

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

Reset Form

Johnson

| | |
|--|--------------------------|
| 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. 12 th St. 1A Des Moines, Iowa 50319 Fax: 515-281-3701 | |

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

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 Larry J. Meyers | Political Party (if applicable) Democratic |
| Office Sought Johnson County Supervisor | District (if Senate or House) |

IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD
JUL 17 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

Larry J. Meyers
 SIGNATURE OF PERSON FILING REPORT

319-354-5407
 TELEPHONE

7-17-06
 DATE SIGNED

I AM FILING A July 19, 2006 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
Nov. 2006
 County & Local Committees, enter County in which Election is held
JOHNSON COUNTY, IA

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>792.40</u> |
| ADD TOTAL MONEY TAKEN IN THIS PERIOD | | |
| Schedule A: Cash Contributions total (Attach Schedule A) (**also see in-kind below) | \$ | <u>2172.50</u> |
| Schedule F: Loans Received total (Attach Schedule F) | \$ | <u>2400.00</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>4432.56</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>932.34</u> |

| | | |
|--|----|----------------|
| UNPAID BILLS (From Schedule D - Attach Schedule D) | \$ | _____ |
| IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E) | \$ | <u>3275.00</u> |
| OUTSTANDING LOANS (From Schedule F - Attach Schedule F) | \$ | <u>2400.00</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 |
|--------------------------------------|----------------------|

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

CHECK THIS BOX IF AMENDING FORM

COMMITTEE NAME (Must be same as on Statement of Organization)
Meyers 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 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 (MMDD/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 |
|-------------------------|--|---|--|-----------------|-------------------------------------|
| 05-16-06 | ID# CK# | Ray Gordon, 2240 Sugar Bottom Rd. NE, Solon, IA 52333 | | \$20 | <input type="checkbox"/> |
| 05-16-06 | ID# CK# | Kelly Putman, PO Box 1380, Iowa City, IA 52244 | | 50 | <input type="checkbox"/> |
| 05-16-06 | ID# CK# | Edith Merryman, 2760 Newport Rd. NE, Iowa City, IA 52240 | | 500 | <input type="checkbox"/> |
| 05-16-06 | ID# CK# | Cash from fund raised | | 30 | <input checked="" type="checkbox"/> |
| 05-16-06 | ID# CK# | Pat Foster, 1020 Keokuk St., Iowa city, IA 52240 | | 25 | <input type="checkbox"/> |
| 05-16-06 | ID# CK# | Thomas Clingeman, 3889 Spring St. NE, Solon, IA 52333 | | 100 | <input type="checkbox"/> |
| 05-16-06 | ID# CK# | Geralyn Zuercher, 3055 Prairie du Chien Rd, Iowa city, IA 52240 | | 100 | <input type="checkbox"/> |
| 05-16-06 | ID# CK# | Marcia Gaffney, 2147 Chael Dr., Solon, IA 52333 | | 25 | <input type="checkbox"/> |
| 05-16-06 | ID# CK# | Peter Schoderchek, 4274 Red Maple Trail NE, Iowa City, IA 52240 | | 25 | <input type="checkbox"/> |
| 05-16-06 | ID# CK# | Art Tellin, 2303 Sugar Bottom Rd. NE, Solon, IA 52333 | | 25 | <input type="checkbox"/> |

SUB-TOTAL

\$ 900

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 |
| <input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM | |

CONTRIBUTIONS -- MONEY TAKEN IN

(Including cand/date's personal funds)

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

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| DATE RECEIVED (MM/DD/YYR) | 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 |
|---------------------------|--|--|--|-----------------|-------------------------------------|
| 05-16-06 | ID# CK# | Fred Mally, 2769 170th St., Solon, IA 52333 | | \$25 | <input type="checkbox"/> |
| 05-16-06 | ID# CK# | Cash From Fund Raiser | | 25 | <input checked="" type="checkbox"/> |
| 05-24-06 | ID# CK# | Jeris Kaalberg, 3003 Newport Rd. NE, Iowa City, IA 52240 | | 25 | <input type="checkbox"/> |
| 05-24-06 | ID# CK# | Jerry Linderbaum, PO Box 104, Solon, IA 52333 | | 25 | <input type="checkbox"/> |
| 05-24-06 | ID# CK# | Michael Apicella, 2646 Johnsons Crossing, Solon, IA 52333 | | 50 | <input type="checkbox"/> |
| 05-24-06 | ID# CK# | Peter Wallace, 3017 Westberry Dr. NE, Iowa City, IA 52240 | | 50 | <input type="checkbox"/> |
| 05-24-06 | ID# CK# | Bob Braverman, 2380 Willowbrook Lane, Iowa City, IA 52246 | | 40 | <input type="checkbox"/> |
| 05-30-06 | ID# CK# | Vincent Williams, 4333 Pine Ridge Trail, Iowa City, IA 52240 | | 25 | <input type="checkbox"/> |
| 05-30-06 | ID# CK# | Cornelia Mutel, 2345 Sugar Bottom Rd. NE, solon, IA 52333 | | 50 | <input type="checkbox"/> |
| 05-30-06 | ID# CK# | Lori Lindner, 513 S. Dubuque St., Solon, IA 52333 | | 100 | <input type="checkbox"/> |

SUB-TOTAL

\$ 415-

\$

TOTAL (if last page of this schedule)

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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)
Meyers 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/YYR) | 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 |
|---------------------------|--|--|--|-----------------|-------------------------------------|
| 05-30-06 | ID# CK# | Cash From Fund Raiser | | \$27.50 | <input checked="" type="checkbox"/> |
| 06-07-06 | ID# CK# | Robert Haman, 2695 Sugar Bottom Rd., Iowa City, IA 52240 | | 5 | <input type="checkbox"/> |
| 06-07-06 | ID# CK# | Cash From Fund Raiser | | 60 | <input checked="" type="checkbox"/> |
| 06-07-06 | ID# CK# | Theodore Pacha, PO Box 1405, Iowa City, IA 52244 | | 50 | <input type="checkbox"/> |
| 06-07-06 | ID# CK# | Margaret Mauch, 1886 Brown Deer Rd., Coralville, IA, 52241 | | 50 | <input type="checkbox"/> |
| 06-07-06 | ID# CK# | Richard Gibson, 4280 Red Maple Trail, Iowa City, IA 52240 | | 100 | <input type="checkbox"/> |
| 06-07-06 | ID# CK# | Lola Lopcs, 2021 Laurence Ct., Iowa City, IA 52240 | | 25 | <input type="checkbox"/> |
| 06-07-06 | ID# CK# | David Triplett, 151 Hummingbird Lane, Iowa City, IA 52245 | | 50 | <input type="checkbox"/> |
| 06-07-06 | ID# CK# | Terry Tegen, 755 S. Gilbert St., Iowa City, IA 52240 | | 100 | <input type="checkbox"/> |
| 06-07-06 | ID# CK# | Dan Gable, 4343 Tree Farm Lane, Iowa City, IA 52240 | | 100 | <input type="checkbox"/> |

SUB-TOTAL

\$ 567.50

TOTAL (if last page of this schedule)

\$

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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)
Meyers 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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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 |
|--------------------------|--|---|--|-----------------|-----------------------------|
| 06-07-06 | ID# CK# | Henry Hall, 2761 Lakeview Dr., Solon, IA 52333 | | \$25 | <input type="checkbox"/> |
| 06-07-06 | ID# CK# | Wilbur Matthes Jr., 2995 Quincy Rd., Solon, IA 52333 | | 25 | <input type="checkbox"/> |
| 06-07-06 | ID# CK# | Alisa Meggitt, 3083 Newport Rd. NE, Iowa City, IA 52240 | | 20 | <input type="checkbox"/> |
| 07-05-06 | ID# CK# | Amy Spencer, 2945 Newport Rd. NE, Iowa City, IA 52240 | | 20 | <input type="checkbox"/> |
| 07-05-06 | ID# CK# | David Dierks, 4303 Oak Ridge Trail, Iowa City, IA 52240 | | 100 | <input type="checkbox"/> |
| 07-05-06 | ID# CK# | Judith Davenport, 2608 Quincy Rd., solon, IA 52333 | | 50 | <input type="checkbox"/> |
| 07-05-06 | ID# CK# | Michael Apicella, 2646 Johnsons Crossing, Solon, IA 52333 | | 50 | <input type="checkbox"/> |
| | ID# CK# | | | | <input type="checkbox"/> |
| | ID# CK# | | | | <input type="checkbox"/> |
| | ID# CK# | | | | <input type="checkbox"/> |

SUB-TOTAL

\$ 290
\$ 2172.50

TOTAL (if last page of this schedule)

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FOR INSTRUCTIONS, SEE BACK OF FORM

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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)
Meyers 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 |
|---------------------------------------|--|--|---|-----------------|
| 05-15-06 | ID# CK# | Postmaster | postage for mass mailing | \$ 251.08 |
| 05-15-06 | ID# CK# | Larry Meyers | reimburse for office supplies and postage | 44.89 |
| 05-16-06 | ID# CK# | Gary Gnade | reimburse for printing | 523.00 |
| 05-24-06 | ID# CK# | OnMedia | advertising | 821.00 |
| 05-25-06 | ID# CK# | Press Citizen | advertising | 783.81 |
| 05-31-06 | ID# CK# | OnMedia | advertising | 276.40 |
| 05-31-06 | ID# CK# | Press Citizen | advertising | 988.60 |
| 05-31-06 | ID# CK# | Daily Iowan | advertising | 312.84 |
| SUB-TOTAL | | | | \$ 4,001.62 |
| 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)(j).)

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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)
Meyers 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 |
|---------------------------------------|--|--|--------------------------------|-----------------|
| 06-02-06 | ID# CK# | Hollywood Graphics | Printing | \$ 162.75 |
| 06-06-06 | ID# CK# | Zephyr Copies | Printing | 144.27 |
| 07-10-06 | ID# CK# | Zephyr Copies | Printing | 24.15 |
| 07-11-06 | ID# CK# | Technigraphics, Inc. | Printing | 99.77 |
| | ID# CK# | | | |
| SUB-TOTAL | | | | \$ 430.94 |
| TOTAL (if last page of this schedule) | | | | \$ 432.56 |

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)

Meyers For Supervisor

Reset Form

| | |
|---|--------------------------|
| 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 |
|---------------------------------------|--|---|-------------------------------------|-----------------------------|-------------------------------------|
| 05-27-06 | Jim Glasgow, 3274 Dubuque St. NE, Iowa City, IA 52240 | | Campaign Event | \$ 2,000.00 | <input checked="" type="checkbox"/> |
| 05 31 06 | Kirk and Mary Ferentz, 2886 Saddle Club Rd., Iowa City, IA 52240 | | Campaign Event | 1,000.00 | <input checked="" type="checkbox"/> |
| 06-02-06 | Amy Spencer, 2945 Newport Rd. NE, Iowa City, IA 52240 | | Photography | 275.00 | <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"/> |
| SUB-TOTAL | | | | \$ | |
| TOTAL (if last page of this schedule) | | | | \$ | 3275.00 |

*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

Reset Form

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

COMMITTEE NAME (Must be same as on Statement of Organization)
Meyers 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 \$ 0

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 |
|--------------------------|---|---|----------------|
| 05-30-06 | Larry J. Meyers, 2659 Newport Rd. NE, Solon, IA 52333 | self | \$ 400 |
| 06-02-06 | Jim Glasgow, 3274 dubuque St. NE, Iowa City, IA 52240 | | 2000 |
| | | | |
| | | | |

TOTAL (PART I) \$ 2,400.00

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 REPAID |
|----------------------|---|--|---------------|
| | | | \$ |
| | | | |
| | | | |
| | | | |

TOTAL CASH REPAYMENTS (PART II) \$ 0

From Schedule E - TOTAL LOANS FORGIVEN \$ 0

TOTAL OUTSTANDING LOANS END OF REPORT PERIOD \$ 2,400.00

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(for Schedule F)

07/17/2006 13:34 3193386107 METRO PLUMBING PAGE 03