

Reset Form

DISCLOSURE SUMMARY PAGE

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) **RECEIVED**
Citizens for Abolins **APR - 6 2007**

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 Dan Abolins	Political Party (if applicable) Republican
Office Sought County Auditor	District (if Senate or House)

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.

Jim Conklin

SIGNATURE OF PERSON FILING REPORT _____ TELEPHONE _____ DATE SIGNED _____

I AM FILING A 5/15/2007 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>2/13/2007</u>
County & Local Committees, enter County in which Election is held <u>Linn</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.)	\$	408.16
ADD TOTAL MONEY TAKEN IN THIS PERIOD		
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)		980.00
Schedule F: Loans Received total (Attach Schedule F)		90.18
Schedule H: Total Sales of Campaign Property (Attach Schedule H)		
(Schedule H applies to Candidates' Committees Only)		
SUB-TOTAL	\$	1,478.34
SUBTRACT TOTAL MONEY SPENT THIS PERIOD		
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)		1,478.34
Schedule F: Loan Repayments total (Attach Schedule F)		600.00
CASH ON HAND at the end of this reporting period (if final report balance must be zero) (Attach DR-3)	\$	0.00
**UNPAID BILLS (From Schedule D - Attach Schedule D)	\$	0.00
*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)	\$	67.89
**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)	\$	0.00
CONSULTANT BREAKDOWN (Schedule G Attached?)		___ YES ___ NO
CANDIDATE COMMITTEES ONLY:		
VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)	\$	0.00

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)
Citizens for Abolins

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
2/9/2007	ID# CK# 2692	Brent C Oledon 730 Bermier Drive Marion, IA 52302		\$100.00	<input type="checkbox"/>
2/9/2007	ID# CK# 9734	Curt Hames 2904 Long Bluff Road NE Cedar Rapids, IA 52402		100.00	<input type="checkbox"/>
2/9/2007	ID# CK#	Sr. Charles Lawson 3355 River Point NE Cedar Rapids, IA 52411		30.00	<input type="checkbox"/>
2/9/2007	ID# CK# 22999	Republican Party of Iowa 621 E. 9th Street Des Moines, IA 50309		250.00	<input type="checkbox"/>
2/6/2007	ID# CK# 9118	Reinhold (Ray) Hoffmann 1902 Jackson Sioux City, IA 51104		250.00	<input type="checkbox"/>
2/6/2007	ID# CK# 9119	Reinhold (Ray) Hoffmann 1902 Jackson Sioux City, IA 5110		250.00	<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				\$ 980.00	
TOTAL (if last page of this schedule)				\$ 980.00	

* 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.

FOR INSTRUCTIONS, SEE BACK OF FORM

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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)
Citizens for Abolins

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
3/30/2007	ID# CK#	Farmers State Bank 1240 8th Avenue Marion, IA 52302-0569	Bank Fees	\$ 8.40
2/21/2007	ID# CK# 1019	Dan Abolins 630 Tellurid Trail Marion, IA 52302	Loan repayment	600.00
2/10	ID# CK# 1018	Copyworks 4837 1st Avenue SE Cedar Rapids, IA 52402	Copies	100.80
2/13/2007	ID# CK# 1016	AM & FM WMT 600-2 Old Marion Road NE Cedar Rapids, IA 52402	Advertising	480.00
2/13/2007	ID# CK# 1017	KMRY 1957 Blairs Ferry Road NE Cedar Rapids, IA 52402	Advertising	260.00
4/2/2007	ID# CK# Web	Linn County Republicans Republican 1120 2nd Avenue SE Cedar Rapids, IA 52403	Closing the account and covers a sustaining membership.	29.14
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$ 1478.34
TOTAL (if last page of this schedule)				\$ 1478.34

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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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)
Citizens for Abolins

NOTE: This schedule reports money loaned to the committee which is deposited in the committee account.

TOTAL UNPAID LOANS FROM LAST REPORTING PERIOD \$ 577.71

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
2/9/2007	Dan Abolins 630 Tellurid Trail Marion, IA 52302	Self	\$ 90.18

TOTAL (PART I) \$ 90.18

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
2/21/2007	Dan Abolins 630 Tellurid Trail Marion, IA 52302	Self	\$ 600.00

TOTAL CASH REPAYMENTS (PART II) \$ 600.00

From Schedule E -- TOTAL LOANS FORGIVEN \$ 67.89

TOTAL OUTSTANDING LOANS END OF REPORT PERIOD \$ 0.00

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