FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

Reset Form

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

Office Sought: CRAWFORD COUNTY TREASURER

Political Party (if applicable): DEMOCRAT

District (if Senate or House):

FILED
OCT 19 2006
DISCLOSURE BOARD
CAMPAIGN

Late reports are subject to possible civil and criminal penalties.

SIGNATURE OF PERSON FILING REPORT	TELEPHONE	DATE SIGNED
	712-263-2648	10-18-06

I AM FILING A 10-19-06 (report date) REPORT FOR (1) ELECTION /(2) NON-ELECTION YEAR. 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: CRAWFORD

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.) $	149.57
ADD TOTAL MONEY TAKEN IN THIS PERIOD	
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)	.11
Schedule F: Loans Received total (Attach Schedule F)	
Schedule H: Total Sales of Campaign Property (Attach Schedule H)	
(Schedule H applies to Candidates' Committees Only)	
SUB-TOTAL $	149.68
SUBTRACT TOTAL MONEY SPENT THIS PERIOD	
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and liens below)	0.00
Schedule F: Loan Repayments total (Attach Schedule F)	0.00
CASH ON HAND at the end of this reporting period (if final report balance must be zero) (Attach DR-3) $	149.68
****UNPAID BILLS** (From Schedule D - Attach Schedule D) $	0.00
***IN KIND CONTRIBUTIONS** (From Schedule E - Attach Schedule E) $	180.93
****OUTSTANDING LOANS** (From Schedule F - Attach Schedule F) $	0.00

CANDIDATE COMMITTEES ONLY:

CONSULTANT BREAKDOWN (Schedule G Attached?) ☐ YES ☐ NO

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H) $ _____

[*]

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SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
☐ 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(2), 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/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
09-28-06	ID# CK#	DEFIANCE STATE BANK INTEREST	BANK ACCT	$ .11	☐
	ID# CK#				☐
	ID# CK#				☐
	ID# CK#				☐
	ID# CK#				☐
	ID# CK#				☐
	ID# CK#				☐
	ID# CK#				☐
	ID# CK#				☐
	ID# CK#				☐
			SUB-TOTAL	$ .11	
			TOTAL *(If last page of this schedule)*	$ .11	

* 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.

Page 1 of 1 (for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

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

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SCHEDULE E (Rev. 06/97) — IN KIND CONTRIBUTIONS

☐ CHECK THIS BOX IF AMENDING FORM

DATE RECEIVED (MM/DD/YY)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	√ IF FOR FUNDRAISER CONTRIBUTION
7-13-06	JERI VOGT	SELF	THANK YOU ADD	$ 25.00	☐
09-09-06	JERI VOGT	SELF	SIGN SUPPLIES	44.09	☐
09-20-06	JERI VOGT	SELF	PARADE CANDY	6.42	☐
09-20-06	JERI VOGT	SELF	PARADE CANDY	6.42	☐
09-09-06	CRAWFORD CO. DEMOCRATS	LOCAL PARTY	SIGN SUPPLIES	75.00	☐
10-15-06	JERI VOGT	SELF	PRIMARY ADD	24.00	☐
					☐
					☐
					☐
					☐

SUB-TOTAL $ 180.93

TOTAL (If last page of this schedule) $ 180.93

*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 [illegible]

Page 1 of 1 (for Schedule E)