/06	ID# CK#	Dennis Dawitt 1515 Marks Ct. Spencer, IA 51301		25 ⁰⁰	<input type="checkbox"/>
5/1/06	ID# CK#	Delmar Muckey 804 W. 11 th St. Spencer, IA 51301		50 ⁰⁰	<input type="checkbox"/>
5/1/06	ID# CK#	Donna Ekberg 1900 4 th Ave SW #219 Spencer, IA 51301		20 ⁰⁰	<input type="checkbox"/>
5/1/06	ID# CK#	Robert Johnson 3810 260 th Ave Dickens, IA 51333		25 ⁰⁰	<input type="checkbox"/>
5/1/06	ID# CK#	Dr. Harry Rasdal 1808 - 23 rd Ave W Spencer, IA 51301		40 ⁰⁰	<input type="checkbox"/>
5/1/06	ID# CK#	Jim Ginger 113 Prince Blvd, Royal, IA 51357		50 ⁰⁰	<input type="checkbox"/>
5/1/06	ID# CK#	Merlyn Winther 1005 W. 11 th St. Spencer, IA 51301		75 ⁰⁰	<input type="checkbox"/>
5/1/06	ID# CK#	Loren Reit 2507 W. 13 th St. Spencer, IA 51301		100 ⁰⁰	<input type="checkbox"/>
SUB-TOTAL				\$435 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.

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SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
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5/1/06	ID# CK#	James Horst, Jr. 703 W. 10 th St. Spencer, IA 51301		\$ 100 ⁰⁰	<input type="checkbox"/>
5/1/06	ID# CK#	Robert Montgomery 1013 N. Grand Ave Spencer, IA 51301		50 ⁰⁰	<input type="checkbox"/>
5/1/06	ID# CK#	David Robinson 402 - 4 th St. SW Spencer, IA 51301		50 ⁰⁰	<input type="checkbox"/>
5/1/06	ID# CK#	Tom Monahan 2211 W. 11 th St. Spencer, IA 51301		25 ⁰⁰	<input type="checkbox"/>
5/1/06	ID# CK#	Kevin Hartkemeyer 1620 W. 4 th St. Spencer, IA 51301		50 ⁰⁰	<input type="checkbox"/>
5/1/06	ID# CK#	Del Brockshus 1800 11 th St. SE Spencer, IA 51301		100 ⁰⁰	<input type="checkbox"/>
5/1/06	ID# CK#	Lucas Dewitt 1310 - 17 th Ave W Spencer, IA 51301		100 ⁰⁰	<input type="checkbox"/>
5/1/06	ID# CK#	Nellie Alderman 812 W. 11 th St. Spencer, IA 51301		100 ⁰⁰	<input type="checkbox"/>
5/1/06	ID# CK#	Russell Christensen 1630 4 th St. Royal, Spencer IA 51301 51357		100 ⁰⁰	<input type="checkbox"/>
5/1/06	ID# CK#	Jackie Huckfelt 1216 10 th Ave SE Spencer, IA 51301		25 ⁰⁰	<input type="checkbox"/>
SUB-TOTAL				\$ 700 ⁰⁰	
TOTAL (if last page of this schedule)				\$	

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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)
Committee to Elect Bill Zinn

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DATE RECEIVED (MM/DD/YY)	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
4/10/06	ID# CK#	Dr. Harry Rasdal 1808 23 rd Ave W. Spencer, IA 51301		\$ 25 ⁰⁰	<input type="checkbox"/>
5/1/06	ID# CK#	Robert Alderman 312 W. 11 th St. Spencer, IA 51301		100 ⁰⁰	<input type="checkbox"/>
5/1/06	ID# CK#	Kenneth Chalstrom 2750 470 th St. Webb, IA 51366		30 ⁰⁰	<input type="checkbox"/>
5/1/06	ID# CK#	Bonnie Uetter 1703 - 19 th Ave W Spencer, IA 51301		50 ⁰⁰	<input type="checkbox"/>
5/1/06	ID# CK#	Roger Mann 815 W. 7 th St. Spencer, IA 51301		50 ⁰⁰	<input type="checkbox"/>
5/1/06	ID# CK#	John Zinn 914 E. 14 th St. Spencer, IA 51301	Brother	50 ⁰⁰	<input type="checkbox"/>
5/10/06	ID# CK#	Kitty Conover 1215 Grand Ave. Spencer, IA 51301		50 ⁰⁰	<input type="checkbox"/>
5/12/06	ID# CK#	Lorraine Conley 827 E. 4 th St. Spencer, IA 51301		30 ⁰⁰	<input type="checkbox"/>
5/12/06	ID# CK#	Steve Grell 1303 W. 11 th St. Spencer, IA 51301		100 ⁰⁰	<input type="checkbox"/>
5/1/06	ID# CK#	Unitemized Contributions		100 ⁰⁰	<input type="checkbox"/>
SUB-TOTAL				\$ 585 ⁰⁰	
TOTAL (if last page of this schedule)				\$1720 ⁰⁰	

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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)
Committee to Elect Bill Zinn

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
5/12/06	ID# CK#	US Post OFFICE Spencer, IA 51301	Stamps	\$ 480 ⁰⁰ -
5/12/06	ID# CK#	Speed Printers 14 W. 6th St. Spencer, IA 51301	Postcards	56 ⁷¹ -
5/13/06	ID# CK#	Bush Signs P.O. Box 932B Montgomery, AL 36108	Political Signs	463 ⁸⁴ -
	ID# CK#			
SUB-TOTAL				\$
TOTAL (if last page of this schedule)				\$1000.55

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).)

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COMMITTEE NAME (Must be same as on Statement of Organization)
 Committee to Elect Bill Zinn

SCHEDULE D (Rev. 08/98)	INCURRED INDEBTEDNESS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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

Reset 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*
4/10/06	Sherry Zinn 811 W. 10th St. Spencer, IA 51301	Postcards	\$ 56.71
4/14/06	Bill Zinn 811 W. 10th St. Spencer, IA 51301	Postcards	15.26
4/17/06	Sherry Zinn 811 W. 10th St. Spencer, IA 51301	Stamps	39.60
4/28/06	Bill Zinn 811 W. 10th St. Spencer, IA 51301	Rent of Bldg.	75.00
4/28/06	Bill Zinn 811 W. 10th St. Spencer, IA 51301	Signs	400.00
SUB-TOTAL			\$
TOTAL DEBTS OWED BY COMMITTEE AT THE END OF THIS REPORTING PERIOD			\$ 586.57

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

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(for Schedule D)

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.