

**FILED**

**DISCLOSURE SUMMARY PAGE**

<b>FORM DR-2</b> (Rev. 01/98)	<b>DISCLOSURE REPORT</b>
<b>For Office Use Only</b>	
Comm. # _____	_____
Indexed _____	_____
Audited _____	_____
Computer _____	_____

**COMMITTEE NAME** (Must be same as on Statement of Organization) *Coral M. Carlson for Supervisor*

**IMPORTANT:** Indicate type of committee you are reporting for:  4

( 1 ) Statewide/Legislative Candidate ( 2 ) Statewide PAC ( 3 ) State Party ( 4 ) County/Local Candidate  
 ( 5 ) County PAC ( 6 ) Ballot Issue/Franchise Committee ( 7 ) County/City Central Committee  
 ( 8 ) Support State of Candidates

*Katherine O'Brien* *Coral M. Carlson* (641) 472-5054 *July 16 2002*  
 SIGNATURE OF TREASURER (or person filing this report) TELEPHONE DATE SIGNED

**Routine Penalties Due For Late Filed Reports Range from \$20 to \$800**

**SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE:**

I AM FILING A July 19 REPORT FOR AN/A (1) ELECTION / (2) NON-ELECTION YEAR.  
 (report date) Indicate one  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 Notice of Dissolution is filed.)

Local Committees, enter Date of Election \_\_\_\_\_

County & Local Committees, enter County in which Election is held 6/4 Primary 11/5/02 General

**STATEMENT OF CASH ON HAND**

**CASH ON HAND** at the beginning of the reporting period. (This is the total of all monies 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) ..... 698.00

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.....\$** \$ 698.00

**SUBTRACT TOTAL MONEY SPENT THIS PERIOD**

Schedule B: Expenditures total (Attach Schedule B) ..... 556.19

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) .....\$ 141.82

**UNPAID BILLS** (From Schedule D - Attach Schedule D) .....\$ 344.50

**IN KIND CONTRIBUTIONS** (From Schedule E - Attach Schedule E) .....\$ 203.71

**OUTSTANDING LOANS** (From Schedule F - Attach Schedule F) .....\$ \_\_\_\_\_

**CANDIDATE COMMITTEES ONLY:**

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

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

For Instructions, See Back of Form

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

SCHEDULE <b>A</b> (Rev. 06/97)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**FILED**  
JUL 10 2002  
IOWA STATE AUDITOR

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

*Carol M. Carlson For Supervisor*

SCOTT FENEKER  
COUNTY AUDITOR

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 FOR FUND-RAISER INCOME
1/25/02	ID# CK#	Carol M. Carlson 1102 S. Main Fairfield, IA 52556	Self	\$ 100	
2/04/02	ID# CK#	Bob Glocke 408 N. D Fairfield, IA 52556	—	\$ 50	
3/04/02	ID# CK#	Elise Argrin 200 W. Madison Fairfield, IA 52556	—	\$ 108	
5/10/02	ID# CK#	James Rubis 1222 S. Main Fairfield, IA 52556	—	\$ 20	
5/21/02	ID# CK#	Carol M. Carlson	Self	\$ 250	
5/24/02	ID# CK#	Carol M. Carlson	Self	\$ 50	
6/07/02	ID# CK#	Faye Maris 9 Echo Drive Barrington, RI 02806	Friend	\$ 50	
6/07/02 + 6/26/02	ID# CK#	Darlene Uorkies 306 W. Harrison Fairfield, IA 52556	—	\$ 40	
7/02/02	ID# CK#	Judy Hoover 502 W. Main Lockridge, IA 52635	Friend	\$ 20	
7/02/02	ID# CK#	Susie Prisch 2835 239th Fairfield, IA 52556	Friend	\$ 10	

SUB-TOTAL

\$ 698

TOTAL (if last page of this schedule)

\$ 698

\* 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) (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

FILED

**EXPENDITURES – MONEY SPENT FROM COMMITTEE ACCOUNT**

SCHEDULE <b>B</b> (Rev. 09/97)	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)  
*Carol M. Carlson 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
4/29/02	ID# CK# 1016	KICK 96/1570 KMC0 575 S. Court Fairfield, Ia 52552	30 second radio ad - 4 times/day - 8 days	\$ 192.00
5/24/02	ID# CK#	KICK 96/1570 KMC0 575 Court Fairfield, Ia 52552	30 second radio ad - 4 x/day - 8 days	192.00
5/23/02	ID# CK#	Fairfield Ledger	Ads 5/24, 5/28, 5/31, 6/3	148.36
6/4/02	ID# CK#	Fairfield Ledger	Ad - Thank you 6/5	23.82
	ID# CK#			

SUB-TOTAL \$ 556.18  
TOTAL (if last page of this schedule) \$ 556.18

**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 detailed 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 58.6(3)(1).)

SCHEDULE <b>D</b> (Rev. 08/98)	INCURRED INDEBTEDNESS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)  
*Carol M. Carlson for Supervisor*

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

REVENUE  
AUDITOR

**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*
6/28/02	Ottumwa Printing, Inc 105 S. Birch Ottumwa, Ia 52501	5,000 Tri-fold Brochures - printed	\$ 344.50
SUB-TOTAL			\$ 344.50
TOTAL DEBTS OWED BY COMMITTEE AT THE END OF THIS REPORTING PERIOD			\$ 344.50

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

**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.

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)  
*Carol M. Carlson For Super USOR*

ROBERT BENEKE  
 COUNTY AUDITOR

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
5/12/02	Eidean G. Carlson 1102 S main Fairfield, IA 52552	Husband	Steel posts for signs	\$ 3.71	
Thru 7/14/02	Carlson Upholstery 1102 S main Fairfield, IA 52552	Self	Use of Computer 20 hrs @ \$10	\$ 200	

SUB-TOTAL \$ 203.71

TOTAL (if last page of this schedule) \$ 203.71

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(for Schedule E)