File with:
Iowa Ethics and Campaign Disclosure Board
510 E. 12th, Ste. 1A
Des Moines, Iowa 50319
Fax: 515-281-4073

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

Effective January 1, 2010, all statements and reports filed by new committees for state office must be filed electronically and effective January 1, 2012, all statements and reports filed by all committees for state office must be filed electronically.
Effective May 1, 2010, all statements and reports for State PACs and State Parties must be filed electronically.

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2010 JUL 20 PM 7-16-10 AM 8:38

Reset Form

COMMITTEE NAME *(Must be same as on Statement of Organization)*
Jones County Democratic Central Committee

IMPORTANT: Indicate by # type of committee you are reporting for: 4
(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 _____ Political Party (if applicable) _____
Office Sought _____ District (if Senate or House) _____

FORM DR-2 (Rev. 12/2009) DISCLOSURE REPORT

For Office Use Only
Comm. # 9107
Logged In MVW
Scanned
Computer
Audited

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), 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.

SIGNATURE OF PERSON FILING REPORT	TELEPHONE	DATE SIGNED
[signature]	319-462-3507	7-16-10

I AM FILING A 5-15-10 to 7-16-10 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 _____
County & Local Committees, enter County in which Election is held _____

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.) $	203.80
ADD TOTAL MONEY TAKEN IN THIS PERIOD	
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)	—
Schedule F: Loans Received total (Attach Scheduie F)	—
Schedule H: Total Sales of Campaign Property (Attach Schedule H)	—
(Schedule H applies to Candidates' Committees Only)	
SUB-TOTAL $	203.80
SUBTRACT TOTAL MONEY SPENT THIS PERIOD	
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)	15.00
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) $	188.80

****UNPAID BILLS** (From Schedule D - Attach Schedule D) $	
***IN KIND CONTRIBUTIONS** (From Schedule E - Attach Schedule E) $	
****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

Reset Form

SCHEDULE **B** (Rev. 07/03)	MONETARY EXPENDITURES
☐ CHECK THIS BOX IF AMENDING FORM	

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.

COMMITTEE NAME *(Must be same as on Statement of Organization)*
Jones County Democratic Cent Comm.

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
May/ June	ID# CK#	F & M BK PO Box 588 Machester, Ia 52057	Monthly Bank Service Charges /2 Months	$ 15 00
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
			SUB-TOTAL	$
			TOTAL ***(if last page of this schedule)***	$ 15 00

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 Schedule B)