

Reset Form

**DISCLOSURE SUMMARY PAGE**

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

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

**RECEIVED**  
PM 1.12.07  
JAN 16 2007

**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 BETTY A HIBLER Political Party (if applicable) \_\_\_\_\_  
 Office Sought SCHOOL BOARD 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.

Betty Hibler 563-243-3752 1/10/07  
 SIGNATURE OF PERSON FILING REPORT TELEPHONE DATE SIGNED

I AM FILING A JANUARY 19, 2007 REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR.  
 (report date) Indicate by # 2

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  
9/12/06  
 County & Local Committees, enter County in which Election is held  
CLINTON

**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>68.71</u>
<b>ADD TOTAL MONEY TAKEN IN THIS PERIOD</b>		
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)		<u>0.00</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>	\$
<b>SUBTRACT TOTAL MONEY SPENT THIS PERIOD</b>		
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)		<u>502.20</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>653.49</u>
<b>**OUTSTANDING LOANS</b> (From Schedule F - Attach Schedule F)	\$	<u>0.00</u>
<b>CONSULTANT BREAKDOWN</b> (Schedule G Attached?)	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
<b>CANDIDATE COMMITTEES ONLY:</b>		
<b>VALUE OF CAMPAIGN PROPERTY</b> (From Schedule H - Attach Schedule H)	\$	<u>0.00</u>

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.

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

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
09/07/06	ID# CK# 1003	POSTMASTER 300 S. 1ST ST CLINTON IA 52732	POSTAGE	\$ 26.40
10/16/06	ID# CK# 1004	CLINTON HERALD 221 6TH AVE S PO BOX 2961 CLINTON IA 52732	NEWSPAPER ADS	475.80
	ID# CK#			

SUB-TOTAL \$ 502.20

TOTAL (if last page of this schedule) \$ 502.20

**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).)

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

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

**Reset 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
09/04/06	BETTY A HIBLER 1320 MAIN AVE CLINTON IA 52732	SELF	COMPUTER PAPER, ENVELOPES	\$ 20.00	<input type="checkbox"/>
08/18/06	BETTY A HIBLER 1320 MAIN AVE CLINTON IA 52732	SELF	START-UP MONEY (LOAN)	200.00	<input type="checkbox"/>
10/10/06	BETTY A HIBLER 1320 MAIN AVE CLINTON IA 52732	SELF	LOAN FORGIVEN	433.49	<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	\$ 653.49
TOTAL (if last page of this schedule)	\$ 653.49

\*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.