

Reset Form

**DISCLOSURE SUMMARY PAGE**

<b>FORM DR-2</b> (Rev. 12/2005)	<b>DISCLOSURE REPORT</b>
<b>For Office Use Only</b>	
Comm. # _____	Logged In _____
Scanned _____	Computer _____
Audited _____	
File with: Iowa Ethics and Campaign Disclosure Board 500 E. 12th, Ste. 1A Des Moines, Iowa 50319 Fax: 515-281-3701	

**COMMITTEE NAME** (Must be same as on Statement of Organization)  
Hol for Recorder

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: Carol (Cindy) Hol  
 Office Sought: Dallas County Recorder

Political Party (if applicable): Democrat  
 District (if Senate or House): \_\_\_\_\_

**IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD**  
 JUL 18 2006  
 FILED FAX

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 PERSON FILING REPORT: Carol Hol TELEPHONE: 515-993-4994 DATE SIGNED: 7/18/2006

I AM FILING A 7/19/06 campaign disclosure 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 \_\_\_\_\_

**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 <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.)	\$ 0.00
<b>ADD TOTAL MONEY TAKEN IN THIS PERIOD</b>	
Schedule A: Cash Contributions total (Attach Schedule A) (**also see in-kind below)	\$ 555.00
Schedule F: Loans Received total (Attach Schedule F)	\$ 0.00
Schedule H: Total Sales of Campaign Property (Attach Schedule H)	\$ _____
<u>(Schedule H applies to Candidates' Committees Only)</u>	
<b>SUB-TOTAL</b>	<b>\$ 555.00</b>
<b>SUBTRACT TOTAL MONEY SPENT THIS PERIOD</b>	
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans 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)	<u>\$ 555.00</u>
**UNPAID BILLS (From Schedule D - Attach Schedule D)	\$ 599.90
**IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)	\$ 525.08
**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)	\$ 0.00
CONSULTANT BREAKDOWN (Schedule G Attached?)	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
<b>CANDIDATE COMMITTEES ONLY:</b>	
VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)	\$ 0.00
<b>STATE COMMITTEES:</b> Submit a reconciled campaign account bank statement in January of each year.	

For Instructions, See Back of Form

Rescl 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)  
Hol for Recorder

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	% FOR FUND-RAISER INCOME
06/15/06	ID# CK# 6342	Barbara J. Keller 1510 Main St., Adel, IA 50003	cousin	\$50.00	<input type="checkbox"/>
06/15/06	ID# CK# 3068	Meredith McHone-Piercc 2313 330th St., Adel, IA 50003		50.00	<input type="checkbox"/>
06/20/06	ID# CK# 1070	Matthew Hemphill 423 N. 11 St. Place, Adel, IA 50003		30.00	<input type="checkbox"/>
06/20/06	ID# CK# 9292	Connie Weeden 2712 Cherry Court, Richardson, TX 75082	cousin	50.00	<input type="checkbox"/>
06/22/06	ID# CK# 4794	Mindy S. Larsen 6309 NW 96th St., Johnston, IA 50131	cousin	50.00	<input type="checkbox"/>
06/29/06	ID# CK# Cash	Jon Kimple 101 Kellogg Ave., Dallas Center, IA 50063		100.00	<input type="checkbox"/>
07/04/06	ID# CK# 4413	William G. Rhiner P.O. Box 66, Adel, IA 50003		200.00	<input type="checkbox"/>
07/14/06	ID# CK# ?	Murray Luther 24106 270th St., Adel, IA 50003		25.00	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL  
\$  
**TOTAL (if last page of this schedule)**  
\$ 555.00

\* 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

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

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

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
06/19/06	Meredith McHone-Pierce 23109 330th St., Adel, IA 50003		Card stock & fliers	\$ 45.06	<input type="checkbox"/>
06/29/06	Lori Belgard 3032 Clark Tower Rd., Winterset, IA 50273		paint, brushes, 4x8 sign board, stencils	250.00	<input type="checkbox"/>
07/04/06	Kelly Petrie 2798 Sportsman Club Rd., Adel, IA 50003	daughter	T-shirts for advertising	230.02	<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"/>
SUB-TOTAL				\$	
TOTAL (if last page of this schedule)				\$	525.08

\*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.