

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

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 510 E. 12 th Ste. 1A Des Moines, Iowa 50319 Fax: 515-281-3701	

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

Martin for Supervisor

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
Clint Martin

Office Sought
Board of Supervisors

Political Party (If applicable)
Democratic

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.

Clint Martin 6417843105 10/19/06
SIGNATURE OF PERSON FILING REPORT TELEPHONE DATE SIGNED

I AM FILING A October 19, 2006 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
November 07, 2006

County & Local Committees, enter County in
which Election is held
Decatur County

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.)	\$ 0.00
ADD TOTAL MONEY TAKEN IN THIS PERIOD	
Schedule A: Cash Contributions total (Attach Schedule A) (**also see in-kind below)	765.00
Schedule F: Loans Received total (Attach Schedule F)	0.00
Schedule H: Total Sales of Campaign Property (Attach Schedule H)	0.00
<u>(Schedule H applies to Candidates' Committees Only)</u>	
SUB-TOTAL	765.00
SUBTRACT TOTAL MONEY SPENT THIS PERIOD	
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)	1295.83 <u>696.01</u>
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)	(773.15) <u>68.99</u>
UNPAID BILLS (From Schedule D - Attach Schedule D)	\$ 541.57
IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)	\$ 288.57
OUTSTANDING LOANS (From Schedule F - Attach Schedule F)	\$ 0.00
CONSULTANT BREAKDOWN (Schedule G Attached?)	YES <input checked="" type="checkbox"/> NO
CANDIDATE COMMITTEES ONLY:	
VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)	\$ 0.00
STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.	

or Instructions, See Back of Form

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)
Martin For Supervisor

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/YY)	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
5-06	ID# CK# 1291	LEONARD + DORIS BOSWELL 28305 177th Ave DAVIS CITY, IA 50005		\$ 100.00	
06	ID# CK# 3129	Diana Reifort 13428 E 35th Ter Independence, MO 64655		100.00	
10-06	ID# CK# 7194	Bill Ballantine 411 S. Smith St Lamoni IA 50140		10.00	
27-06	ID# CK# 1534	TOM MURKIN 36234 US Hwy 69 Lamoni IA 50140		100.00	
7-06	ID# CK# 214	Louisa Cichie 512 S Cherry Lamoni IA 50140		20.00	
9-06	ID# CK# 5120	Judy Harrep 502 S State Lamoni IA 50140		20.00	
9-06	ID# CK# 4837	Helen Borth 406 W Main St Lamoni IA 50140		15.00	
10-06	ID# CK# 1957	Bernice Hoffman 200 Crown Ct Lamoni IA 50140		20.00	
11-06	ID# CK# 9025	Berna Easter 109 E South St Lamoni IA 50140		25.00	
1-07	ID# CK# 1000	Sunshine Arnett 1201 S. Main Leora IA 50144		30.00	
SUB-TOTAL				\$ 440.00	
TOTAL (if last page of this schedule)				\$	

Insurance 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 relationship, enter "not applicable" in the relationship column.

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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

Martin for Supervisor

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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
7-17-06	ID# CK#	Ruth Leighton 200 Crown Colony Lamoni IA 50140		\$ 20.00	
7-18-06	ID# CK# 3077	Las Russell 215 Ferguson Lamoni IA 50140		25.00	
7-20-06	ID# CK# 3859	Florence McGuire 224 S State St Lamoni IA 50140		15.00	
8-01-06	ID# CK# 3868	Philinda Sreinen 201 S Pine St Lamoni IA 50140		10.00	
8-08-06	ID# CK# 4449	Ben Varrington 600 W 32nd St Lamoni IA 50140		20.00	
08-11-06	ID# CK# 6664	Mrs Robert Anderson 517 Lakeview DR Lamoni IA 50140		25.00	
08-11-06	ID# CK# 9299	Terry Lesan DDS 1330 E Main Lamoni IA 50140		15.00	
08-15-06	ID# CK#	Bill Boswell		20.00	
08-15-06	ID# CK# 4575	Mary Stogdall 13989 110TH AVE Grand River, IA 50106		10.00	
8-17-06	ID# CK# 4211	William + Norma Barnett 30607 Elk Chapel Rd Lamoni IA 50140		15.00	
SUB-TOTAL				\$ 175.00	
TOTAL (if last page of this schedule)				\$	

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FOR INSTRUCTIONS, SEE BACK OF FORM

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

SCHEDULE 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)
 Martin for Supervisor

DATE EXPENDED (MM/DD/YY)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
06-15-06	ID# CK# 001	Lamoni Chronicle 116 N. Linden Lamoni IA 50140	Box Ad	\$ 5.00
06-16-06	ID# CK# 002	LEON Journal P.O. Box 580 Leon IA 50144	Thank You Ad	11.00
06-19-06	ID# CK# 003	Joe Morgan MEM Publishing 1200 S. Main Leon IA 50144	Mailing fliers Letterhead	24.61
06-20-06	ID# CK# 004	Lamoni Post Master Lamoni IA	Postage Stamps	46.80
06-28-06	ID# CK# 501	Des Moines County Auditor Leon IA	Copy of Voters list	10.40
07-01-06	ID# CK# 502	Also Discount Store 108 N 3rd St Leon IA 50144	Poster board	8.45
07-02-06	ID# CK# 503	Joe Morgan MEM Publishing 1200 S. Main Leon IA 50144	Deposit on Handouts	25.00
07-03-06	ID# CK# 504	Caseys (General Store) Church St Leon IA	Gas for TRIP to Des Moines (ready for Parade)	45.00
SUB-TOTAL				\$ 175.80
TOTAL (if last page of this schedule)				\$

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

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

SCHEDULE 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)
Martin for Supervisor

DATE EXPENDED (MM/DD/YY)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
07-05-06	ID# CK# 505	Sam's Club Des Moines, IA	Membership Fees	\$ 35.00
07-03-06	ID# CK# 506	Sam's Club Des Moines, IA	Candy For Parade	35.13
07-04-06	ID# CK# 507	Lamoni Car Care Center 302 E. Main Lamoni, IA	Gas For Parade + Car Wash	25.00
07-01-06	ID# CK# 508	Alco Discount Store 108 N. 3rd Street Leon IA 50144	Supplies for Parade	13.30
07-07-06	ID# CK# 509	Hy-Vee 720 E Main Lamoni, IA 50140	Paper for copies	3.14
07-08-06	ID# CK# 510	Alco Discount Store 108 N 3rd St Leon IA 50144	Photo paper	13.90
07-10-06	ID# CK# 511	Varsity Drug 10 E Main Lamoni IA	envelopes + copies	8.12
07-10-06	ID# CK# 512	Lamoni Post Master Lamoni IA	Postage Stamps	46.80
SUB-TOTAL				\$ 180.41
TOTAL (if last page of this schedule)				\$

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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

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

SCHEDULE 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)
 Martin for Supervisor

DATE EXPENDED (MM/DD/YY)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
07/14/06	ID# CK# 514	Kathly Martin Lamoni IA	Paint	\$28.76
07/26/06	ID# CK# 515	Kum & Go 2090 E. Main Lamoni IA 50140	gas for trip to Des Moines	15.00
08/07/06	ID# CK# 516	Office Depot 3010 University Dr Suid W. Des Moines	envelopes, paper Purch	16.73
08/07/06	ID# CK# 517	Lamoni Post Master Lamoni IA	Postage stamps	39.00
08/07/06	ID# CK# 518	Varsity Drug 10 E. Main Lamoni IA	envelopes, copies	5.74
08/09/06	ID# CK# 519	Lamoni Chronicle 116 N. Linden Lamoni IA	Political Ad	8.00
08/14/06	ID# CK# 521	Leon Johnson P.O. Box 580 Leon IA 50144	2x3 Ad	16.50
08/15/06	ID# CK# 522	Kum & Go 2090 E Main Lamoni IA 50140	social for help on sign painting	9.74
SUB-TOTAL				\$ 139.47
TOTAL (If last page of this schedule)				\$

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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

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
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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)
 Martin for Supervisor

DATE EXPENDED (MM/DD/YYR)	CANDIDATE ID NUMBER (If applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
8-15-06	ID# CK# 524	Lion True Value 300 N. Main St Leon IA 50140	Paint	\$ 4.59
08-15-06	ID# CK# 525	Alco 108 N. 3rd Street Leon IA	Paint	6.39
08-20-06	ID# CK# 526	Alco 108 N. 3rd Street Leon IA	Paint Brushes	1.27
08-24-06	ID# CK# 527	Versity Drug 101 E Main Lamoni IA	Paper + Copies	14.27
08-26-06	ID# CK# 528	Smart Cents Lamoni IA 50140	Staple Gun	5.34
08-26-06	ID# CK# 529	Southern IA Bldg 321 S Spruce Dr Lamoni IA 50140	staples	3.49
08-26-06	ID# CK# 530	Satellite Computer 118 E. Main Lamoni IA 50140	Rent Stapler	5.00
08-26-06	ID# CK# 531	Hum + Go 2091 E Main Lamoni IA 50140	Gas to place signs	10.00
SUB-TOTAL				\$ 53.35
TOTAL (if last page of this schedule)				\$

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)(f).)

FOR INSTRUCTIONS. SEE BACK OF FORM

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

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.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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

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
08-18-06	ID# CK# 532	Lamoni Car Wash Center 302 E Main Lamoni, IA	gas	\$ 30.00
08-20-06	ID# CK# 533	Lamoni Car Wash Center 302 E Main Lamoni, IA	Oil	15.00
08-20-06	ID# CK# 534	Casewp General Store 401 NW Church St Leon, IA	newspaper & drinks	2.47
08-20-06	ID# CK# 535	Casewp General Store 401 NW Church St Leon, IA	gas	10.00
09-01-06	ID# CK# 536	Casewp General Store 401 NW Church St Leon, IA	gas	15.00
09-05-06	ID# CK# 537	faststop pumps + 210 E 1st Leon, IA	gas	12.89
09-05-06	ID# CK# 538	Lamoni Car Wash Cent 302 E Main Lamoni, IA	gas	19.50
09-08-06	ID# CK#	Lamoni Car Wash Cen. 302 E Main Lamoni, IA	gas	5.00
SUB-TOTAL				\$ 109.86
TOTAL (if last page of this schedule)				\$

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 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).)

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EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
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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)
 Martin for Supervisor

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
09-11-06	ID# CK# 540	Hum 400 2001 E. Main Laman IA	gas	\$3.00
09-11-06	ID# CK# 541	Pumps + 210 E. 1st St Leon IA	fuel, lunch	34.00
	ID# CK#			

SUB-TOTAL \$ 37.00

TOTAL (if last page of this schedule) \$ 1096.01

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FOR INSTRUCTIONS, SEE BACK OF FORM

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

Reset Form

SCHEDULE E (Rev. 06/97)	IN-KIND CONTRIBUTIONS
<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
05-12-2006	Clint Martin 1202 East Main Street Lamoni, Iowa 50140	Self	Lamoni Chronicle Ad	\$ 8.00	<input type="checkbox"/>
06-05-2006	Clint Martin 1202 East Main Street Lamoni, Iowa 50140	Self	Leon Journal Ad	11.00	<input type="checkbox"/>
07-04-2006	Clint Martin 1202 East Main Street Lamoni, Iowa 50140	Self	Pumps Plus Bev.	9.70	<input type="checkbox"/>
8-30-2006	Clint Martin 1202 East Main Street Lamoni, Iowa 50140	Self	Lamoni Car Care Center Fuel / drinks	31.04	<input type="checkbox"/>
9-11-2006	Clint Martin 1202 East Main Street Lamoni, Iowa 50140	Self	Varsity Drug Copies	8.35	<input type="checkbox"/>
9-13-2006	Clint Martin 1202 East Main Street Lamoni, Iowa 50140	Self	Lamoni Car Care Center Fuel	10.01	<input type="checkbox"/>
9-18-2006	Clint Martin 1202 East Main Street Lamoni, Iowa 50140	Self	Leon Service Fuel	20.00	<input type="checkbox"/>
9-20-2006	Clint Martin 1202 East Main Street Lamoni, Iowa 50140	Self	Lamoni Car Care Center Fuel	29.97	<input type="checkbox"/>
9-27-2006	Clint Martin 1202 East Main Street Lamoni, Iowa 50140	Self	Pumps Plus Fuel	25.02	<input type="checkbox"/>
9-28-2006	Clint Martin 1202 East Main Street Lamoni, Iowa 50140	Self	Silver Spur Meal	21.00	<input type="checkbox"/>
SUB-TOTAL				\$ 174.09	
TOTAL (if last page of this schedule)				\$	

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FOR INSTRUCTIONS, SEE BACK OF FORM

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

Martin for Supervisor

Reset Form

SCHEDULE E (Rev. 06/07)	IN-KIND CONTRIBUTIONS
<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
9-30-2006	Clint Martin 1202 East Main Street Lamoni, Iowa 50140	Self	Lamoni Car Care Center Fuel	\$ 20.01	<input type="checkbox"/>
10-06-2006	Clint Martin 1202 East Main Street Lamoni, Iowa 50140	Self	Lamoni Car Care Center Fuel	29.72	<input type="checkbox"/>
10-09-2006	Clint Martin 1202 East Main Street Lamoni, Iowa 50140	Self	Alco Photo Paper	8.55	<input type="checkbox"/>
10-11-2006	Clint Martin 1202 East Main Street Lamoni, Iowa 50140	Self	Lamoni Car Care Center Fuel	31.19	<input type="checkbox"/>
10-13-2006	Clint Martin 1202 East Main Street Lamoni, Iowa 50140	Self	Lamoni Car Care Center Fuel	25.01	<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
SUB-TOTAL				\$ 114.48	
TOTAL (if last page of this schedule)				\$ 288.57	

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