

Reset Form

DISCLOSURE SUMMARY PAGE

FORM DR-2 (Rev. 12/2005)	DISCLOSURE REPORT
For Office Use Only	
Comm. # _____	Logged In _____
Scanned _____	Computer _____
Audited _____	
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 Political Party (if applicable) PM UNREADABLE "by petition"
 Office Sought Clay County Treasurer District (if Senate or House) _____

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.

Bill Zinn (712) 262-3718 1-12-07
 SIGNATURE OF PERSON FILING REPORT TELEPHONE DATE SIGNED

I AM FILING A Campaign 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 NOV. 7, 2006
 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>586.36</u>
ADD TOTAL MONEY TAKEN IN THIS PERIOD		
Schedule A: Cash Contributions total (Attach Schedule A) (**also see in-kind below)		<u>2481.42</u>
Schedule F: Loans Received total (Attach Schedule F)		_____
Schedule H: Total Sales of Campaign Property (Attach Schedule H)		_____
<u>(Schedule H applies to Candidates' Committees Only)</u>		
SUB-TOTAL	\$	<u>3067.78</u>
SUBTRACT TOTAL MONEY SPENT THIS PERIOD		
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)		<u>3067.78</u>
Schedule F: Loan Repayments total (Attach Schedule F)		_____
CASH ON HAND at the end of this reporting period (If final report balance must be zero) (Attach DR-3)	\$	<u>0.00</u>
**UNPAID BILLS (From Schedule D - Attach Schedule D)	\$	<u>- 0 -</u>
**IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)	\$	<u>1518.14</u>
**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)	\$	<u>- 0 -</u>
CONSULTANT BREAKDOWN (Schedule G Attached?)	YES	<u>NO</u>
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

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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

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(8), 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
10/18/06	ID# CK#	Bill Zinn 511 W. 10th St. Spencer, IA 51301	Self	\$ 1000 ⁰⁰	<input type="checkbox"/>
10/19/06	ID# CK#	Misc. Cash	-	65 ⁰⁰	<input type="checkbox"/>
10/21/06	ID# CK#	Robert Montgomery 1013 Grand Ave Spencer, IA 51301	friend	40 ⁰⁰	<input type="checkbox"/>
10/22/06	ID# CK#	John Zinn 924 E. 14th St. Spencer, IA 51301	brother	90 ⁰⁰	<input type="checkbox"/>
10/22/06	ID# CK#	David Toay 1212 W. 11th St. Spencer, IA 51301	friend	30 ⁰⁰	<input type="checkbox"/>
10/22/06	ID# CK#	Steve Dangaars 1608 3rd Ave E. Spencer, IA 51301	friend	25 ⁰⁰	<input type="checkbox"/>
10/22/06	ID# CK#	Joyce Posthumus 705 W. 9th St. Spencer, IA 51301	friend	25 ⁰⁰	<input type="checkbox"/>
10/22/06	ID# CK#	Alice Hoberg 2520 40th St. Spencer, IA 51301	friend	25 ⁰⁰	<input type="checkbox"/>
10/22/06	ID# CK#	Kimberly Wilson 251D 320th St. Spencer, IA 51301	friend	25 ⁰⁰	<input type="checkbox"/>
10/22/06	ID# CK#	Bev Rutter 1765-290th St. Spencer, IA 51301	friend	50 ⁰⁰	<input type="checkbox"/>
SUB-TOTAL				\$ 1375 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

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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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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/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
10/22/06	ID# CK#	Herbert Kintigh 1918 350th St. Spencer, IA 51301	friend	\$ 50 ⁰⁰	<input type="checkbox"/>
10/23/06	ID# CK#	Diane Kitterman 3580 190th Ave. Spencer, IA 51301	friend	50 ⁰⁰	<input type="checkbox"/>
10/23/06	ID# CK#	Misc. Cash	—	137 ⁰⁰	<input type="checkbox"/>
10/23/06	ID# CK#	Steve Grell 1303 W. 11th St. Spencer, IA 51301	friend	100 ⁰⁰	<input type="checkbox"/>
10/24/06	ID# CK#	Nellie Alderman 812 W. 11th St. Spencer, IA 51301	friend	100 ⁰⁰	<input type="checkbox"/>
10/24/06	ID# CK#	Robert Alderman 812 W. 11th St. Spencer, IA 51301	friend	100 ⁰⁰	<input type="checkbox"/>
10/24/06	ID# CK#	Lorraine Conley 827 E. 4th St. Spencer, IA 51301	friend	25 ⁰⁰	<input type="checkbox"/>
10/24/06	ID# CK#	Misc. Cash	—	110 ⁰⁰	<input type="checkbox"/>
10/30/06	ID# CK#	Marcie Muckey 804 W. 11th St. Spencer, IA 51301	friend	50 ⁰⁰	<input type="checkbox"/>
10/31/06	ID# CK#	Todd Brockshus 2220 280th St. Spencer, IA 51301	friend	50 ⁰⁰	<input type="checkbox"/>
SUB-TOTAL				\$ 772 ⁰⁰	
TOTAL (if last page of this schedule)				\$	

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For Instructions, See Back of Form

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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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CAUTION: Section 68B.32A(8), 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
11/2/06	ID# CK#	Mike Homan 1926 W. 10th St. Spencer, IA 51301	friend	\$ 25 ⁰⁰	<input type="checkbox"/>
11/10/06	ID# CK#	Misc. cash	—	150 ⁰⁰	<input type="checkbox"/>
11/13/06	ID# CK#	Bill Zinn 811 W. 10th St. Spencer, IA 51301	self	150 ⁰⁰	<input type="checkbox"/>
12/7/06	ID# CK#	Misc. cash	—	9 ⁴²	<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
\$ 334⁴²
TOTAL (if last page of this schedule)
\$ 2481.42

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FOR INSTRUCTIONS, SEE BACK OF FORM

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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
10/19/06	ID# CK#	Northwest Printing 10 W. 6th St. Spencer, IA 51301	Advertising brochure	\$1590 ⁰²
10/21/06	ID# CK#	Fareway Stores 104 E. 8th St. Spencer, IA 51301	Fundraiser Supplies	21 ⁸⁵
10/23/06	ID# CK#	Daily Reporter 300 E. Milwaukee Spencer, IA 51301	Advertising	102 ⁵⁰
10/30/06	ID# CK#	KICD 2600 Hwy Blvd. Spencer, IA 51301	Advertising	400 ⁰⁰
10/30/06	ID# CK#	Daily Reporter 310 E. Milwaukee Spencer, IA 51301	Advertising	332 ⁵⁰
11/6/06	ID# CK#	Daily Reporter 310 E. Milwaukee Spencer, IA 51301	Advertising	240 ⁰⁰
11/9/06	ID# CK#	Hartley Sentinel 71 1st St. SE Hartley, IA 50556	Advertising	258 ⁷⁶
11/13/06	ID# CK#	Daily Reporter 310 E. Milwaukee Spencer, IA 51301	Advertising	47 ⁹⁵
SUB-TOTAL				\$2993.58
TOTAL (if last page of this schedule)				\$

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

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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
<i>10/18/06</i>	ID# CK#	<i>SMU 712 Grand Ave. Spencer IA 51301</i>	<i>Advertising</i>	<i>\$ 53⁵⁰</i>
<i>12/8/06</i>	ID# CK#	<i>Every Royal News P.O. Box 270 Every, IA 51338</i>	<i>Advertising</i>	<i>20⁷⁰</i>
	ID# CK#			
SUB-TOTAL				<i>\$ 74²⁰</i>
TOTAL (if last page of this schedule)				<i>\$ 3067⁷⁰</i>

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

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

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

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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
11/15/06	Sherry Zinn 811 W. 10th St. Spencer, IA 51301	wife	Loan forgiven	\$ 96.31	<input type="checkbox"/>
11/15/06	Bill Zinn 811 W. 10th St. Spencer, IA 51301	Self	Loan forgiven	1398.91	<input type="checkbox"/>
11/15/06	Bill Zinn 811 W. 10th St. Spencer, IA 51301	Self	Loan forgiven	7.92	<input type="checkbox"/>
10/22/06	Lori Krie 802 W. 12th St. Spencer IA 51301	friend	web page	15.00	<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

SUB-TOTAL \$
 TOTAL (if last page of this schedule) \$ 1518.14

*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.