

Marshall

FOR INSTRUCTIONS, SEE BACK OF FORM

# DISCLOSURE SUMMARY PAGE

<b>FORM DR-2</b> (Rev. 01/98)	<b>DISCLOSURE REPORT</b>
<b>For Office Use Only</b>	
Comm. #	17457A
Indexed	
Audited	
Computer	

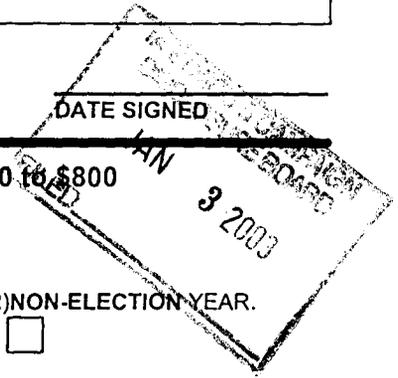
**COMMITTEE NAME** (Must be same as on Statement of Organization)  
Goecke for Supervisor

**IMPORTANT:** Indicate type of committee you are reporting for:

( 1 )Statewide/Legislative Candidate ( 2 )Statewide PAC ( 3 )State Party ( 4 )County/Local Candidate  
 ( 5 )County PAC ( 6 )Ballot Issue/Franchise Committee ( 7 )County/City Central Committee  
 ( 8 )Support State of Candidates

Quincy A. Goecke (641) 483-9915  
**SIGNATURE OF TREASURER** (or person filing this report) **TELEPHONE**

**DATE SIGNED**



Routine Penalties Due For Late Filed Reports Range from \$20 to \$800

**SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE:**

I AM FILING A 1-19-03 REPORT FOR AN/A (1) ELECTION //(2)NON-ELECTION YEAR.  
 (report date) Indicate one

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 Notice of Dissolution is filed.)

Local Committees, enter Date of Election <u>11-5-03</u>
County & Local Committees, enter County in which Election is held <u>Marshall</u>

## STATEMENT OF CASH ON HAND

**CASH ON HAND** at the beginning of the reporting period. (This is the total of all monies 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.) .....\$ 1527.08

**ADD TOTAL MONEY TAKEN IN THIS PERIOD**

Schedule A: Cash Contributions total (Attach Schedule A)..... 445.00

Schedule F: Loans Received total (Attach Schedule F)..... 0

Schedule H: Total Sales of Campaign Property (Attach Schedule H)..... 0

(Schedule H applies to Candidates' Committees Only)

**SUB-TOTAL.....\$** 1972.08

**SUBTRACT TOTAL MONEY SPENT THIS PERIOD**

Schedule B: Expenditures total (Attach Schedule B) ..... 1972.08

Schedule F: Loan Repayments total (Attach Schedule F) ..... 0

**CASH ON HAND** at the end of this reporting period (if final report, balance must be zero) (Attach DR-3) .....\$ 0

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

**IN KIND CONTRIBUTIONS** (From Schedule E - Attach Schedule E).....\$ 0

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

**CANDIDATE COMMITTEES ONLY:**

**CONSULTANT BREAKDOWN** (Schedule G Attached?) YES  NO

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

For Instructions, See Back of Form

SCHEDULE <b>A</b> (Rev. 06/97)	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)  
*Goecke 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
10-16-02	ID# CK# 16131	Royal F Young 1855 148th ST Union IA 50258	N/A	\$ 25 <sup>00</sup>	
10-16-02	ID# CK# 1269	James Benson 1843 235th ST State Center IA 50247	N/A	25 <sup>00</sup>	
10-17-02	ID# CK# 4631	unitemized Contribution	N/A	20 <sup>00</sup>	
10-19-02	ID# CK# 2733	Phyllis Mann 1608 Prairie Ave Marshalltown IA 50158	N/A	25 <sup>00</sup>	
10-19-02	ID# CK# 6420	Renee S Myers 1937 Knapp Ave Marshalltown IA 50158	N/A	50 <sup>00</sup>	
10-29-02	ID# CK# 2026	Helen I. Goecke 1639 200th St State Center IA 50247	Parent (mother)	50 <sup>00</sup>	
11-1-02	ID# CK# 1148	Diane Nelson 2080 Marshalltown BLVD Marshalltown IA 50158	N/A	250 <sup>00</sup>	
	ID# CK#				
	ID# CK#				
	ID# CK#				

SUB-TOTAL \$ 445<sup>00</sup>

TOTAL (if last page of this schedule) \$ 445<sup>00</sup>

\* 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) (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

**EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT**

SCHEDULE <b>B</b> (Rev. 09/97)	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)  
*Goecke for Supervisor*

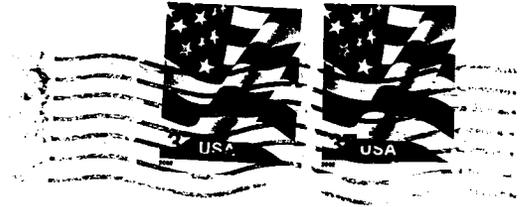
DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
10-22-02	ID# CK# 1009	<i>Times Republican Marshalltown, IA</i>	<i>News paper ads and cable TV</i>	<i>\$ 655.<sup>60</sup></i>
10-22-02	ID# CK# 1010	<i>Marshalltown Broadcasting Marshalltown, IA</i>	<i>KJJB and KXIA (30 sec) advertisements</i>	<i>402.<sup>60</sup></i>
11-4-02	ID# CK# 1013	<i>Mid IA Publishing State Center IA</i>	<i>News paper ad</i>	<i>48.<sup>00</sup></i>
11-11-02	ID# CK# 1011	<i>Mid IA Publishing State Center IA</i>	<i>News paper ad "Thank you"</i>	<i>48.<sup>00</sup></i>
11-15-02	ID# CK# 1012	<i>Times Republican Marshalltown, IA</i>	<i>News paper ad "Thank you"</i>	<i>115.<sup>28</sup></i>
12-11-02	ID# CK# 1014	<i>Marshall Co Republican Central Committee Marshalltown, IA</i>	<i>disposition of Balances of Funds upon dissolution</i>	<i>702.<sup>60</sup></i>
	ID# CK#			
	ID# CK#			
SUB-TOTAL				<i>\$ 1972.08</i>
TOTAL (if last page of this schedule)				<i>\$ 1972.08</i>

**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 56.6(3)(i).)

DOUGLAS L. and AUDREY A. GOECKE  
P.O. Box 593  
State Center, IA 50247



Marshall Co Auditor  
1 East Main St  
Marshalltown, IA 50158

attn: Dawn Williams

*Marshall*

**FILED**

FOR INSTRUCTIONS, SEE BACK OF FORM  
This form is not applicable to statutory political committees.  
DEC 24 2002

FORM	(Rev. 02/96)
<b>DR-3</b> NOTICE OF DISSOLUTION	
For Office Use Only	
Comm. #	<u>17457-A</u>
Indexed	<input checked="" type="checkbox"/>
Audited	<input type="checkbox"/>
Computer	<input type="checkbox"/>
Certified Date of Dissolution	<input type="text"/>

### Notice of Dissolution

*Jeffy Har*  
COUNTY AUDITOR

Every Notice of Dissolution shall be accompanied by a completed Disclosure Report Form current to the date of dissolution.

#### COMMITTEE NAME

*NOT IN CLIPPER LOGBOOK*

Official Name of Committee		
GOECKE FOR SUPERVISOR		
Street		
105 5th ST., NW		
City, State, Zip Code		
STATE CENTER, IA 50247		
Area Code	Telephone	
( 641 )	483-9915	

**FILED**  
JAN 3 2003  
STATE BOARD

Effective date of dissolution:

12-11, 2002

*Candace A. Goecke*  
Signature of Treasurer

12-24-02  
Date Signed

**THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:**  
I, the candidate, certify that my candidate committee's cash balance is zero, all debts, obligations and loans have been paid or satisfied in accordance with law as shown on my committee's final report and all campaign property and leftover funds have been distributed in accordance with my committee's last filed Statement of Organization.

*Ronald A. Goecke* 12/24/02  
Signature of Candidate - Required for Candidate's Committee Date signed

#### WHEN TO FILE:

The Notice of Dissolution must be filed within thirty (30) days of the committee's dissolution, with a copy of the final bank statement attached.