

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

DISCLOSURE SUBMITTANCE PAGE

FORM DR-2 (Rev. 07/2004)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	_____
Logged In	_____
Scanned	_____
Computer	_____
Audited	_____

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

VOGT FOR TREASURER

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: JERI L. VOGT Political Party (if applicable): DEMOCRAT
 Office Sought: CRAWFORD COUNTY TREASURER District (if Senate or House): _____

Late reports are subject to possible civil and criminal penalties.

Signature: Jeri L. Vogt Telephone: 712-263-2648 Date Signed: 01-12-06

I AM FILING A 01-19-05 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
County & Local Committees, enter County in which Election is held
<u>CRAWFORD</u>

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.)	\$ 311.18
ADD TOTAL MONEY TAKEN IN THIS PERIOD	
Schedule A: Cash Contributions total (Attach Schedule A) (*also see In-kind below)	.93
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	\$ 312.11
SUBTRACT TOTAL MONEY SPENT THIS PERIOD	
Schedule B: Expenditures total (Attach Schedule B) (*also see debts and loans below)	.00
Schedule F: Loan Repayments total (Attach Schedule F)	.00
CASH ON HAND at the end of this reporting period (if final report balance must be zero) (Attach DR-3)	\$ 312.11
**UNPAID BILLS (From Schedule D - Attach Schedule D)	\$.00
*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)	\$.00
**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)	\$.00
CANDIDATE COMMITTEES ONLY:	
CONSULTANT BREAKDOWN (Schedule G Attached?)	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)	\$ <u>0</u>

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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)
VOGT FOR TREASURER

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.

CAUTION: Section 68B.32A(6), Iowa Code, 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/YYR)	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
03-29-05	ID# CHK#	DEFIANCE STATE BANK (INTEREST)		\$.23	<input type="checkbox"/>
06-28-05	ID# CHK#	DEFIANCE STATE BANK (INTEREST)		.23	<input type="checkbox"/>
09-28-05	ID# CHK#	DEFIANCE STATE BANK (INTEREST)		.24	<input type="checkbox"/>
12-28-05	ID# CHK#	DEFIANCE STATE BANK (INTEREST)		.23	<input type="checkbox"/>
	ID# CHK#				<input type="checkbox"/>
	ID# CHK#				<input type="checkbox"/>
	ID# CHK#				<input type="checkbox"/>
	ID# CHK#				<input type="checkbox"/>
	ID# CHK#				<input type="checkbox"/>
	ID# CHK#				<input type="checkbox"/>
SUB-TOTAL				\$.93	
TOTAL (if last page of this schedule)				\$.93	

* 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.