

DISCLOSURE SUMMARY PAGE

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|------------------------------------|-------------------|
| FORM DR-2 (Rev. 12/2005) | DISCLOSURE REPORT |
| For Office Use Only | |
| Comm. # <u>9056</u> | |
| Logged In <u>SW</u> | |
| Scanned _____ | |
| Computer _____ | |
| Audited _____ | |

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

DELAWARE COUNTY DEMOCRATIC CENTRAL 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

IAE
 DISCLOSURE BOARD
 MAY 18 2006
 FILED

CANDIDATE COMMITTEES ONLY:

Candidate Name _____ Political Party (if applicable) _____

Office Sought _____ 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.

Michael N. Poling 563-923-2301 MAY 15, 2006
 SIGNATURE OF PERSON FILING REPORT TELEPHONE DATE SIGNED

I AM FILING A 19 MAY 06 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 **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.) \$ 1,250.99

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)..... 170.60

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 \$ 1,371.59

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below) 318.57

Schedule F: Loan Repayments total (Attach Schedule F)

CASH ON HAND at the end of this reporting period (if final report balance must be zero) (Attach DR-3)..... \$ 1,053.02

**UNPAID BILLS (From Schedule D - Attach Schedule D)..... \$ _____

**IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)..... \$ 45.00

**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

Reset 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)
DELAWARE COUNTY DEMOCRATIC CEN. COMM

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/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 |
|--------------------------|--|---|--|-----------------|-----------------------------|
| 02/13/06 | ID# CK# | CASH DONATION MICHAEL D. ROLING Box 60 EARLVILLE IA 52001 | NONE | \$ 45.00 | <input type="checkbox"/> |
| 03/15/06 | ID# CK# | CASH DONATIONS RECEIVED AT COUNTY CONVENTION | NONE | 41.85 | <input type="checkbox"/> |
| 05/14/06 | ID# CK# | VICTORY CLUB ALLOCATION (25% SHARE) | NONE | 33.25 | <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"/> |
| | ID# CK# | | | | <input type="checkbox"/> |
| | ID# CK# | | | | <input type="checkbox"/> |

SUB-TOTAL

\$
\$ 120.60

TOTAL (if last page of this schedule)

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

COMMITTEE NAME (Must be same as on Statement of Organization)
DELAWARE COUNTY DEMOCRATIC CENTRAL COMM.

| 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 |
|---------------------------------------|--|--|--------------------------------|-----------------------|
| 02/12/06 | ID# CK# 538 | LEADER PUBLICATIONS (CAUCUS ADVERTISING) HOPKINSON IA | CAUCUS ADVERTISING | \$ 144. ⁰⁰ |
| 02/12/06 | ID# CK# 539 | CASCADE PIONEER CASCADE IOWA | CAUCUS ADVERTISING | 9. ⁵⁶ |
| 07/12/06 | ID# CK# 540 | DYERSVILLE COMMERCIAL DYERSVILLE IA | CAUCUS ADVERTISING | 9. ⁵¹ |
| 03/01/06 | ID# CK# 542 | MANCHESTER PRESS MANCHESTER IA | CAUCUS ADVERTISING | 108. ⁰⁰ |
| 03/28/06 | ID# CK# 543 | EDGEWOOD REMINDER EDGEWOOD IA | CAUCUS ADVERTISING | 22. ⁵⁰ |
| 04/13/06 | ID# CK# 544 | 1 ST DISTRICT DEMOCRATS | ANNUAL DUES | 25. ⁰⁰ |
| | ID# CK# | | | |
| | ID# CK# | | | |
| SUB-TOTAL | | | | \$ |
| TOTAL (if last page of this schedule) | | | | \$ 318.57 |

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).)

| | |
|---|--------------------------|
| SCHEDULE E (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)
DELAWARE County DEMOCRATIC Cen. Com. y

| 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 |
|--------------------------|--|---|-------------------------------------|-----------------------------|-----------------------------------|
| 03/04/06 | JULIE McMAHON MANCHESTER IA (400 E. UNION) | NONE | DO NUTS + CUPCAKES | \$ 15. ⁰⁰ | |
| 03/04/06 | PEGGY BRAMMAN MANCHESTER IA | NONE | ROLLS + COFFEE | 10. ⁰⁰ | |
| 03/04/06 | EMMA ENGLISH MANCHESTER IA | NONE | CHOCOLATE BROWNIES | 15. ⁰⁰ | |
| 03/04/06 | MIKE ROVING Box 62 EARLVILLE IA 52004 | NONE | PLATES CUPS NAPKINS | 5. ⁰⁰ | |
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SUB-TOTAL \$
 TOTAL (if last page of this schedule) \$ 45.⁰⁰

*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.