

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

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

Committee to Elect Mike Wolf

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 (8) 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: Michael L. Wolf Political Party (if applicable): _____

Office Sought: Clinton County Attorney District (if Senate or House): _____

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	

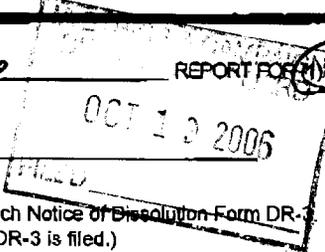
Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code section 68B.32A(7) the candidate, for a candidate's committee, and the chairperson, for any other type of committee, is the individual responsible for filing timely and accurate reports.

Benjamin A. Nyden 563-243-5833 October 19, 2006
SIGNATURE OF PERSON FILING REPORT TELEPHONE DATE SIGNED

I AM FILING A October 14, 2006 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.)



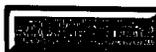
Local Committees, enter Date of Election
November 14, 2006
County & Local Committees, enter County in which Election is held

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.)	\$ 328.71
ADD TOTAL MONEY TAKEN IN THIS PERIOD	
Schedule A: Cash Contributions total (Attach Schedule A) (**also see In-kind below)	1760
Schedule F: Loans Received total (Attach Schedule F)	6316.25
Schedule H: Total Sales of Campaign Property (Attach Schedule H)	-
<u>(Schedule H applies to Candidates' Committees Only)</u>	
SUB-TOTAL	\$ 8405.02
SUBTRACT TOTAL MONEY SPENT THIS PERIOD	
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)	3085.94
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)	\$ 5319.08
**UNPAID BILLS (From Schedule D - Attach Schedule D)	\$ 3607.29
IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)	\$ 193.35
OUTSTANDING LOANS (From Schedule F - Attach Schedule F)	\$ 11,414.25
CONSULTANT BREAKDOWN (Schedule G Attached?)	X YES NO
CANDIDATE COMMITTEES ONLY:	
VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)	\$ - 0 -
STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.	

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN
(Including candidate's personal funds)



SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)
Committee to Elect Mike Wolf.

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
8/4/06	ID# CK# 3845	Brian Tuguna 600 5th Ave South, Clinton, IA	-	\$ 500 ⁻	<input type="checkbox"/>
8/28/06	ID# CK# 2111	Dorthe J. Flick 3503 Peoshing Blvd, Clinton, IA	-	20 ⁻	<input type="checkbox"/>
8/24/06	ID# CK# 9947	Ron J. Millioat 1104 2nd Avenue South, Clinton	-	25 ⁻	<input type="checkbox"/>
8/23/06	ID# CK# 13036	Rhea J. McIntyre 1220 North 3rd Street, Clinton	-	50 ⁻	<input type="checkbox"/>
8/23/06	ID# CK# 6871	Bette J. Oakley 1140 Woodlawn, Clinton, IA	-	25 ⁻	<input type="checkbox"/>
8/23/06	ID# CK# 1159	Jan M. Glahn 1721 5th Street Cammacke, IA 52730	-	100 ⁻	<input type="checkbox"/>
8/18/06	ID# CK# 3161	Qaiser Rasheed 536 Wantha Ct, Clinton, IA	-	100 ⁻	<input type="checkbox"/>
8/16/06	ID# CK# 4325	Janice R. Shaddock 165 South 10th Street Clinton, IA 52732	-	10 ⁻	<input type="checkbox"/>
8/14/06	ID# CK# 2270	Lissi C. Shaff 216 Woodlawn Ct, Clinton, IA	-	25 ⁻	<input type="checkbox"/>
8/19/06	ID# CK# 1491	Robert Kacho 1401 8th Ave South, Clinton, IA	-	25 ⁻	<input type="checkbox"/>
SUB-TOTAL				\$ 880	
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

CONTRIBUTIONS -- MONEY TAKEN IN
(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)
Committee to Elect Mike Wolf

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8/19/06	ID# CK# 4308	Juanita Byrns. 3700 Valley Oaks Dr., Clinton	-	\$ 100 -	<input type="checkbox"/>
8/23/06	ID# CK# 6232	Steve Mangum 2223 320th Ave, Dewitt, IA	-	25 -	<input type="checkbox"/>
8/23/06	ID# CK# 1023	Mike Keane 1135 5th Avenue North, Clinton, IA	-	10	<input type="checkbox"/>
8/18/06	ID# CK# 3476	Allen L Rathje 547 North Stokwell Lane, Clinton	-	25 -	<input type="checkbox"/>
8/13/06	ID# CK# 6140	Mark W. Dion 9908 Union Grove Rd, Morrison, IL	-	100 -	<input type="checkbox"/>
8/14/06	ID# CK# 3252	Lester A Shields 436 Mill Ridge Rd, Clinton, IA	-	100 -	<input type="checkbox"/>
8/14/06	ID# CK# 6702	Komalini KUMAR 920 Oak Knolls Ct, Clinton, IA	-	100 -	<input type="checkbox"/>
8/16/06	ID# CK# 3787	Paul J. Seifert 2357 115th St., Dehman, IA	-	35 -	<input type="checkbox"/>
8/16/06	ID# CK# 10030	Wayne L Anderson 1520 8th Avenue, Dewitt, IA	-	25	<input type="checkbox"/>
8/17/06	ID# CK# 3414	Francis B. Hill 347, South 14th St, Clinton, IA	-	25 -	<input type="checkbox"/>
SUB-TOTAL				\$ 515	
TOTAL (if last page of this schedule)				\$	

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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 Mike Wolf

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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
9/23/06	ID# CK# 1435	Richard melane 900 7th Avenue North Clinton, IA 52732	-	\$ 20	<input type="checkbox"/>
9/16/06	ID# CK# 9573	Vicki A Fischer 1202 5th Street, Dewitt, IA	-	35	<input type="checkbox"/>
9/17/06	ID# CK# 4112	Clyde E Bradley 315 33rd Avenue North, Clinton, IA	-	100	<input type="checkbox"/>
8/16/06	ID# CK# 9461	Wm. D. Hornigrausen 825 7th Street, Dewitt, IA	-	15	<input type="checkbox"/>
9/1/06	ID# CK# 2563	Mary Louise Rutenbeck 2701 2nd Ave South, Clinton	-	20	<input type="checkbox"/>
9/15/06	ID# CK# 2447	John Burn 106 1st Street, Charlotte, IA	-	25	<input type="checkbox"/>
9/16/06	ID# CK# 3846	Ruth Weideman 1060 Greenwich Drive, Clinton IA	-	25	<input type="checkbox"/>
9/3/06	ID# CK# 2964	J. Dew Chambers 9642 Maine, Clinton IA	-	100	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL
\$ 335
TOTAL (if last page of this schedule)
\$ 1740

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FOR INSTRUCTIONS, SEE BACK OF FORM

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

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.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)
Committee to Elect Mike Wolf

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
9/27/06	ID# CK# Blank #1	Clinton Herald 221 6th Ave South Clinton, IA 52732	Advertisement	\$ 630.59
4/15/06	ID# CK# Blank #2	Clinton Anthony 1402 Roosevelt St Clinton IA 52732	Advert. Semint	936.25
7/3/06	ID# CK# Blank #3	Harick Motor Coach Add. 4612 N. Milton St. St. Paul, MN 55126	Advertisement	1380 -
10/10/06	ID# CK# Blank #4	Office Max 2808 52nd St, Clinton, IA	Copies	139.10
	ID# CK#			
SUB-TOTAL				\$
TOTAL (if last page of this schedule)				\$3085.94

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)(f).)

FOR INSTRUCTIONS, SEE BACK OF FORM

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

Committee to Elect Mike Wolf

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. 08/98)	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*
8/7/06	Clinton Printing 1402 Roosevelt Street Clinton, IA 52732	Post cards / Adv.	\$ 87.74
8/7/2006		Flyer Cards / Adv.	545.70
8/7/2006		Labels / Adv.	72.17
8/7/2006		Postage	232.13
8/27/06		Supporter Cards / Adv.	96.30
9/19/06		yard signs / Adv.	2054.40
9/19/06		Note Pals / Adv.	518.95
SUB-TOTAL			\$ 3607.39
TOTAL DEBTS OWED BY COMMITTEE AT THE END OF THIS REPORTING PERIOD			\$ 3607.29

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

Page 1 of 1
(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.

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)
Committee to Elect Mike Wolf



SCHEDULE F (Rev. 07/03)	LOANS RECEIVED & REPAID
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

NOTE: This schedule reports money loaned to the committee which is deposited in the committee account.
 TOTAL UNPAID LOANS FROM LAST REPORTING PERIOD \$ 5700

PART I - MONETARY LOANS RECEIVED THIS REPORTING PERIOD
 (Original source of loan, such as a bank, must be shown if a third party is involved. Include loans from candidate's personal funds.)

PART II - MONETARY LOAN REPAYMENTS MADE THIS REPORTING PERIOD
 (Loans forgiven must be reported on Schedule E - In-kind Contributions.)

DATE RECEIVED (MM/DD/YYR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE (If Applicable)	AMOUNT OF LOAN
8/18/06	Michael L Wolf 911 South 32nd St. Clinton, IA 52732	Candidate	\$ 400
4/15/06	Michael L Wolf 911 South 32nd St. Clinton, IA 52732	Candidate	\$ 636.25
7/3/06	Michael L Wolf 911 South 32nd St. Clinton, IA 52732	Candidate	1350

DATE PAID (MM/DD/YYR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE* (If Applicable)	AMOUNT REPAID
			\$

TOTAL (PART I) \$ 636.25

TOTAL CASH REPAYMENTS (PART II) \$ -
 From Schedule E - TOTAL LOANS FORGIVEN \$ -
 TOTAL OUTSTANDING LOANS END OF REPORT PERIOD \$ 11,416.25

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SCHEDULE G (Rev. 02/96)	BREAKDOWN OF MONETARY EXPENDITURES BY CONSULTANT
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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

Committee to Elect Mike Wolf.

PART I - NAME AND ADDRESS OF CONSULTANT

Name of Consultant Howe Motor Coach Advertising Inc.		
Mailing Address 4610 North Milton Street		
City St Paul.	State MN.	Zip Code 55126

CONTRACT PERIOD (MM/DD/YR)	TOTAL ANTICIPATED COMPENSATION FOR PERFORMANCE
From July 3, 2006 To November 14, 2006.	\$ 1380

ESTIMATES OF PERFORMANCE

PART II- ITEMIZED BREAKDOWN OF UNREIMBURSED EXPENSES PAID BY CONSULTANT TO OTHERS IN PERFORMING SERVICES OF CONTRACT (These expenses should NOT be reported on Schedule B, as they are direct payment from the consultant)

DATE EXPENDED (MM/DD/YR)	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE	AMOUNT EXPENDED
7/3/06	Howe Motor Coach Advs. 4610 North Milton, St. Paul, MN.	Advs.	\$ 1380

SUB-TOTAL	\$ -
TOTAL (if last page of this schedule)	\$ 1380