

FOR INSTRUCTIONS, SEE BACK OF FORM

# DISCLOSURE SUMMARY PAGE

Reset Form

Jackson

FORM <b>DR-2</b> (Rev. 12/2005)	DISCLOSURE REPORT
<b>For Office Use Only</b>	
Comm. #	17906
Logged In	
Scanned	
Computer	pin
Audited	

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

CITIZENS FOR TABOR

**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: Phillip Tabor Political Party (if applicable): DEMOCRAT

Office Sought: COUNTY ATTORNEY District (if Senate or House): \_\_\_\_\_

MAY 15 2006  
PM 5:13:06

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.

Richard C. Wolf Jr. 563-652-4411 May 12, 2006  
 SIGNATURE OF PERSON FILING REPORT TELEPHONE DATE SIGNED

I AM FILING A MAY 19 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  
6/6/06 (PRIMARY) 11/7/06  
 County & Local Committees, enter County in which Election is held  
JACKSON (general)

## 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** *Reported on ORGANIZATION Summary*

Schedule A: Cash Contributions total (Attach Schedule A) (\*also see in-kind below) .....\$ 100.00

Schedule F: Loans Received total (Attach Schedule F) .....\$ 4387.00 (SINCE ORG FIRST REPORT)

Schedule H: Total Sales of Campaign Property (Attach Schedule H) .....\$ 0

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL .....\$ 5,487.00

**SUBTRACT TOTAL MONEY SPENT THIS PERIOD**

Schedule B: Expenditures total (Attach Schedule B) (\*\*also see debts and loans below) .....\$ 1,771.35

Schedule F: Loan Repayments total (Attach Schedule F) .....\$ 0

**CASH ON HAND** at the end of this reporting period (if final report balance must be zero) (Attach DR-3) .....\$ 3,715.65

\*\*UNPAID BILLS (From Schedule D - Attach Schedule D) .....\$ 0

\*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E) .....\$ 300.00

\*\*OUTSTANDING LOANS (From Schedule F - Attach Schedule F) .....\$ 1,000.00

CONSULTANT BREAKDOWN (Schedule G Attached?) \_\_\_\_\_ YES X NO

**CANDIDATE COMMITTEES ONLY:**

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H) .....\$ 0

**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)  
**CITIZENS FOR LABOR**

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.

CAUTION: Section 68B.32A(6), Iowa Code, 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 FUNDS RAISE INCOME
4/9/06	ID# CK#	LEON + SUSAN SCHMIDT, P.O. BOX 514 PRESTON, IA, 52069		\$ 50.00	<input type="checkbox"/>
4/25/06	ID# CK#	Richard W. Farwell, 900 N. 4th St, Fulton, IL, 61252		50.00	<input type="checkbox"/>
4/25/06	ID# CK#	Chris Nissen 111 W. Platt St. Maquoketa Ia 52060		100.00	<input type="checkbox"/>
4/25/06	ID# CK#	Barbara Tabor, 5370 50th Ave, Baldwin Ia. 52207	mother	50.00	<input type="checkbox"/>
5/1/06	ID# CK#	JACK ROSENBERG 1000 N. ANGUS MAQUOKETA, IA, 52060		25.00	<input type="checkbox"/>
5/1/06	ID# CK#	CLAY K. ROMER 433 Thomas Ave, MAQUOKETA IA, 52060		50.00	<input type="checkbox"/>
5/1/06	ID# CK#	DENNISON TABOR 5370 50th Ave, BALDWIN, IA, 52207	FATHER	100.00	<input type="checkbox"/>
5/6/06	ID# CK#	TICKET SALES, FUNDRAISER, EAGLES CLUB, MAQUOKETA		1,947.00	<input type="checkbox"/>
5/6/06	ID# CK#	CAMPAIGN HATS, FUNDRAISER, EAGLES CLUB MAQUOKETA		135.00	<input type="checkbox"/>
5/6/06	ID# CK#	PIE AUCTION FUNDRAISER EAGLES CLUB, (PIES + MAQUOKETA MUSHROOMS)		1,720.00	<input type="checkbox"/>
SUB-TOTAL				\$ 4,027.00	
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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**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)  
**CITIZENS FOR TABOR**

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
4/14/06	ID# CK#	IMPACT SALES INC. 818 DOLOS ROAD SE CEDAR RAPIDS, IA, 52403	BUMPER STICKERS, ROLL LABELS	\$717.98
4/22/06	ID# CK#	MAQUOKETA Sentinel- Press 108 West Quarry, MAQUOKETA IA, 52060	Newspaper ads	146.00
4/25/06	ID# CK#	Shopper Stopper 108 N. MAIN ST. MAQUOKETA IA, 52060	Newspaper ads	45.90
5/8/06	ID# CK#	Donalhue 11205 Helber Road Logan, Ohio, 43138	Yard signs	286.95
5/8/06	ID# CK#	Eagles Ladies Auxiliary, P.O. BOX 1222, MAQUOKETA, IA, 52060	Rent of Hall, catering for Fundraiser	275.00
5/8/06	ID# CK#	Shopper Stopper 108 N. Main St. MAQUOKETA IA, 52060	Thank you Ad	25.50
5/8/06	ID# CK#	MAQUOKETA SENTINEL- PRESS 108 West Quarry, MAQUOKETA IA, 52060	THANK YOU Ad	47.40
5/9/06	ID# CK#	Bellevue Pro Shop 111 State St. Bellevue, Ia, 52031	CAMPAIGN HATS	226.62
SUB-TOTAL				\$1771.35
TOTAL (if last page of this schedule)				\$1771.35

**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).)

FOR INSTRUCTIONS, SEE BACK OF FORM

SCHEDULE <b>E</b> (Rev. 06/97)	IN-KIND CONTRIBUTIONS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)  
**CITIZENS FOR TABOR**

Reset 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
5/6/06	MISSY DOSTAL RR MAQUOKETA IA, 52060		FOUR PIES	\$ 40.00	<input checked="" type="checkbox"/>
5/6/06	HOLLY ROMER 433 Thomas Ave. MAQUOKETA IA 52060		FOUR PIES	40.00	<input checked="" type="checkbox"/>
5/6/06	SUE MAYBERRY 117 SOUTH 2nd ST. MAQUOKETA IA, 52060		TWO PIES	20.00	<input checked="" type="checkbox"/>
5/6/06	MEGAN TABOR 911 COUNTRY CLUB DR. MAQUOKETA IA, 52060	DAUGHTER	FOUR PIES	40.00	<input checked="" type="checkbox"/>
5/6/06	PATRICIA BURRIS 404 Thomas Ave. MAQUOKETA IA, 52060		ONE PIE	10.00	<input checked="" type="checkbox"/>
5/6/06	DEE TABOR 7876 32nd Ave. BALDWIN IA, 52207	SISTER-IN-LAW	TWO PIES	20.00	<input checked="" type="checkbox"/>
5/6/06	RUSS KETTMAN MAQUOKETA IA, 52060		THREE GALLONS MUSHROOMS	60.00	<input checked="" type="checkbox"/>
5/6/06	Regina Sagers 806 Country Club Dr. MAQUOKETA IA, 52060		ONE PIE	10.00	<input checked="" type="checkbox"/>
5/6/06	SUE CLARK 308 S. Niagara MAQUOKETA IA, 52060		ONE PIE	10.00	<input checked="" type="checkbox"/>
5/6/06	JIM MAYBERRY 117 South 2nd St. MAQUOKETA IA, 52060		ONE GALLON MUSHROOMS	20.00	<input checked="" type="checkbox"/>
SUB-TOTAL				\$	270.00
TOTAL (if last page of this schedule)				\$	

\*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.

FOR INSTRUCTIONS, SEE BACK OF FORM

SCHEDULE <b>E</b> (Rev. 06/97)	IN-KIND CONTRIBUTIONS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)  
**CITIZENS FOR TABOR**

Reset 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
5/6/06	RANDY MANNING 24633 81st MAQUOKETA, Iowa 52060		ONE GALLON MUSHROOMS	\$ 20.00	<input checked="" type="checkbox"/>
5/6/06	TOM + DEE Schueller 503 W. Platt St. MAQUOKETA, Ia, 52060		TWO Bottles WINE (DOOR PRIZES)	10.00	<input checked="" type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
SUB-TOTAL				\$ 30.00	
TOTAL (if last page of this schedule)				\$ 300.00	

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

CITIZENS FOR TAVOR

(Rev. 07/03)

LOANS RECEIVED & REPAYED

CHECK THIS BOX AMENDING FORM

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.)

**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
4/6/06	MAQUOKETA STATE BANK 203 North Main MAQUOKETA, Ia. 52060	The CANDIDATE	\$ 1,000.00

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

TOTAL (PART I) \$ 1,000.00

TOTAL CASH REPAYMENTS (PART II) \$ \_\_\_\_\_

From Schedule E -- TOTAL LOANS FORGIVEN \$ \_\_\_\_\_

TOTAL OUTSTANDING LOANS END OF REPORT PERIOD \$ \_\_\_\_\_

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**THIS FORM IS USED BY CANDIDATES' COMMITTEES ONLY**

**H**  
(Rev. 07/03) CAMPAIGN PROPERTY REPORT

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

Reset Form

ATTACH SCHEDULE EACH REPORT, MAKE CHANGES AS REQUIRED

CHECK THIS BOX IF AMENDING FORM

CITIZENS FOR TABOR

**PART I - ONGOING INVENTORY OF CAMPAIGN PROPERTY**

**PART II - SALES OR TRANSFERS OF CAMPAIGN PROPERTY \*\***

Date Purchased (Schedule B) or Date Received (Schedule E) (MM/DD/YR)	Description of Property	Purchase Price or Est. Value When Acquired*	Current Value at Fair Market This Report

Date (MM/DD/YR)	Name and Address of Purchaser/Donee	Description of Property	Sold? Y/N	Sale Price

TOTAL VALUE CAMPAIGN PROPERTY (TRANSFER TO SUMMARY PAGE) \$ 0

\*\* PROPERTY SALES & TRANSFERS TC (TRANSFER TO SUMMARY PAGE) \$ 0 TOTALS \$ 0 \$   

\* If estimated, show *est.* beside figure.

(Attach Additional Schedules if Needed)

Page 1 of 1 (For Schedule H)