DISCLOSURE SUMMARY FORM

COMMITTEE NAME (Must be same as on Statement of Organization)
MARSHALL COUNTY REPUBLICAN CENTRAL COMMITTEE

IMPORTANT: Indicate by # type of committee you are reporting for: 4
(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: N/A
Political Party (if applicable): N/A
Office Sought: N/A
District (If Senate or House): N/A

FORM DR-2 (Rev. 07/2007) DISCLOSURE REPORT

For Office Use Only
Comm. # 9130
Logged In 5
Scanned
Computer
Audited

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a

David E. Thompson — SIGNATURE OF PERSON FILING REPORT
641-753-6647 — TELEPHONE
07/15/08 — DATE SIGNED

I AM FILING A 7/19/08 (report date) REPORT FOR (1) ELECTION /(2)NON-ELECTION YEAR. Indicate by # 1

☐ CHECK IF AMENDMENT TO REPORT DATED N/A

☐ 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: 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.) $	12,609.60
ADD TOTAL MONEY TAKEN IN THIS PERIOD	
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)	1890.00
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 $	
SUBTRACT TOTAL MONEY SPENT THIS PERIOD	
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)	575.00
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) $	13,924.60
**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
CONSULTANT BREAKDOWN (Schedule G Attached?)	___ YES X NO
CANDIDATE COMMITTEES ONLY:	
VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H) $	0

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

IA ETHICS AND CAMPAIGN DISCLOSURE BD.
2008 JUL 15 PM 2:04

For Instructions, See Back of Form

Reset Form

SCHEDULE A (Rev. 07/03) — MONETARY RECEIPTS

☐ 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)
MARSHALL COUNTY REPUBLICAN CENTRAL 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
6/15/08	ID# CK# 2971	MARK & CHERYL HAYES 129 CARVER AVE RHODES IA		CENT $ CLUB 100.00	✓
6/15/08	ID# CK# 3059	STEVE HOFFMAN 701 HENRY DR MARSHALLTOWN IA		DELEGATE FEE 40.00	
6/15/08	ID# CK# 3590	PETE ROGERS 403 WAUCONDA RD MARSHALLTOWN IA		LINCOLN DINNER 50.00	✓
6/15/08	ID# CK# 4829	KERRY + JANE JECH 410 N. 9TH ST MARSHALLTOWN IA.		LINCOLN DINNER 100.00	✓
6/15/08	ID# CK# 2423	CAROL WIEDENMANN 2018 EDGEBROOK DR MARSHALLTOWN IA		LINCOLN DINNER 50.00	✓
6/15/08	ID# CK# 9675	JUNTA BOYD 209 PATTERSON LA MARSHALLTOWN IA		LINCOLN DINNER 50.00	✓
6/15/08	ID# CK# CASH	BILL + MARYLIN EULESTON 509 BRENTWOOD RD MARSHALLTOWN IA		LINCOLN DINNER 100.00	✓
6/18/08	ID# CK# 12120	ROBERT WENNER 1109 PRAIRIE LA. MARSHALLTOWN IA		CENT CLUB 100.00	✓
6/18/08	ID# CK# 1165	LARRY D. BEATY M.D. 1710 COUNTRY CLUB PL. MARSHALLTOWN IA		CENT CLUB 100.00	✓
6/18/08	ID# CK# 5491	LARRY Mc KIBBEN 1703 ROBERTSON DR. MARSHALLTOWN IA		CENT CLUB 100.00	✓
			SUB-TOTAL	$ 790.00	
			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

Reset Form

SCHEDULE A (Rev. 07/03) — MONETARY RECEIPTS

☐ 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)
MARSHALL COUNTY REPUBLICAN CENTRAL 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
6/18/08	ID# CK# 2100	BRIAN HEITHOFF 302 N. 4TH ST MARSHALLTOWN IA		$ CENT CLUB 100.00	✓
6/18/08	ID# CK# 9674	JUNITA M. BOYD 809 PATTERSON LA MARSHALLTOWN IA		CENT CLUB 100.00	✓
6/18/08	ID# CK# CASH	TOM MACK 204 HIGHLAND ACRES RD. MARSHALLTOWN IA		CENT CLUB 100.00	✓
6/18/08	ID# CK# CASH	DAN MC KIBBEN 2260 MARSH AVE MARSHALLTOWN IA.		CENT CLUB 100.00	✓
6/18/08	ID# CK# 8958	PAUL OR DEANNA ADAMS 2144 L. MARSH AVE MARSHALLTOWN IA		CENT CLUB 100.00	✓
6/18/08	ID# CK# 7275	RICHARD + DONNA LODY 917 S. 8TH AVE MARSHALLTOWN		CENT CLUB 100.00	✓
6/18/08	ID# CK# 4234	ELLIOTT OR CAROL STANLEY 2260 140 TH ST ALBION IA		CENT CLUB 100.00	✓
6/18/08	ID# CK# 1814	PEGGY OR LARRY WILLITS 2029 200 TH. ST MARSHALLTOWN IA		CENT CLUB 100.00	✓
7/7/08	ID# CK# 8376	DOROTHY B APGAR W OLIVE ST MARSHALLTOWN IA		CENT CLUB 100.00	✓
7/7/08	ID# CK# 3113	LARRY + JOYNELL RAYMOO 2566 SMITH AVE MARSHALLTOWN IA		CENTURY CLUB 200.00	✓
			SUB-TOTAL	$ 1100.00	
			TOTAL (If last page of this schedule)	$ 1890.00	

* 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

Reset Form

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES

☐ CHECK THIS BOX IF AMENDING FORM

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.

COMMITTEE NAME *(Must be same as on Statement of Organization)*
MARSHALL COUNTY REPUBLICAN CENTRAL 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
5/27/08	ID# CK# 1161	R. P. I 515-282-9019 621 E. 9TH ST DES MOINES, IA	7 LINCOLN DINNERS 75 PER	$ 525.00
7/14/08	ID# CK# 1162	BARB LIVINGSTON 410 ORCHARD MARSHALLTOWN, IA, 752-2236	OKTEMBERFEST PARADE FEE 30 MARKET DAZE FEE 20	$ 50.00
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			

SUB-TOTAL $ 575.00

TOTAL *(If last page of this schedule)* $ 575.00

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)(l).)

(for Schedule B)