

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE



FORM DR-2 (Rev. 12/2005)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	9071
Logged In	SW
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)

FRANKLIN COUNTY REPUBLICAN CENTRAL COMMITTEE

IMPORTANT: Indicate by # type of committee you are reporting for: 4
 (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: _____ 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.

Kathy A. Dobst
SIGNATURE OF PERSON FILING REPORT

641-456-2383
TELEPHONE

5-15-2006
DATE SIGNED

I AM FILING A JANUARY 1 THROUGH MAY 14, 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 _____
 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.)	\$ 1,612.21
ADD TOTAL MONEY TAKEN IN THIS PERIOD	
Schedule A: Cash Contributions total (Attach Schedule A) (**also see in-kind below)	1,824.00
Schedule F: Loans Received total (Attach Schedule F)	0.00
Schedule H: Total Sales of Campaign Property (Attach Schedule H)	_____
<u>(Schedule H applies to Candidates' Committees Only)</u>	
SUB-TOTAL	\$ 3,436.21
SUBTRACT TOTAL MONEY SPENT THIS PERIOD	
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)	674.71
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)	\$ 2,761.50

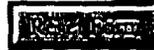
**UNPAID BILLS (From Schedule D - Attach Schedule D)\$ _____
 **IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)\$ _____
 **OUTSTANDING LOANS (From Schedule F - Attach Schedule F)\$ _____
 CONSULTANT BREAKDOWN (Schedule G Attached?) _____ YES _____ NO

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



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)

FRANKLIN COUNTY REPUBLICAN CENTRAL 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.

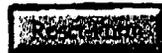
NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD

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
01/04/2006	ID# 5098 CK# 1347	SUKUP FOR GOVERNOR PO BOX 10, SHEFFIELD IA 50475		\$500.00	<input type="checkbox"/>
01/23/2006	ID# CK#	UNITEMIZED CONTRIBUTIONS (CAUCUS BUCK BAGS)		99.00	<input type="checkbox"/>
03/13/2006	ID# CK#	UNITEMIZED CONTRIBUTIONS (COUNTY CONVENTION DELEGATE FEES)		180.00	<input type="checkbox"/>
03/29/2006	ID# CK#	DENNY EDWARDS, PO BOX 497 HAMPTON IA 50441		100.00	<input type="checkbox"/>
03/31/2006	ID# CK#	MRS EUGENE SUKUP, 1379 BEEDS LAKE DRIVE, HAMPTON IA 50441		100.00	<input type="checkbox"/>
03/31/2006	ID# CK#	JOAN M COONLEY, 21 FIFTH STREET SE HAMPTON IA 50441		100.00	<input type="checkbox"/>
04/01/2006	ID# CK#	MERLIN D PLAGGE, PO BOX 57 SHEFFIELD IA 50475		50.00	<input type="checkbox"/>
04/01/2006	ID# CK#	VIRGINIA STOCKDALE, 572 LEMON AVENUE IOWA FALLS IA 50126		100.00	<input type="checkbox"/>
04/04/2006	ID# CK#	MRS JAMES JORGENSEN JR, 1012 LARK AVE HAMPTON IA 50441		50.00	<input type="checkbox"/>
04/04/2006	ID# CK#	HELEN O'DEA, 614 FIRST STREET NE HAMPTON IA 50441		25.00	<input type="checkbox"/>
SUB-TOTAL				\$ 1304.00	
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



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)
FRANKLIN COUNTY REPUBLICAN CENTRAL 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/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
04/04/2006	ID# CK#	CARLYN SCHWIEGER 878 FINCH AVENUE, DOWS IA 50071		\$100.00	<input type="checkbox"/>
04/06/2006	ID# CK#	MAURICE VOSBURG, PO BOX 376 HAMPTON IA 50441		100.00	<input type="checkbox"/>
04/17/2006	ID# CK#	CHARLES E SUKUP, 2418 VINE AVENUE DOUGHERTY IA 50433		100.00	<input type="checkbox"/>
04/21/2006	ID# CK#	LINDA K LATHAM, 137 180TH STREET ALEXANDER IA 50420		100.00	<input type="checkbox"/>
04/29/2006	ID# CK#	DONALD E LATHAM, 1468 BALSAM AVENUE ALEXANDER IA 50420		100.00	<input type="checkbox"/>
05/12/2006	ID# CK#	UNITEMIZED CONTRIBUTIONS		20.00	<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

\$ 520.00

TOTAL (If last page of this schedule)

\$ 1824.00

* 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.

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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)
FRANKLIN COUNTY REPUBLICAN CENTRAL 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
03/11/2006	ID# CK# 739	FRANKLIN COUNTY FAIR ASSN PO BOX 442, HAMPTON IA 50441	EXHIBIT BOOTH RENTAL	\$ 140.00
03/11/2006	ID# CK# 740	FAREWAY STORE 309 CENTRAL AVENUE WEST HAMPTON IA 50441	JUICE, COFFEE, CUPS, NAPKINS FOR COUNTY CONVENTION	7.05
03/11/2006	ID# CK# 741	LEONARD WORDEN 403 110TH STREET DOWS IA 50071-8013	BADGES FOR COUNTY CONVENTION	7.66
03/20/2006	ID# CK# 742	REPUBLICAN PARTY OF IOWA 621 EAST NINTH STREET DES MOINES IA 50309	8 DELEGATE FEES @ \$40 EACH	320.00
04/18/2006	ID# CK# 743	REPUBLICAN PARTY OF IOWA 621 EAST NINTH STREET DES MOINES IA 50309	2 TICKETS FOR ABE LINCOLN DAY DINNER	200.00
	ID# CK#			
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$ 674.71
TOTAL (If last page of this schedule)				\$ 674.71

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).)