

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

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

Carlson for Supervisor Committee

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: Mickey Carlson Political Party: Democrat
Office Sought: Dallas County Board of Supervisors 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.

Signature of Karen S. Miller - Treasurer

515-267-0350 TELEPHONE

1-10-07 DATE SIGNED

I AM FILING A October 15 through December 31 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 11-7-06
County & Local Committees, enter County in which Election is held Dallas County

STATEMENT OF CASH ON HAND

Table with 2 columns: Description and Amount. Rows include CASH ON HAND at beginning (339.33), ADD TOTAL MONEY TAKEN (Schedule A: 1,610.00), SUB-TOTAL (1,949.33), SUBTRACT TOTAL MONEY SPENT (Schedule B: 1,969.33), CASH ON HAND at end (0.00).

\*\*UNPAID BILLS (From Schedule D - Attach Schedule D) received in 2007. \$ 0.00

\*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E) \$ 3,929.11

\*\*OUTSTANDING LOANS (From Schedule F - Attach Schedule F) \$

CONSULTANT BREAKDOWN (Schedule G Attached?) YES NO

CANDIDATE COMMITTEES ONLY:

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

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

For Instructions, See Back of Form



SCHEDULE <b>A</b> (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)  
Carlson for Supervisor Committee

**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
10-15-06	ID# CK# 2257	Lynn B. Fox 1707 Walnut Ave. Dallas Center, IA 50063		\$25.00	<input type="checkbox"/>
10-15-06	ID# CK# 11835	Marvin Shirley 1905 Lexington Rd. Minburn, IA 50167		\$100.00	<input type="checkbox"/>
10-20-06	ID# CK# 5776	Rhonda G. Riordan 7707 Ashworth Road West Des Moines, IA 50266		\$50.00	<input type="checkbox"/>
10-20-06	ID# CK# 9003	Donald Bailey 685 3rd St. Waukee, IA 50263		\$25.00	<input type="checkbox"/>
10-18-06	ID# CK# 1323	Ann M. York 14982 Hawthorn Drive Clive, IA 50325		\$25.00	<input type="checkbox"/>
10-22-06	ID# CK# 3395	Jean Bromert 20312-352nd Pl. Earlham, IA 50072		\$50.00	<input type="checkbox"/>
11-4-06	ID# CK# 7332	Craig A. Swartzbaugh 425 Ridgewood Blvd. Pleasant Hill, IA 50327		\$35.00	<input type="checkbox"/>
11-4-06	ID# CK# 10624	Pamela A. Duffy 28135 J Avenue Adel, IA 50003		\$500.00	<input type="checkbox"/>
11-4-06	ID# CK# 1709	Helen Dewey 1805 4th St. Perry, IA 50220		\$25.00	<input type="checkbox"/>
11-4-06	ID# CK# 6597	Alyce F. Ward 1485 S. Willow Dr. West Des Moines, IA 50266		\$50.00	<input type="checkbox"/>
SUB-TOTAL				\$ 885.00	
<b>TOTAL (if last page of this schedule)</b>				\$	

\* 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



<b>SCHEDULE</b> <b>A</b> (Rev. 07/03)	<b>MONETARY</b> <b>RECEIPTS</b>
<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)  
 Carlson for Supervisor Committee

**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
11-4-06	ID# CK# 4344	Frank Steinbach III 11731 N.W. 121st St. Granger, IA 50109		\$100.00	<input type="checkbox"/>
11-16-06	ID# CK# 1271	Mary F. Harvey 625 Nile Kinnick Dr. South Adel, IA 50003		\$100.00	<input type="checkbox"/>
11-16-06	ID# CK# 2505	Christine K. Manbeck 2819 Ingersoll Avenue Des Moines, IA 50312		\$25.00	<input type="checkbox"/>
11-16-06	ID# CK# 1946	Betsey Ellis Bowles 91 Mystic Valley Pky. Winchester, MA 01890		\$400.00	<input type="checkbox"/>
11-25-06	ID# CK# 1005	Robyn Ann Mills 5360 NW Burr Oak Dr. Johnston, IA 50131		\$100.00	<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"/>
<b>SUB-TOTAL</b>				\$ 725.00	
<b>TOTAL (if last page of this schedule)</b>				\$ 1,610.00	

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FOR INSTRUCTIONS, SEE BACK OF FORM



**EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT**

SCHEDULE <b>B</b> (Rev. 07/03)	MONETARY EXPENDITURES
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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)  
Carlson for Supervisor Committee

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
11/16/06	ID# CK# 1005	Farm Bureau Management Corp 5400 University Avenue West Des Moines, IA 50266	Print campaign postcards	\$ 1,056.82
12/15/06	ID# 18091 CK# 1006	Mickey Carlson 28135 J Avenue Adel, IA 50003	Carter Printing- print campaign cards - \$188.68	\$912.51
	ID# CK#		Des Moines Main Post Office - Postage - \$42.90	
	ID# CK#		Family Dollar Stores - Backpack and envelopes - \$28.29	
	ID# CK#		Reimbursement for paying Farm Bureau Management Corp printing bill directly incurred on 10-13-06	
	ID# CK#		\$652.64	
	ID# CK#			
	ID# CK#			
<b>SUB-TOTAL</b>				\$ 1,969.33
<b>TOTAL (if last page of this schedule)</b>				\$ 1,969.33

**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

**COMMITTEE NAME** (Must be same as on Statement of Organization)  
 Carlson for Supervisor Committee



<b>SCHEDULE E</b> (Rev. 06/97)	<b>IN-KIND CONTRIBUTIONS</b>
<input type="checkbox"/> CHECK THIS BOX IF AMENDING 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
11/9/06	Mickey Carlson 28135 J Avenue Adel, IA 50003	Self	Payment of Carter Printing Company bill	\$ 2,313.98	<input type="checkbox"/>
11/9/06	Mickey Carlson 28135 J Avenue Adel, IA 50003	Self	Payment of postage for nocard mailing	1,615.13	<input type="checkbox"/>
			to Farm Bureau Management Corp		<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
<b>SUB-TOTAL</b>				\$ 3,929.11	
<b>TOTAL (if last page of this schedule)</b>				\$ 3,929.11	

\*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.