

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

DISCLOSURE SUMMARY PAGE

<b>FORM 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	

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

IMPORTANT: Indicate by # type of committee you are reporting for:  (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 Candidate (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) \_\_\_\_\_

**IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD**  
JUL 14 2006  
FILED

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.

New York 515-899-2444 7/13/06  
SIGNATURE OF PERSON FILING REPORT TELEPHONE DATE SIGNED

I AM FILING A July 13, 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  
July 18, 2006

County & Local Committees, enter County in which Election is held  
Hardin

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.) .....\$ 0

**ADD TOTAL MONEY TAKEN IN THIS PERIOD**

Schedule A: Cash Contributions total (Attach Schedule A) (\*also see in-kind below) .....\$ 8071.05

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 .....\$ 8071.05

**SUBTRACT TOTAL MONEY SPENT THIS PERIOD**

Schedule B: Expenditures total (Attach Schedule B) (\*\*also see debts and loans below) .....\$ 5239.10

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) .....\$ 2,831.95

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\*\*UNPAID BILLS (From Schedule D - Attach Schedule D) .....\$ 2,007.20

\*\*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

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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)  
**HR CARE**

**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
5/23/06	ID# CK#	HR Patrons (Donation from informal committee)		\$ 116.05	<input type="checkbox"/>
5/23/06	ID# CK#	Jon & Paula Kuhfus 13304 - 260th St. Rockcliffe, IA 50230		500.00	<input type="checkbox"/>
5/23/06	ID# CK#	Jeff & Lisa Severseike 27645 4 Ave. Hubbard, IA 50122		150.00	<input type="checkbox"/>
5/23/06	ID# CK#	Jim & Steph Vierkandt Alden, IA 50006		500.00	<input type="checkbox"/>
5/23/06	ID# CK#	Ron & Jan Vierkandt 15898 Co. Hwy D41 Alden, IA 50006		300.00	<input type="checkbox"/>
5/23/06	ID# CK#	Lowell & Jane Wykle 25832 Co. Hwy 327 Rockcliffe, IA 50230		150.00	<input type="checkbox"/>
5/24/06	ID# CK#	Jerald Bergeson 13273 St. Hwy 175 Rockcliffe, IA 50230		200.00	<input type="checkbox"/>
5/24/06	ID# CK#	Richard & Judy Eller 26525 G Ave Hubbard, IA 50122		500.00	<input type="checkbox"/>
5/24/06	ID# CK#	Gary & Rita Houck 607 Isabella Rockcliffe, IA 50230		150.00	<input type="checkbox"/>
5/24/06	ID# CK#	Arland / Carolyn Lepper 16474 - 280th St Hubbard, IA 50122		100.00	<input type="checkbox"/>
SUB-TOTAL				\$ 2666.05	
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.

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**CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

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

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

**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

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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-RAISED INCOME
5/24/06	ID# CK#	Fay & Mary Ann Kuhfus 486 Isabella Radcliffe, IA 50230		\$ 1000.00	<input type="checkbox"/>
5/24/06	ID# CK#	Kenneth & Lois Nassen 2519 S I Ave Hubbard, IA 50122		100.00	<input type="checkbox"/>
5/24/06	ID# CK#	Ron & Helen Sevorsejke 16182 - 310th St. Radcliffe, IA 50230		150.00	<input type="checkbox"/>
5/25/06	ID# CK#	Gary Kuhfus PO Box 131 Radcliffe, IA 50230		150.00	<input type="checkbox"/>
5/25/06	ID# CK#	Mark & Marcia Granzow 18143 Co Hwy D47 Hubbard, IA 50122		250.00	<input type="checkbox"/>
5/25/06	ID# CK#	Alan Doering 19828 310th St. Hubbard, IA 50122		100.00	<input type="checkbox"/>
5/26/06	ID# CK#	Alvin Clark 32786 Co Hwy 527 Radcliffe, IA 50230		200.00	<input type="checkbox"/>
5/26/06	ID# CK#	Irvin Ruth Hodnefield 813 Forest Ave Strong City, IA 50248		200.00	<input type="checkbox"/>
5/26/06	ID# CK#	Craig & Ida Torgeson 401 E Tonya Radcliffe, IA 50230		200.00	<input type="checkbox"/>
5/26/06	ID# CK#	Glenn & Cindy Hodnefield 13162 300th St. Radcliffe, IA 50230		300.00	<input type="checkbox"/>
SUB-TOTAL				\$ 2650.00	
TOTAL (if last page of this schedule)				\$	

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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)  
**HR CARE**

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
5/26/06	ID# CK#	Stan & Carla Penning 30585 # Ave Hubbard, IA 50122		\$500.00	<input type="checkbox"/>
5/26/06	ID# CK#	Jeff Uilestad 1318 Nixon Circle Ames, IA 50010		500.00	<input type="checkbox"/>
5/26/06	ID# CK#	Leland & Karen Coburn 15272 Co Hwy D65 Radcliffe, IA 50230		200.00	<input type="checkbox"/>
5/26/06	ID# CK#	Blaine & Rene Houck 26698 F Ave Radcliffe, IA 50230		150.00	<input type="checkbox"/>
5/26/06	ID# CK#	Richard & Debra Hodnefield 403 East St. Radcliffe, IA 50230		200.00	<input type="checkbox"/>
5/27/06	ID# CK#	James Bergeson 28124 Zubin Ave Radcliffe, IA 50230		200.00	<input type="checkbox"/>
5/28/06	ID# CK#	Carl Dreifke PO Box 6 Hubbard, IA 50122		300.00	<input type="checkbox"/>
5/28/06	ID# CK#	Elvern Hake 12453 - 260th St Radcliffe, IA 50230		300.00	<input type="checkbox"/>
5/29/06	ID# CK#	Charles Sampson 11716 Eden Estate Carmel, IN 46033		200.00	<input type="checkbox"/>
5/30/06	ID# CK#	James & Helen Gran Zow 314 W Maple Hubbard, IA 50122		50.00	<input type="checkbox"/>
SUB-TOTAL				\$2650.00	
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.

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**CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

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

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

HR CARE

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 WILL HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 66B.22A(5) prohibits the use of information reported from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED	PAC ID NUMBER (if applicable)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE*	AMOUNT RECEIVED	IF FOR FUND
5/30/06	ID#	Arland Lepper 16474 - 280th St Hubbard, IA 50122		500	<input type="checkbox"/>
5/30/06	ID#	Thomas Heigeson 3725 Zublin Ave Radcliffe, IA 50230		150.00	<input type="checkbox"/>
	ID#				<input type="checkbox"/>
	ID#				<input type="checkbox"/>
	ID#				<input type="checkbox"/>
	ID#				<input type="checkbox"/>
	ID#				<input type="checkbox"/>
	ID#				<input type="checkbox"/>
	ID#				<input type="checkbox"/>
	ID#				<input type="checkbox"/>
	ID#				<input type="checkbox"/>

SUB-TOTAL

= 155.00

TOTAL (if last page of this schedule)

= 8071.05

Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. If purpose of contributor is to support a candidate, list that in the relationship column. If there is no familial relationship, enter "not applicable" in the relationship column.

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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)  
**HR CARE**

DATE EXPENDED (MM/DD/YY)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
5/30/06	ID# CK# 501	Hardin County Auditor Eldora, IA	Ballot questions	\$ 5.00
5/30/06	ID# CK# 502	Secretary of State Des Moines, IA	voter's list	10.00
5/24/06	ID# CK#	Paul Dorr PO Box 188 Ocheyedan, IA	consultant fee (partial)	1500.00
5/30/06	ID# CK#	Paul Dorr PO Box 188 Ocheyedan, IA	consultant fee (partial)	2300.00
6/24/06	ID# CK# 503	Paul Dorr PO Box 188 Ocheyedan, IA	website service	150.00
6/25/06	ID# CK# 504	Secretary of State Des Moines, IA	updated voter's list	10.00
6/29/06	ID# CK# 507	Farmhouse Kitchen Radcliffe, IA	meeting room	96.30
7/6/06	ID# CK# 506	Times Citizen Iowa Falls, IA	ad (2x4 town hall)	55.20

SUB-TOTAL \$ 4126.50  
TOTAL (if last page of this schedule) \$ 5

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**

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>B</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)  
**HR CARE**

DATE EXPENDED (MM/DD/YY)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
6/29/06	ID# CK# 505	U.S. Post Office Radcliffe, IA	postage for town hall postcards	\$ 312.00
7/10/06	ID# CK# 508	Ackley Publishing Ackley, IA	youth postcardist town hall postcards	93.90
7/11/06	ID# CK# 509	Times Citizen Iowa Falls, IA	vote nu ad	55.20
7/12/06	ID# CK# 510	U.S. Post Office Radcliffe, IA	stamps for fliers	526.50
7/13/06	ID# CK# 511	American Legion Radcliffe, IA	meeting room	100.00
7/13/06	ID# CK# 512	Zion UCC Hubbard, IA	meeting room	25.00
	ID# CK#			
	ID# CK#			

SUB-TOTAL \$ 1112.60

TOTAL (if last page of this schedule) \$ 5239.10

**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)  
**HR CARE**

SCHEDULE <b>D</b> (Rev. 08/99)	INCURRED INDEBTEDNESS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

NOTE: Debts previously reported that remain unpaid must be included on this Schedule, as well as any new obligations incurred in this period.

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**DEBTS/OBLIGATIONS REMAINING THIS REPORTING PERIOD  
 (DO NOT INCLUDE LOANS - SHOW LOANS ON SCHEDULE F)**

An "incurred debt" is a debt for goods or services ordered or received, but not paid for by the end of the reporting period, regardless of whether an invoice has been received.

DATE INCURRED (MM/DD/YR)	NAME AND ADDRESS OF PERSON TO WHOM DEBT OR OBLIGATION IS OWED	DESCRIPTION OF GOODS OR SERVICES PROVIDED OR PURCHASED	BALANCE OWED AT CLOSE OF REPORTING PERIOD*
6/5/06	Paula Kuhfus Rockcliffe, IA 50230	postage for youth proceeds copying of fliers mileage - 40 @ 31¢	\$ 77.20
weekly 06/06 - 07/06	Signal-Review Rockcliffe, IA	advertising	estimated \$50.00
5/23/06 5/25/06	Bank fees & us BANK - wire transfer fees	Bank fees & wire transfer fee	estimated \$0.00
7/19/06	Paul Dorr	final payment	estimated \$00.00
7/7/06	Ackley Publishing Ackley	fliers - printing	estimated 200.00
SUB-TOTAL			\$ 2007.20
TOTAL DEBTS OWED BY COMMITTEE AT THE END OF THIS REPORTING PERIOD			\$ 2007.20

\*If actual figure is unknown, show "estimated" beside the figure.

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(for Schedule D)

**CANDIDATE COMMITTEES NOTE:**  
 \*Incurred indebtedness also includes each person/entity with whom the candidate's committee has entered into a contract during the reporting period for future or continuing performance. Enter the name of the consultant who provides or procures services for items such as advertising, fund-raising, polling, managing, or organizing services. Report on Schedule G the nature of performance and the estimated performance reasonably expected of the consultant.