

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. 12 <sup>th</sup> , Ste. 1A Des Moines, Iowa 50319 Fax: 515-281-3701	

**COMMITTEE NAME** (Must be same as on Statement of Organization)  
Ron Nauman for Auditor Committee

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: Ron Nauman Political Party (if applicable): Democrat

Office Sought: Marshall County Auditor District (if Senate or House): \_\_\_\_\_

ETHICS & CAMPAIGN  
DISCLOSURE BOARD  
OCT 20 2006  
FILED

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.

Ron Nauman  
SIGNATURE OF PERSON FILING REPORT

641-752-7216  
TELEPHONE

10-19-06  
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  
11-07-2006

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

**STATEMENT OF CASH ON HAND**

<b>CASH ON HAND</b> at the beginning of the reporting period. (Total of all funds held by the committee. This amount <b>MUST</b> 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>
<b>ADD TOTAL MONEY TAKEN IN THIS PERIOD</b>		
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below).....		<u>195.00</u>
Schedule F: Loans Received total (Attach Schedule F).....		<u>600.00</u>
Schedule H: Total Sales of Campaign Property (Attach Schedule H) .....		<u>0</u>
<u>(Schedule H applies to Candidates' Committees Only)</u>		
<b>SUB-TOTAL</b> .....	\$	<u>795.00</u>
<b>SUBTRACT TOTAL MONEY SPENT THIS PERIOD</b>		
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below).....		<u>736.33</u>
Schedule F: Loan Repayments total (Attach Schedule F).....		
<b>CASH ON HAND</b> at the end of this reporting period (if final report balance must be zero) (Attach DR-3).....	\$	<u>58.67</u>
<b>**UNPAID BILLS</b> (From Schedule D - Attach Schedule D) .....	\$	<u>0</u>
<b>*IN KIND CONTRIBUTIONS</b> (From Schedule E - Attach Schedule E) .....	\$	<u>0</u>
<b>**OUTSTANDING LOANS</b> (From Schedule F - Attach Schedule F).....	\$	<u>600.00</u>
<b>CONSULTANT BREAKDOWN</b> (Schedule G Attached?)	YES <input checked="" type="checkbox"/> NO	
<b>CANDIDATE COMMITTEES ONLY:</b>		
<b>VALUE OF CAMPAIGN PROPERTY</b> (From Schedule H - Attach Schedule H)	\$	<u>none</u>

**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 <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)  
**Ron Nauman for Auditor Committee**

**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
8/29/06	ID# CK#	PETER GRADY 106 E. LINCOLN ST. MARSHALLTOWN, IA 50158	NONE	\$ 25.00	<input type="checkbox"/>
9/10/06	ID# CK#	SUE BLAISDELL 1014 S. 2ND ST. MARSHALLTOWN, IA 50158	NONE	10.00	<input type="checkbox"/>
9/10/06	ID# CK#	STEVE SODER MARSHALLTOWN, IA 50158	NONE	50.00	<input type="checkbox"/>
9/10/06	ID# CK#	ANN O'DONNELL MARSHALLTOWN, IA 50158	NONE	10.00	<input type="checkbox"/>
9/10/06	ID# CK#	RON KUEHN 1914 MARSHALL DR. MARSHALLTOWN, IA 50158	NONE	100.00	<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"/>

SUB-TOTAL

\$ 195.00  
\$ 195.00

TOTAL (if last page of this schedule)

\* 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**

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)  
**Ron Nauman for Auditor Committee**

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
8/29/06	ID# CK#	VISTA PRINT 100 HAYDEN AVE LEXINGTON, MA 02421	CAPAIEN CARDS	\$ 78.03
9/14/06	ID# CK#	CLINE PHOTO 18 E STATE ST. MARSHALLTOWN, IA	PHOTO'S	32.10
9/14/06	ID# CK#	CARTER PRINT 1739 E. GRAND DES MOINES, IA 50317	YARD SIGNS	359.34
9/22/06	ID# CK#	MARSHALL CT DEM'S 16 1/2 W. MAIN ST. MARSHALLTOWN, IA	MAILING	59.36
9/22/06	ID# CK#	CARTER PRINT 1739 E. GRAND DES MOINES, IA 50317	SIGN WIRES	27.50
9/26/06	ID# CK#	TIMES REPUBLICAN PO BOX 1300 MARSHALLTOWN, IA	TV ADS	180.00
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$ 736.33
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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SCHEDULE <b>F</b> (Rev. 07/03)	LOANS RECEIVED & REPAYED
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)  
**Ron Nauman for Auditor Committee**

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
8/25/06	Ron Nauman 1001 W. STATE ST. Marshalltown IA 50,598	Candidate	\$ 600.00

TOTAL (PART I) \$ 600.00

**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 REPAYED
			\$

TOTAL CASH REPAYMENTS (PART II) \$ —  
 From Schedule E -- TOTAL LOANS FORGIVEN \$ —  
 TOTAL OUTSTANDING LOANS END OF REPORT PERIOD \$ 600.00

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