

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

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|---|--------------------------|
| 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 , Ste. 1A Des Moines, Iowa 50319 Fax: 515-281-3701 | |

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

Lmy L Pacey for Jones Co. Treasurer

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

Lmy L Pacey

Office Sought

County Treasurer

IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD

OCT 18 2006

FILED

Political Party (if applicable)

Republican

District (if Senate or House)

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code section 88B.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.

Wm R W Jtd

SIGNATURE OF PERSON FILING REPORT

319-465-4257

TELEPHONE

DATE SIGNED

I AM FILING A _____ 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 <u>Nov 7 2006</u> |
| County & Local Committees, enter County in which Election is held <u>Jones</u> |

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.) \$ 350.00

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)..... \$ 395.00

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 \$ 745.00

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)..... \$ 710.00

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)..... \$ 35.00

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

**IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)..... \$ 100.19

**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)..... \$ 0

CONSULTANT BREAKDOWN (Schedule G Attached?)

YES X NO

CANDIDATE COMMITTEES ONLY:

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

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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)
Amy L Pizny for Jones Co Treasurer

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 |
|--------------------------|--|---|--|-----------------|-----------------------------|
| 9/18/06 | ID# CK# | Nels + Jennifer Petersen 21973 150th Ave Monticello, Ia 52310 | | \$10.00 | <input type="checkbox"/> |
| 9/18/06 | ID# CK# | Amy L Pizny 322 n. Maple Monticello Ia 52310 | Self | 350.00 | <input type="checkbox"/> |
| 8/15 | ID# CK# | Mury + Diane Dugger 2516 S. Elkhart St Aurora, CO 80014 | aunt + uncle | 35.00 | <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

\$ 395.00

TOTAL (If last page of this schedule)

\$ 395.00

* 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 (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)
Amy L Picray for Jones Co Treasurer

| 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 |
|---------------------------------------|--|---|--------------------------------|-----------------|
| 7/27/2006 | ID# CK# | Cotton Gallery 799 44 th St Marion, Ia 52302 | Amy Picray T-Shirts | \$ 324.48 |
| 9/11/2006 | ID# CK# | Cotton Gallery 799 44 th St Marion, Ia 52302 | Amy Picray T-Shirts | 52.50 |
| 9/18 | ID# CK# | Express Printing P.O. Box 191 Monticello Ia 52310 | Amy Picray Note Pads | 315.65 |
| 7/21 | ID# CK# | Citizens State Bank 117 West First St. Monticello Ia 52310-0577 | Bank Checks | 6.70 |
| 8/13 8/28 | ID# CK# | Citizens State Bank | Finance Charge | 5.35 |
| 10/12 | ID# CK# | Citizens State Bank | Finance Charge | 5.35 |
| | ID# CK# | | | |
| | ID# CK# | | | |
| SUB-TOTAL | | | | \$ 710.00 |
| 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)(f).)

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COMMITTEE NAME (Must be same as on Statement of Organization)
Amy L Picray For Jones Co. Treasurer

| | |
|--|--------------------------|
| 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 |
|--------------------------|--|---|-------------------------------------|-----------------------------|-----------------------------------|
| 8/4/06 | Amy L Picray 322 A. Maple Monticello, Ia 52310 | Self | Candy water muffins | \$ 45.37 | <input type="checkbox"/> |
| 7/25/06 | Amy L Picray 322 N. Maple Monticello, Ia 52310 | Self | Note Pads | 327.25 347.25 | <input type="checkbox"/> |
| 10/7/2006 | Amy L Picray 322 N. Maple Monticello, Ia 52310 | Self | Water | 7.07 | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> |
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| | | | | | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> |

SUB-TOTAL \$ 400.19
 TOTAL (if last page of this schedule) \$ 400.19

*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.