

Johnson

FOR INSTRUCTIONS, SEE BACK OF FORM

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DISCLOSURE SUMMARY PAGE

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

Maybanks for County Attorney

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 PAC (9) City PAC (10) School Board or Other Political
 Subdivision PAC (11) Local Ballot Issue

CANDIDATE COMMITTEES ONLY:

Candidate Name: Nicholas 'Nick' G. Maybanks Political Party (if applicable): Democrat

Office Sought: Johnson County Attorney District (if Senate or House):

FORM DR-2
(Rev. 12/2005)

DISCLOSURE REPORT

For Office Use Only

Comm # _____
 Logged In _____
 Scanned _____
 Computer _____
 Audited _____

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

RECEIVED
FAX
JUL 19 2006

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.

Seeberger
SIGNATURE OF PERSON FILING REPORT

319 354-1542
TELEPHONE

7-19-06
DATE SIGNED

I AM FILING A 07-19-06 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
June 6, 2006 primary

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

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.)	\$ 3,322.73
ADD TOTAL MONEY TAKEN IN THIS PERIOD	
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)	3,025.00
Schedule F: Loans Received total (Attach Schedule F)	0.00
Schedule H: Total Sales of Campaign Property (Attach Schedule H)	0.00
<u>(Schedule H applies to Candidates' Committees Only)</u>	
SUB-TOTAL	\$ 6,347.73
SUBTRACT TOTAL MONEY SPENT THIS PERIOD	
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)	5,447.86
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)	\$ 899.87
*UNPAID BILLS (From Schedule D - Attach Schedule D)	\$ _____
*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)	\$ 500.00
**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 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)
 Maybanks for County Attorney

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
06-01-06	ID# CK#	Holly Gingerrich Briar Dr Iowa City, Iowa 52240		\$100.00	<input type="checkbox"/>
06-01-06	ID# CK#	David Goldman 100 Court Ave #403 Iowa City, Iowa		100.00	<input type="checkbox"/>
06-01-06	ID# CK#	Joe Renzo 100 Court Ave #403 Iowa City, Iowa		100.00	<input type="checkbox"/>
05-31-06	ID# CK#	Dennis Kowalski 1932 Hafor Dr, Iowa City, Iowa 52246		35.00	<input type="checkbox"/>
05-26-06	ID# CK#	Kenneth Washburn PO Box 8531, Cedar Rapids, Iowa		25.00	<input type="checkbox"/>
06-01-06	ID# CK#	Gert MacQueen 454 Lexington Ave, Iowa City, IA 52246		100.00	<input type="checkbox"/>
06-01-06	ID# CK#	Michael Patton 415 5th Street, Coralville, Iowa 52241		100.00	<input type="checkbox"/>
06-01-06	ID# CK#	Catherine Johnson 242 Ferson, Iowa City, Iowa 52246		50.00	<input type="checkbox"/>
06-01-06	ID# CK#	Carol deProsse 5281 Wapsi Ave SE, Lone Tree, Iowa 52755		150.00	<input type="checkbox"/>
05-26-06	ID# CK#	Alsion MacDonald, 2520 Sugar Bottom Rd Solon, Iowa 52333		1000.00	<input type="checkbox"/>
SUB-TOTAL				\$ 1760	
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

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
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CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)
Maybanks for County Attorney

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05-30-06	ID# CK#	Karen Thinnes 286 Thunderbird Rd SE, Cedar Rapids, IA 52403		\$75.00	<input type="checkbox"/>
05-25-06	ID# CK#	Robert Oppliger 1928 Delwood Dr, IC, IA 52240		25.00	<input type="checkbox"/>
05-24-06	ID# CK#	Jason Besler 935 Westwood Dr NW, CR, IA 52405		50.00	<input type="checkbox"/>
05-24-06	ID# CK#	Harold Denton PO Box 74002, Cr, IA 52407		200.00	<input type="checkbox"/>
05-26-06	ID# CK#	Lynn Opp 1940 5th Ave SE, CR, IA 52403		100.00	<input type="checkbox"/>
05-24-06	ID# CK#	Victory Peterson 1525 Bever Ave SE, CR, IA 52403		50.00	<input type="checkbox"/>
05-29-06	ID# CK#	Jim Glasgow Dubuque Street N, Iowa City, Iowa		200.00	<input type="checkbox"/>
05-24-06	ID# CK#	Russell Keast Palo, Iowa		40.00	<input type="checkbox"/>
05-23-06	ID# CK#	Brian Clane 1915 Greentree CT NW, CR, IA 52405		100.00	<input type="checkbox"/>
05-22-06	ID# CK#	Christoper Voci 1815 Morningside DR, IC, IA 52245		125.00	<input type="checkbox"/>
SUB-TOTAL				\$ 965	
TOTAL (if last page of this schedule)				\$	

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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)
Maybanks for County Attorney

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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
05-19-06	ID# CK#	James Thomas 102 North Ford St, Anamosa, Iowa 52205		\$100.00	<input type="checkbox"/>
5-31-06	ID# CK#	Nick Maybanks Coralville, IA 52241	self	200.00	<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

\$ 300

TOTAL (if last page of this schedule)

\$ 3025

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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)

Maybanks for County Attorney

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
05-22-06	ID# CK# 1035	Gazette News Old Capital Mall, IC, IA	Newspaper ads	\$ 628.20
05-24-06	ID# CK# 1036	United States Post Office Coralville, Iowa	postage	39.00
05-24-06	ID# CK# 1037	Carter Printing 1739 E Grnad Ave Des Moines, Iowa 50316	postcards & mailing service	490.78
05-27-06	ID# CK# 1038	Carter Printing 1739 E Grnad Ave Des Moines, Iowa 50316	postcards and brochures	393.36
05-30-06	ID# CK# 1039	United States Post Office Iowa City, Iowa	bulk mailing of postcards	989.77
05-30-06	ID# CK# 1040	Iowa City Press Citizen N. Dodge Street Iowa City, Iowa	newspaper ads	1288.05
06-01-06	ID# CK# 1041	Iowa City Press Citizen N. Dodge Street Iowa City, Iowa	newspaper ads	1099.56
06-02-06	ID# CK# 1042	Iowa City Press Citizen N. Dodge Street Iowa City, Iowa	newspaper ads	219.91
SUB-TOTAL				\$ 5148.63
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

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)

Maybanks for County Attorney

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
06-05-06	ID# CK# 1043	Nick Maybanks, Coralville, IA to reimburse for Copyworks, 309 2nd Street, Coralville, IA	Copies	\$ 141.75
06-06-06	ID# CK# 1044	Office Depo, 445 Hwy 6 E Iowa City, Iowa 52240	Ink cartridges	92.38
06-10-06	ID# CK# 1045	Nick Maybanks, Coralville, IA to reimburse for Copyworks, 309 2nd Street, Coralville, IA	copies	65.10
	ID# CK#			

SUB-TOTAL \$ 299.23

TOTAL (if last page of this schedule) \$ 547.86

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

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

Maybanks for County Attorney

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SCHEDULE E (Rev. 06/97)	IN-KIND CONTRIBUTIONS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING 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
2006	Mary Blackwood Iowa City, Iowa 52246		web maintenance & ad design	\$ 500.00	<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"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

SUB-TOTAL \$ 500

TOTAL (if last page of this schedule) \$ 500

*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.