

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

DISCLOSURE SUMMARY PAGE

FORM <b>DR-2</b> (Rev. 12/2005)	DISCLOSURE REPORT
<b>For Office Use Only</b>	
Comm. # _____	
Logged In _____	
Scanned _____	
Computer _____	
Audited _____	
File with: Iowa Ethics and Campaign Disclosure Board 510 E. 12th, Ste. 1A Des Moines, Iowa 50319 Fax: 515-281-3701	

COMMITTEE NAME (Must be same as on Statement of Organization)  
Goecker 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 Ronald D. Goecker Political Party (if applicable) Republican  
 Office Sought Supervisor 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.

Karen D. Hilleman 641-752-4172 January 12, 2007  
 SIGNATURE OF PERSON FILING REPORT TELEPHONE DATE SIGNED

I AM FILING A 1-19-07 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  
11-7-06

County & Local Committees, enter County in which Election is held  
Marshall

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>1976.97</u>
<b>ADD TOTAL MONEY TAKEN IN THIS PERIOD</b>		
Schedule A: Cash Contributions total (Attach Schedule A) (**also see In-kind below)		<u>95.00</u>
Schedule F: Loans Received total (Attach Schedule F)		<u>0</u>
Schedule H: Total Sales of Campaign Property (Attach Schedule H)		<u>0</u>
<u>(Schedule H applies to Candidates' Committees Only)</u>		
SUB-TOTAL	\$	<u>2071.97</u>
<b>SUBTRACT TOTAL MONEY SPENT THIS PERIOD</b>		
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)		<u>2071.97</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>0</u>

\*\*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>A</b> (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)  
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.

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(8), 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
10-16-06	ID# CK# 2581	Roberta Brandenburg 206 E. South St. Box 96 Albion, IA 50005		\$ 25.00	<input type="checkbox"/>
10-16-06	ID# CK# 11869	Loras J. Neuroth 303 S. 12 <sup>th</sup> St. Marshalltown, IA 50158		50.00	<input type="checkbox"/>
11-27-06	ID# CK# 13022	Kathryn Burt 2860 - 170 <sup>th</sup> St. Marshalltown, IA 50158		20.00	<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"/>
SUB-TOTAL				\$ 95.00	
TOTAL (if last page of this schedule)				\$ 95.00	

\* 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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Reset Form

**EXPENDITURES - MONEY SPENT FROM COMMITTEE ACCOUNT**

SCHEDULE <b>B</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)  
**Goecke For Supervisor**

DATE EXPENDED (MM/DD/YYR)	CANDIDATE ID NUMBER (If applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
10/24/06	ID# CK# —	Wells Fargo	Monthly Maintenance Fee	\$ 2.68
10/25/06	ID# CK# 1009	Penny Saver 507 East Anson Marshalltown IA 50158	Brochure Inserts	478.66
10/25/06	ID# CK# 1010	Times-Republican 135 W. Main Marshalltown IA 50158	Newspaper Campaign Ads	708.96
10/25/06	ID# CK# 1011	Marshall County Sun 108 W. Main Marshalltown IA 50158	Newspaper Campaign Ads	32.00
10/25/06	ID# CK# 1012	Mid-Iowa Publishing 130 W. Main State Center, IA 50247	Newspaper Campaign Ads	45.00
10/26/06	ID# CK# 1013	KDAC Radio 1930 N. Center St. Rd Marshalltown, IA 50158	Campaign Ads	108.00
10/26/06	ID# CK# 1014	Marshalltown Broadcasting 123 West Main Marshalltown, IA 50158	Campaign Ads	80.00
10/31/06	ID# CK# 1015	Times-Republican 135 W. Main Marshalltown, IA 50158	Campaign Ad on Channel 12 T-V	120.00
SUB-TOTAL				\$ 1575.30
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)(I).)

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

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

DATE EXPENDED (MM/DD/YY)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
11/14/06	ID# CK# 1016	Times-Republican 135 W. Main Marshalltown, IA 50158	Thank You Ad	\$ 101.28
11/14/06	ID# CK# 1017	Marshall County Sun 108 W. Main Marshalltown, IA 50158	Thank You Ad	10.00
11/21/06	ID# CK# 1018	Mid-Iowa Publishing 130 W. Main State Center, IA 50247	Thank You Ad	27.00
11/22/06	ID# CK# —	Wells Fargo 102 S. Center Marshalltown, IA 50158	Monthly Maintenance Fee	2.68
12/22/06	ID# CK# —	Wells Fargo 102 S. Center Marshalltown, IA 50158	Monthly Maintenance Fee	2.68
12/30/06	ID# CK# 1019	Marshall County Republicans	Transfer of Campaign Funds	353.03
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$ 496.67
TOTAL (if last page of this schedule)				\$ 2071.97

**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).)