

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

**DISCLOSURE SUMMARY PAGE**

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

U. M. Church Hampton Committee

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: Michael Holte Political Party (if applicable): Republican  
 Office Sought: Supervisor District (if Senate or House): \_\_\_\_\_

FORM <b>DR-2</b> (Rev 12/2005)	DISCLOSURE REPORT
<b>For Office Use Only</b>	
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

Henry H. Ludens

515-456-4336

1-12-07

SIGNATURE OF PERSON FILING REPORT

TELEPHONE

DATE SIGNED

I AM FILING A Final Report (report date)

REPORT FOR (1) ELECTION (2) NON-ELECTION YEAR

Indicate by #

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 7, 2006  
County & Local Committees, enter County in which Election is held  
Franklin

**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.)

\$ 1,210.37

ADD TOTAL MONEY TAKEN IN THIS PERIOD

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

\$ 2,400.00

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 \$ 3,610.37

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

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

Schedule F: Loan Repayments total (Attach Schedule F)

~~3,610.37~~ S/B 2656.23  
S/B 9.54

CASH ON HAND at the end of this reporting period (if final report balance must be zero) (Attach DR-3)

\$ \_\_\_\_\_

\*\*UNPAID BILLS (From Schedule D - Attach Schedule D)

\$ \_\_\_\_\_

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

\$ 1,044.86

\*\*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

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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)

U. M. Church Supervisors Committee

**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
10-10-06	ID# CK#	William E. or Jeanne L. Hodes 614 - 714 St. S.W. Hampton, Iowa 50441		\$ 100.00	<input type="checkbox"/>
10-27-06	ID# CK#	Vent Alon or Lori J. Krause 2216 Beaver Avenue Iowa Falls, Iowa 50126		1,000.00	<input type="checkbox"/>
10-27-06	ID# CK#	Asher or Michael Schwarck 507 Washington Street Hodes, Iowa 50627		1,000.00	<input type="checkbox"/>
11-07-06	ID# CK#	Franklin County Republican Central Committee Hampton, Iowa 50441		300.00	<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"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

\$2,400.00

**TOTAL (if last page of this schedule)**

\$2,400.00

\* 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

Receipt Form

**EXPENDITURES – MONEY SPENT FROM COMMITTEE ACCOUNT**

SCHEDULE <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)  
 Walte for Supervisor Committee

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
10-10-06	ID# CK#	KLING Radio 1509 - 4th St, N.E. Hampton, Iowa 50441	Advertising	\$ 245.00
11-2-06	ID# CK#	KLING Radio 1509 - 4th St, N.E. Hampton, Iowa	Advertising	117.00
11-8-06	ID# CK#	Hampton Publishing Co. 9 - 2nd St, N.W. Hampton, Iowa 50441	Advertising	345.00
12-4-06	ID# CK#	Hampton Publishing Co. 9 - 2nd St, N.W. Hampton, Iowa 50441	Advertising	749.23
1-17-07	ID# CK#	Michael Walte 1504 Warbler Ave. Hampton, Iowa 50441-7330	refund of loan made to committee - partial	<del>974.14</del> on Sch F
	ID# CK#			
	ID# CK#			S/B 2656. <sup>23</sup>

SUB-TOTAL \$ ~~3,619.37~~

TOTAL (if last page of this schedule) \$ ~~3,619.37~~

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

COMMITTEE NAME (Must be same as on Statement of Organization):  
Unita for Supervisor Committee

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

TOTAL UNPAID LOANS FROM LAST REPORTING PERIOD \$ 2,000.00

**PART I - MONETARY LOANS RECEIVED THIS REPORTING PERIOD**  
(Original source of loan, such as a bank, must be shown if a third party is involved. Include loans from candidate's personal funds.)

**PART II - MONETARY LOAN REPAYMENTS MADE THIS REPORTING PERIOD**  
(Loans forgiven must be reported on Schedule E -- In-kind Contributions)

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

DATE PAID (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, if Applicable)	RELATIONSHIP TO CANDIDATE* (if Applicable)	AMOUNT REPAID
1-10-07	Michael Holte 1694 Warbler Ave, Hampton, Iowa 50441-7330		\$ 254.14

TOTAL (PART I) \$ \_\_\_\_\_

TOTAL CASH REPAYMENTS (PART II) \$ 254.14

From Schedule E -- TOTAL LOANS FORGIVEN \$ 2,000.00

TOTAL OUTSTANDING LOANS END OF REPORT PERIOD \$ 0.00

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U. M. CHURCH HAMPTON Fax: 515-456-5164 Jan 17 '07 14:19 P. 03