

FOR INSTRUCTIONS, SEE BACK OF FORM

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**DISCLOSURE SUMMARY PAGE**

**COMMITTEE NAME** (Must be same as on 300 Disclosure Form DR-3) **FILED**  
 Marzen for County Attorney **OCT 19 2006**

**IMPORTANT:** Indicate by # type of committee you are reporting for: **5**  
 ( 1 ) Statewide/Legislative/Judge Standing for Public Non-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: Jesse M. Marzen Political Party (if applicable): --  
 Office Sought: County Attorney, Floyd District (if Senate or House): --

**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<sup>th</sup>, Ste. 1A  
 Des Moines, Iowa 50319  
 Fax: 515-281-3701

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: 641-228-2274 DATE SIGNED: 10/18/06

I AM FILING A Oct. 19th, 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-0.  
 (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  
 Floyd

**STATEMENT OF CASH ON HAND**

<b>CASH ON HAND</b> 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.)	155.35
<b>ADD TOTAL MONEY TAKEN IN THIS PERIOD</b>	
Schedule A: Cash Contributions total (Attach Schedule A) (*also see included below)	730.00
Schedule F: Loans Received total (Attach Schedule F)	1,000.00
Schedule H: Total Sales of Campaign Property (Attach Schedule H)	0.00
<b>(Schedule H applies to Candidates' Committees Only)</b>	
<b>SUB-TOTAL</b>	<b>\$ 1,885.35</b>
<b>SUBTRACT TOTAL MONEY SPENT THIS PERIOD</b>	
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)	1,747.68
Schedule F: Loan Repayments total (Attach Schedule F)	0.00
<b>CASH ON HAND</b> at the end of this reporting period (if final report balance must be zero) (Attach DR-3)	<b>\$ 137.67</b>
<b>**UNPAID BILLS</b> (From Schedule D - Attach Schedule D)	<b>\$ 0.00</b>
<b>**IN KIND CONTRIBUTIONS</b> (From Schedule F - Attach Schedule E)	<b>\$ 1,397.41</b>
<b>**OUTSTANDING LOANS</b> (From Schedule F - Attach Schedule F)	<b>\$ 1,000.00</b>
<b>CONSULTANT BREAKDOWN</b> (Schedule G Attached?)	YES <input checked="" type="checkbox"/> NO
<b>CANDIDATE COMMITTEES ONLY:</b>	
<b>VALUE OF CAMPAIGN PROPERTY</b> (From Schedule H - Attach Schedule H)	<b>\$ 0.00</b>
<b>STATE COMMITTEES:</b> Submit a reconciled campaign account bank statement in January of each year	

For Instructions, See Back of Form



<b>SCHEDULE 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)  
Marzen 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 800.324(6), prohibits the use of information copied from reports and statements for collecting 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
8-22-06	ID# CK#	Duane Kay 2525 Timber Ave Charles City, IA		\$100	<input type="checkbox"/>
9-6-06	ID# CK#	Ruth Keeling 200 9th St. Charles City, IA		50	<input type="checkbox"/>
9-14-06	ID# CK#	Alice Krumwiede 2928 210th St Charles City, IA		25	<input type="checkbox"/>
9-15-06	ID# CK#	Jim Kisch 1180 Underwood Av Charles City, IA		100	<input type="checkbox"/>
9-19-06	ID# CK#	Francys Klages 602 Freeman St CHARLES CITY IA		50	<input type="checkbox"/>
9-27-06	ID# CK#	Marilyn Dickey 118 Park Av CHARLES CITY IA		25	<input type="checkbox"/>
9-29-06	ID# CK#	Lee Phearman 1684 Rotary Park Rd CHARLES CITY IA		50	<input type="checkbox"/>
9-29-06	ID# CK#	D. Bartz 3023 Clark St CHARLES CITY IA		30	<input type="checkbox"/>
9-29-06	ID# CK#	Dan Down 804 7th Av CHARLES CITY IA		100	<input type="checkbox"/>
	ID# CK#	Unitemized for reporting period		200	<input type="checkbox"/>
<b>SUB-TOTAL</b>				\$ 730	
<b>TOTAL (If last page of this schedule)</b>				\$ 730	

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.

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

<b>SCHEDULE</b> <b>B</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)  
Marzen 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
7-20-06	ID# CK# 1001	Charles City Area Chamber 401 N Main St Charles City, IA 50616	July 4th Parade entry fee	\$ 10.00
8-15-06	ID# CK# 1002	Cedar Valley Printing & Supplies Inc 203 N Main St Charles City, IA 50616	Campaign Flyers	384.13
8-22-06	ID# CK# 1004	Floyd County - Auditor 101 S Main St CHARLES CITY IA	Voter List of CD	13.00
8-24-06	ID# CK# 1003	Art Wear 709 N Main St Charles City, IA	Shirts	622.11
9-18-06	ID# CK# 1005	United States Government Post Office 500 N Main CHARLES CITY IA	Postage	39.00
9-22-06	ID# CK# 1006	Charles City Press Office 801 Riverside Dr Charles City, IA 50616	Ads	53.94
10-12-06	ID# CK# 1031	Charles City Press Office 801 Riverside Dr Charles City, IA 50616	Ads	625.50
	ID# CK#			
<b>SUB-TOTAL</b>				<b>\$ 1747.68</b>
<b>TOTAL (if last page of this schedule)</b>				<b>\$ 1747.68</b>

**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).)

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**COMMITTEE NAME** (Must be same as on Statement of Organization)  
 Marzen for County Attorney

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<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
7-25-06	Kim Marzen PO Box 696 Charles City, IA	Mother	Pizza for campaign meeting	\$ 43.39	<input type="checkbox"/>
7-26-06	Kim Marzen PO Box 696 Charles City, IA	Mother	Shirts	571.07	<input type="checkbox"/>
8-2-06	Kim Marzen PO Box 696 Charles City, IA	Mother	signs / decals	625.95	<input type="checkbox"/>
9-2-06	Kim Marzen PO Box 696 Charles City, IA	Mother	Postages for campaign letters	117.00	<input type="checkbox"/>
July, Aug	Kari Marzen PO Box 233 Charles City, IA	Wife	Candy for Parade	20.00	<input type="checkbox"/>
July, Aug	Kari Marzen PO Box 233 Charles City, IA	Wife	Supplies for signs	15.00	<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
<b>SUB-TOTAL</b>				\$ 1,397.41	
<b>TOTAL (if last page of this schedule)</b>				\$ 1,397.41	

\*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.

PAGE 05/05  
 KIMBERLY MARZEN  
 15412282900  
 04:36  
 10/13/2005

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SCHEDULE <b>F</b> (Rev. 07/03)	LOANS RECEIVED & REPAYD
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)  
 Marzen for County Attorney

NOTE: This schedule reports money loaned to the committee which is deposited in the committee account.

TOTAL UNPAID LOANS FROM LAST REPORTING PERIOD \$ 0.00

**PART I - MONETARY LOANS RECEIVED THIS REPORTING PERIOD**

(Original source of loan, such as bank, must be shown if a third party is involved. Include loans from candidate's personal funds.)

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, if Applicable)	RELATIONSHIP TO CANDIDATE (If Applicable)	AMOUNT OF LOAN
8-15-06	Kim Marzen 20 Box 696 Charles City, IA	Mother	\$ 1000.00

TOTAL (PART I) \$ 1000.00

**PART II - MONETARY LOAN REPAYMENTS MADE THIS REPORTING PERIOD**

(Loans forgiven must be reported on Schedule E - In-kind Contributions.)

DATE PAID (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, if Applicable)	RELATIONSHIP TO CANDIDATE* (If Applicable)	AMOUNT REPAYD
			\$

TOTAL CASH REPAYMENTS (PART II) \$ 0  
 From Schedule E - TOTAL LOANS FORGIVEN \$ 0  
 TOTAL OUTSTANDING LOANS END OF REPORT PERIOD \$ 1000.00

\*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 when it applies.