

Hardin

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

DISCLOSURE SUMMARY PAGE

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

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 Ed BEAR Political Party (if applicable) DEMOCRAT
 Office Sought Hardin County Supervisor District (if Senate or House)

FORM **DR-2** DISCLOSURE REPORT
 (Rev. 12/2005)

For Office Use Only
 Comm. # _____
 Logged In _____
 Connected _____
 Computer _____
 Audited _____

File with:
 Iowa Ethics and Campaign
 Disclosure Board
 510 E. 12th, Ste. 1A
 Des Moines, Iowa 50319
 Fax: 515-281-3701

ETHICS & CAMPAIGN
 DISCLOSURE BOARD
 OCT 13 2006
 FILED FAX

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.

Janice Williams SIGNATURE OF PERSON FILING REPORT
641-939-7600 TELEPHONE
10/17/06 DATE SIGNED

I AM FILING A October 19 - 2006 REPORT FOR (1) ELECTION (2) NON-ELECTION YEAR.
 (report date) 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 _____

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.)	\$	<u>293⁵⁸</u>
ADD TOTAL MONEY TAKEN IN THIS PERIOD		
Schedule A: Cash Contributions total (Attach Schedule A) (**also see in-kind below)		<u>1942⁰⁰</u>
Schedule F: Loans Received total (Attach Schedule F)		<u>5500⁰⁰</u>
Schedule H: Total Sales of Campaign Property (Attach Schedule H)		
<i>(Schedule H applies to Candidates' Committees Only)</i>		
SUB-TOTAL	\$	
SUBTRACT TOTAL MONEY SPENT THIS PERIOD		
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)		<u>6068³⁷</u>
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)	\$	<u>1667²¹</u>
**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)	\$	<u>5500⁰⁰</u>
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)
Bear for Supervisor

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 69B.22A(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
8/14/06	ID# CK#	Richard Dreifler 2248 3 rd Ave Hubbard IA 50122		\$ 25 ⁰⁰	<input checked="" type="checkbox"/>
8/14/06	ID# CK#	Carl Dreifler P.O. Box 6 Hubbard IA 50122		25 ⁰⁰	<input checked="" type="checkbox"/>
8/14/06	ID# CK#	Bob Fuller P.O. Box 107 Eldora IA 50627		100 ⁰⁰	<input checked="" type="checkbox"/>
8/14/06	ID# CK#	Ed Bills 417 Birch Ave. Eldora IA 50627		50 ⁰⁰	<input checked="" type="checkbox"/>
8/14/06	ID# CK#	Jack Van Sickle 1502 3 rd St. Eldora IA 50627		25 ⁰⁰	<input checked="" type="checkbox"/>
8/14/06	ID# CK#	Ernie Kruse 419 Butler Ackley IA 50601		12 ⁰⁰	<input checked="" type="checkbox"/>
8/14/06	ID# CK#	Lloyd Schreiber 921 1 st Ave. Ackley IA 50601		20 ⁰⁰	<input checked="" type="checkbox"/>
8/14/06	ID# CK#	Cashes (SEVERAL)		50 ⁰⁰	<input checked="" type="checkbox"/>
8/14/06	ID# CK#	Joe Shore 1309 5 th St. Eldora IA 50627		25 ⁰⁰	<input checked="" type="checkbox"/>
8/14/06	ID# CK#	Don Brown 720 17 th Ave Eldora IA 50627		100 ⁰⁰	<input checked="" type="checkbox"/>

SUB-TOTAL \$ 432
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

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN
(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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

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.

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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
8/14/06	ID# CK#	John Nissly 339 Sarah Ave. Iowa Falls IA 50126		\$ 10 ⁰⁰	<input type="checkbox"/>
8/14/06	ID# CK#	Tim Brock 15635 JJ Ave Iowa Falls Iowa 50126		25 ⁰⁰	<input type="checkbox"/>
8/14/06	ID# CK#	Martin Broer 20024 M AVE Iowa Falls IA 50126		25 ⁰⁰	<input type="checkbox"/>
8/14/06	ID# CK#	Duane Maakestad 405 East Street Radcliffe IA 50230		50 ⁰⁰	<input type="checkbox"/>
8/14/06	ID# CK#	Paul Deimus 34547 240 th St. Steamboat-Rock IA 50672		50 ⁰⁰	<input type="checkbox"/>
8/14/06	ID# CK#	Gary Rolph Box 112 Steamboat Rock IA 50672		75 ⁰⁰	<input type="checkbox"/>
8/14/06	ID# CK#	Charles Ruby 31272 Co. Hwy D35 Steamboat Rock - IA 50672		100 ⁰⁰	<input type="checkbox"/>
8/14/06	ID# CK#	Shirley Balvanz Box 516 Hubbard IA 50122		10 ⁰⁰	<input type="checkbox"/>
8/14/06	ID# CK#	Dean Johns 32816 160 th St. Ackley IA 50601		50 ⁰⁰	<input type="checkbox"/>
8/14/06	ID# CK#	Jeray Welden 202 Glen Drive Iowa Falls - IA 50126		50 ⁰⁰	<input type="checkbox"/>

SUB-TOTAL

\$ 445
\$

TOTAL (if last page of this schedule)

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For Instructions, See Back of Form

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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)
BEAR for SUPERVISOR

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8/14/06	ID# CK#	Raleigh & Mardelle King 2306 Edginstern Eldora IA 50627	In Laws	\$ 50 ⁰⁰	<input type="checkbox"/>
8/18/06	ID# CK#	Gene Foster 17 th Ave Eldora IA 50627		10 ⁰⁰	<input checked="" type="checkbox"/>
8/18/06	ID# CK#	Marc Lou Tapp 17565 230 th St. Hubbard IA 50122		25 ⁰⁰	<input checked="" type="checkbox"/>
8/18/06	ID# CK#	George Nemmen 104 Broadway Strambart Rod IA 50627		25 ⁰⁰	<input checked="" type="checkbox"/>
8/18/06	ID# CK#	Chris Brown 909 14 th St. Eldora IA 50627		50 ⁰⁰	<input checked="" type="checkbox"/>
8/18/06	ID# CK#	Chuck Ceardall 2504 5 th St Eldora IA 50627		20 ⁰⁰	<input checked="" type="checkbox"/>
8/18/06	ID# CK#	Ruth Blecker 33748 170 th St. Strambart Rod IA 50627		25 ⁰⁰	<input checked="" type="checkbox"/>
8/18/06	ID# CK#	Raynold Tapp 603 PARKVIEW LANE Radcliffe IA 50230		10 ⁰⁰	<input checked="" type="checkbox"/>
8/18/06	ID# CK#	Eenie Baez 804 15 th St. Eldora IA 50627		10 ⁰⁰	<input checked="" type="checkbox"/>
8/29/06	ID# CK#	Marc Anderson 902 12 th Street Eldora IA 50627		50 ⁰⁰	<input checked="" type="checkbox"/>
SUB-TOTAL				\$ 275 ⁰⁰	
TOTAL (if last page of this schedule)				\$	

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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)
BEAR for Supervisor

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8/29/06	ID# CK#	GARY BRINKMEYER Box 311 Eldora IA 50627		\$ 50 ⁰⁰	<input checked="" type="checkbox"/>
8/29/06	ID# CK#	Phil Broer 20123 US Hwy 65 Iowa Falls IA 50126		30 ⁰⁰	<input checked="" type="checkbox"/>
8/29/06	ID# CK#	Mildred Buseman 508 E Minnie St. Radcliffe IA 50230		50 ⁰⁰	<input checked="" type="checkbox"/>
8/29/06	ID# CK#	Robert Warner 19072 KK Ave. Iowa Falls IA 50126		100 ⁰⁰	<input checked="" type="checkbox"/>
8/29/06	ID# CK#	Sharon Ffowar 1320 2nd St. Eldora IA 50627		10 ⁰⁰	<input checked="" type="checkbox"/>
8/29/06	ID# CK#	Margaret Sakuneman P.O. Box 344 Steamboat Rock IA 50672		25 ⁰⁰	<input checked="" type="checkbox"/>
8/29/06	ID# CK#	Dwight Carlson 19415 Hwy D15 Alden IA 50006		10 ⁰⁰	<input checked="" type="checkbox"/>
8/29/06	ID# CK#	Mary Rubow 1206 Cincinnati Eldora IA 50627		35 ⁰⁰	<input checked="" type="checkbox"/>
8/29/06	ID# CK#	LaDonna Luiken 507 Main Steamboat Rock IA 50672		10 ⁰⁰	<input checked="" type="checkbox"/>
8/29/06	ID# CK#	Jerry Aldrich 15859 125th St Alden IA 50006		50 ⁰⁰	<input checked="" type="checkbox"/>

SUB-TOTAL

\$ 370⁰⁰

TOTAL (if last page of this schedule)

\$

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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)
Bear for Supervisor

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8/29/06	ID# CK#	Keith Bachman P.O. Box 334 Hubbard IA 50622		\$ 25 ⁰⁰	<input checked="" type="checkbox"/>
8/29/06	ID# CK#	John Whitwell P.O. Box 308 Iowa Falls IA 50126		25 ⁰⁰	<input checked="" type="checkbox"/>
9/05/06	ID# CK#	Beulah Tr Trislske 1002 12 th St. Eldora IA 50627		20 ⁰⁰	<input checked="" type="checkbox"/>
9/08/06	ID# CK#	Mary Lou Bear 1005 Butler Ackley IA 50601	Aunt	10 ⁰⁰	<input checked="" type="checkbox"/>
9/08/06	ID# CK#	FRANCES Rungé Alden IA 50006		25 ⁰⁰	<input checked="" type="checkbox"/>
10/02/06	ID# CK#	MARKUS LAMOREUX 32629 231st St. Eldora IA 50627		25 ⁰⁰	<input checked="" type="checkbox"/>
10/02/06	ID# CK#	Jim Hoy 709 10 th St. Eldora IA 50627		25 ⁰⁰	<input checked="" type="checkbox"/>
10/02/06	ID# CK#	DARREN Roberts 25092 Co. Hwy, D15 Iowa Falls IA 50126		25 ⁰⁰	<input checked="" type="checkbox"/>
10/02/06	ID# CK#	Kurt Kelsey 14083 P Ave. Iowa Falls IA 50126		100 ⁰⁰	<input checked="" type="checkbox"/>
10/02/06	ID# CK#	Brian Holson 305 Vinton Ave. Eldora IA 50627		15 ⁰⁰	<input checked="" type="checkbox"/>

SUB-TOTAL \$ 295⁰⁰

TOTAL (if last page of this schedule) \$

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For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN
(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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

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.

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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
6/22/06	ID# CK#	MARCIA ELLER 25403 E AVE. RADCLIFFE IA 50230		\$ 25 ⁰⁰	<input checked="" type="checkbox"/>
10/12/06	ID# CK#	Bill Trampe 27567 195 th St. Iowa Falls IA 50126		50 ⁰⁰	<input checked="" type="checkbox"/>
10/12/06	ID# CK#	Cash from several unknowns		50 ⁰⁰	<input checked="" 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"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
SUB-TOTAL				\$ 125 ⁰⁰	
TOTAL (if last page of this schedule)				\$ 1942	

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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)
BEAR for SUPERVISOR

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
7/16/06	ID# CK# 1001	(Visa) Rhode Island Novelty 5 Industrial Road Cumberland - RI 02864	Styng discs	\$ 310 ²³
7/14/06	ID# CK# 1002	BANKER'S Advertising P.O. Box 2687 Iowa City IA 52244	Business card magnets	614 ⁴²
7/16/06	ID# CK# 1003	(Visa) ULINE 2200 S. Lakeside Dr. Waukegan IL 60085	Chip board for notepads	120 ⁴⁶
7/16/06	ID# CK# 1004	U-Line 2200 S. Lakeside Dr Waukegan IL 60085	Baggies for notepads + magnets	64 ⁴⁹
8/4/06	ID# CK# 1005	Iowa Sec. of State Des Moines IA	Vote list emailed	10 ⁰⁰
8/4/06	ID# CK# 1006	Post Office Edg. Ave. Eldora IA 50627	Postage for fund raiser letters	156 ⁵⁰
8/4/06	ID# CK#	Staples 27 W. Beele Rd Marshalltown - IA 50158	Toner for notepads - letters - envelopes + papers	419 ¹⁵
8/14/06	ID# CK#	FishNet Inc P.O. Box 940451 Plano TX 75094-0451	Webhost	135 ⁰⁰
SUB-TOTAL				\$ 1829 ²⁵
TOTAL (if last page of this schedule)				\$

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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EXPENDITURES – MONEY SPENT FROM COMMITTEE ACCOUNT

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

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

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
8/11/06	ID# + transfer CK#	Nardin County Savings Bank 1202 Edg. Ave Eldora IA 50627	Bank Checks	\$ 16 ¹⁰
8/24/06	ID# + transfer CK#	Nardin County Savings Bank 1202 Edg. Ave. Eldora IA 50627	Bank Service Charge	6 ⁴²
8/31/06	ID# CK# 1009	Staples 27 W. Berle Rd Marshalltown IA 50158	Labels for brochures + envelopes + tapes paper	94 ⁸²
9/8/06	ID# CK# 1010	Monroe Office Supply 521 Washington St. Iowa Falls IA 50126	Padding compound for note pads	35 ⁹²
9/14/06	ID# CK# 1011	United Supplies Print shop 30473 260 th St. Eldora IA 50627	Brochures printed	2396 ⁸⁰
10/2/06	ID# CK# 1012	Post Office 1334 Edgington Ave Eldora IA 50627	Postage brochures	1661 ²⁶
10/6/06	ID# CK# 1013	Herald Index Edg. Ave Eldora IA 50627	Advertising	10. ⁶⁵
10/6/06	ID# CK# 1014	Ackley World Journal Ackley IA		16 ⁶⁵
SUB-TOTAL				\$ 4238 ⁶²
TOTAL (if last page of this schedule)				\$ 6068 ³²

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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).)

Reset Form

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

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

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

TOTAL UNPAID LOANS FROM LAST REPORTING PERIOD \$ _____

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.)

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, if Applicable)	RELATIONSHIP TO CANDIDATE (if Applicable*)	AMOUNT OF LOAN
7/24/06	Hardin County Savings Bank to Ed Bear 1999 8 V Ave. Stamboat Rock IA 50672	Self	\$ 1,000 ⁰⁰
8/08/06	Hardin Co. Savings Bank to Ed Bear 1999 8 V Ave. Stamboat Rock IA 50672	Self	2,000 ⁰⁰
10/03/06	Hardin Co. Savings Bank to Ed Bear 1999 8 V Ave. Stamboat Rock IA 50672	Self	2,000 ⁰⁰
10/11/06	Hardin Co Savings Bank to Ed Bear 1999 8 V Ave Stamboat Rock IA 50672	Self	500 ⁰⁰

TOTAL (PART I) \$ 5,500⁰⁰

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 REPAYED
			\$

TOTAL CASH REPAYMENTS (PART II) \$ _____

From Schedule E -- TOTAL LOANS FORGIVEN \$ _____

TOTAL OUTSTANDING LOANS END OF REPORT PERIOD \$ 5,500⁰⁰

*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.