

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)
Moses for Supervisor

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
EDWARD MOSOS

Office Sought
County Supervisor

Political Party (if applicable) _____
District (if Senate or House) _____

IOWA ETHICS & CAMPAIGN
 DISCLOSURE BOARD
 OCT 17 2006
 FILED HD

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.

Edward Mosos
SIGNATURE OF PERSON FILING REPORT

TELEPHONE _____

DATE SIGNED _____

I AM FILING A October 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 _____

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.)	\$	<u>- 0 -</u>
ADD TOTAL MONEY TAKEN IN THIS PERIOD		
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)	\$	<u>480.00</u>
Schedule F: Loans Received total (Attach Schedule F)	\$	<u>500.00</u>
Schedule H: Total Sales of Campaign Property (Attach Schedule H)	\$	<u>- 0 -</u>
(Schedule H applies to Candidates' Committees Only)		
SUB-TOTAL	\$	<u>980.00</u>
SUBTRACT TOTAL MONEY SPENT THIS PERIOD		
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)	\$	<u>791.33</u>
Schedule F: Loan Repayments total (Attach Schedule F)	\$	<u>- 0 -</u>
CASH ON HAND at the end of this reporting period (if final report balance must be zero) (Attach DR-3)	\$	<u>188.67</u>
**UNPAID BILLS (From Schedule D - Attach Schedule D)	\$	<u>- 0 -</u>
*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)	\$	<u>193.18</u>
**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

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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

CAUTION: Section 68B.32A(6), Iowa Code, 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
9/28/06	ID# CK#	Heroy Winfield 1618 Newbold Drive KNOXVILLE IA 50138		\$ 50.00	
9/28/06	ID# CK#	Jeanie Winfield 1618 Newbold Drive Knoxville IA 50138		50.00	
9/28/06	ID# CK#	Larry Blodsoe 1475 175th Place Knoxville, IA 50138		50.00	
10/3/06	ID# CK#	Hugh Whitlatch 1523 Hwy G-76 KNOXVILLE, IA 50138		25.00	
10/9/06	ID# CK#	RAYMOND SIMS 902 W GORDON DRIVE KNOXVILLE, IA 50138		30.00	
10/10/06	ID# CK#	SUSAN DANIELS 412 PURVIS LANE AMES, IA 50010	Daughter	50.00	
10/10/06	ID# CK#	CHARLES WALTERS 814 S LINCOLN ST KNOXVILLE, IA 50138		100.00	
10/12/06	ID# CK#	BRENDA WILSON 965 RUTHLEDGE KNOXVILLE, IA 50138		100.00	
10/12/06	ID# CK#	JACK STERLING 701 WEST LARSON KNOXVILLE, IA 50138		25.00	
	ID# CK#				

SUB-TOTAL \$
TOTAL (if last page of this schedule) \$480.00

* 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.

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)
Moses 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
9/28/06	ID# CK#	IOWA STATE SAVINGS BANK 222 E ROBINSON KNOXVILLE, IA 50138	CHECKS	\$ 11.38
9/28/06	ID# CK# 0093	EXPRESS SIGNS 1401 DESMONT KNOXVILLE IA 50138	YARD SIGNS	200.00
10/04/06	ID# CK# 1001	Quality Printer 109 S 4th Street KNOXVILLE IA 50138	Business Cards	48.15
10/08/06	ID# CK# 1002	Express Signs 1401 DESMONT KNOXVILLE, IA 50138	YARD SIGNS	335.00
10/12/06	ID# CK# 1003	THE CHRONICLE 812 MAIN PELLA, IA 50219	Ads in the papers and advertiser	196.80
	ID# CK#			
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$
TOTAL (if last page of this schedule)				\$ 791.33

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).)

SCHEDULE E (Rev. 06/97)	IN KIND CONTRIBUTIONS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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

Moses For Supervisor

DATE RECEIVED (MM/DD/YY)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
10/02/06	EDWARD MOSES 1407 N. BROBST KNOXVILLE, IA 50138	SELF	64 MILES OF TRAVEL	\$ 19.84	
10/03/06	EDWARD MOSES 1407 N. BROBST KNOXVILLE, IA 50138	SELF	80 MILES OF TRAVEL	24.00	
10/07/06	ALAN FREEMAN 4180 MILLERS RIDGE ST CHARLES MO.	SON-IN-LAW	MAGNETIC DOOR SIGNS	40.00	
10/09/06	EDWARD MOSES 1407 N. BROBST KNOXVILLE, IA 50138	SELF	102 MILES OF TRAVEL	31.62	
10/10/06	EDWARD MOSES 1407 N. BROBST KNOXVILLE, IA 50138	SELF	39 miles OF TRAVEL	12.09	
10/11/06	EDWARD MOSES 1407 N. BROBST KNOXVILLE, IA 50138	SELF	69 miles of Travel	21.39	
10/12/06	EDWARD MOSES 1407 N. BROBST KNOXVILLE, IA 50138	SELF	46 miles of travel	14.26	
10/13/06	EDWARD MOSES 1407 N. BROBST KNOXVILLE, IA 50138	SELF	52 miles of travel	16.12	
10/14/06	EDWARD MOSES 1407 N. BROBST KNOXVILLE, IA 50138	SELF	42 miles of Travel	13.02	

SUB-TOTAL \$

TOTAL (if last page of this schedule) \$

19318

*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.

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)

Moses 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
9/28/06	HAZEL MOSES 1407 N BROBST KNOXVILLE IA 50138	Wife	\$ 500 ⁰⁰

TOTAL (PART I) \$ 500⁰⁰

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) \$ _____

From Schedule E -- TOTAL LOANS FORGIVEN \$ _____

TOTAL OUTSTANDING LOANS END OF REPORT PERIOD \$ _____

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