

Amended Report

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)
Marilyn J. Dettmer for County Attorney

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: Marilyn J. Dettmer
 Office Sought: Floyd County Attorney
 Political Party (if applicable): Republican
 District (if Senate or House): N/A

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: [Signature] TELEPHONE: 641-228-9904 DATE SIGNED: 7/24/06

I AM FILING A May 15 - July 14 REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR.
 (report date) Indicate by # 1

CHECK IF AMENDMENT TO REPORT DATED 7/19/06

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: Nov. 7, 2006
 County & Local Committees, enter County in which Election is held: Floyd

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.)	\$	<u>0</u>
ADD TOTAL MONEY TAKEN IN THIS PERIOD		
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)		<u>1740⁰⁰</u>
Schedule F: Loans Received total (Attach Schedule F)		<u>NIA</u>
Schedule H: Total Sales of Campaign Property (Attach Schedule H)		<u>NIA</u>
(Schedule H applies to Candidates' Committees Only)		
SUB-TOTAL	\$	<u>1740⁰⁰</u>
SUBTRACT TOTAL MONEY SPENT THIS PERIOD		
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)		<u>1543³⁹</u>
Schedule F: Loan Repayments total (Attach Schedule F)		<u>NIA</u>
CASH ON HAND at the end of this reporting period (if final report balance must be zero) (Attach DR-3)	\$	<u>196⁶¹</u>
**UNPAID BILLS (From Schedule D - Attach Schedule D)	\$	<u>NIA</u>
**IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)	\$	<u>140⁰⁰</u>
**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)	\$	<u>NIA</u>
CONSULTANT BREAKDOWN (Schedule G Attached?)	YES	<input checked="" type="checkbox"/> NO
CANDIDATE COMMITTEES ONLY:		
VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)	\$	<u>NIA</u>

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 checked="" 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)
Marilyn J. Dettmer for County Attorney

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
6/15/06	ID# CK#	Clarkson and Phyllis Kelly 126 Cedar Circle, Charles City, IA 50616	N/A	\$200.00	<input type="checkbox"/>
6/17/06	ID# CK#	Gene and Connie Parson 3228 Hwy 18, Charles City, IA 50616	N/A	\$100.00	<input type="checkbox"/>
6/17/06	ID# CK#	Steve Rosonke 120 5th Street NW, Cedar Rapids, IA 52405	N/A	\$150.00	<input type="checkbox"/>
6/25/06	ID# CK#	Bill Fenholt 205 Blunt Street	N/A	\$200.00	<input type="checkbox"/>
6/25/06	ID# CK#	Paul Sisson P.O. Box 219, Charles City, IA 50616	N/A	\$50.00	<input type="checkbox"/>
6/30/06	ID# CK#	Bill Bledsoe 102 3rd Avenue, Charles City, IA 50616	N/A	\$20.00	<input type="checkbox"/>
6/30/06	ID# CK#	Ed and Theresa Hobert 900 Freeman Street, Charles City, IA 50616	N/A	\$25.00	<input type="checkbox"/>
7/03/06	ID# CK#	J.A. Schilling 200 N. Main, Suite 4, Charles City, IA 50616	N/A	\$100.00	<input type="checkbox"/>
7/13/06	ID# CK#	Dennis Donovan 100 Gilbert Street, Charles City, IA 50616	N/A	\$50.00	<input type="checkbox"/>
7/13/06	ID# CK#	Dan and Sally Frudden 806 Ellis Drive, Charles City, IA 50616	N/A	\$75.00	<input type="checkbox"/>

SUB-TOTAL

\$ 970.00

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

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SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input checked="" 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)
Marilyn J. Dettmer for County Attorney

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
7/13/06	ID# CK#	Joe and Carole Foxen 113 Central, Charles City, IA 50616	N/A	\$20.00	<input type="checkbox"/>
7/13/06	ID# CK#	Robert Ingram 2954 Wedgewood Est. Pl., Charles City, IA 50616	N/A	\$30.00	<input type="checkbox"/>
7/13/06 - 7/14/06	ID# CK#	Unitemized Sale of T-shirts to various people	N/A	\$370.00	<input checked="" type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
7/06/06	ID# CK#	Marilyn Dettmer 301-Shaw Ave. Charles City IA	Self	\$350.00	<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"/>

SUB-TOTAL

TOTAL (if last page of this schedule)

\$ 770.00
\$ 1,740.00

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FOR INSTRUCTIONS, SEE BACK OF FORM

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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)

Marilyn J. Dettmer for County Attorney

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
7/01/06	ID# CK#	Rapid Printers 21 E. Main Street, New Hampton, IA 50659	notepads to hand out at parades	\$ 674.10
6/29/06	ID# CK#	Heather Steinert 406 8th Avenue, Charles City, IA 50616	candy for parades	\$41.43
7/05/06	ID# CK#	Charles City Dev. Corp., 401 N. Main Street, Charles City, IA 50616	parade entry fee	\$10.00
7/05/06	ID# CK#	(Healthquest), Chad Vance, 108 15th Avenue, Charles City, IA 50616	candy for parades	\$72.86
7/11/06	ID# CK#	The Inksmith, 129 S. Main Street, Charles City, IA 50616	t-shirts	\$720.00
7/16/06	ID# CK#	Floyd County Fair Society, P.O. Box, Charles City, IA 50616	fair booth entry fee	\$25.00
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$
TOTAL (if last page of this schedule)				\$ 1543.39

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

COMMITTEE NAME (Must be same as on Statement of Organization)
 Marilyn J. Detmer for County Attorney



SCHEDULE E (Rev. 09/97)	IN-KIND CONTRIBUTIONS
<input checked="" 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
6/24/06	Theisen's 803 Kelly Street, Charles City IA	N/A	Use of car painter aprons	\$ 20 ⁰⁰	<input type="checkbox"/>
6/24/06 6/25/06 7.04/06	Molstead Motors 1501 S. Grand Charles City	N/A	Use of car for parades	20 ⁰⁰ (for gas)	<input type="checkbox"/>
7/01/06	Brad Schwickerath 2493 220th, New Hampton IA	N/A	thank you envelopes	10 ⁰⁰	<input type="checkbox"/>
7/03/06	Erika Troyna 1263 Walnut Ave, Charles City	N/A	poster board & supplies	70 ⁰⁰	<input type="checkbox"/>
7/03/06	Chad Vance 109 15th Ave, Charles City	N/A	poster board	20 ⁰⁰	<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) \$ 140⁰⁰

*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.