FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

File with:
Iowa Ethics and Campaign Disclosure Board
510 E. 12th, Ste. 1A
Des Moines, Iowa 50319
Fax: 515-281-4073

Effective January 1, 2010, all statements and reports filed by new committees for state office must be filed electronically and effective January 1, 2012, all statements and reports filed by all committees for state office must be filed electronically.
Effective May 1, 2010, all statements and reports for State PACs and State Parties must be filed electronically.

2010 OCT 18 AM 10: 11

Reset Form

COMMITTEE NAME *(Must be same as on Statement of Organization)*
Committee to Elect Bob Otto

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: Bob Otto
Political Party (if applicable): Democrat
Office Sought: District 2 Supervisor
District (if Senate or House):

FORM **DR-2** (Rev. 12/2009) — DISCLOSURE REPORT

For Office Use Only
Comm. #
Logged In
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 candidate's committee, and the chairperson, for any other type of committee, is the individual responsible for filing timely and accurate reports.

Robert E. Otto - Bob Otto — SIGNATURE OF PERSON FILING REPORT
712-883-2374 — TELEPHONE
Oct 14, 2010 — DATE SIGNED

I AM FILING A Oct 14, 2010 (report date) REPORT FOR (1) ELECTION /(2) NON-ELECTION YEAR. 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: Nov 2, 2010
County & Local Committees, enter County in which Election is held: Monona

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.)	$ 0
ADD TOTAL MONEY TAKEN IN THIS PERIOD	
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)	2250 —
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	$ 2250 —
SUBTRACT TOTAL MONEY SPENT THIS PERIOD	
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)	778.57
Schedule F: Loan Repayments total (Attach Schedule F)	
CASH ON HAND at the end of this reporting period (if final report balance must be zero)	$ 1471.43
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

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CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
☐ CHECK THIS BOX IF AMENDING FORM	

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

Committee to elect Bob Otto

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
7-14-10	ID# 18658 Committee # CK#	Robert Otto - 44868 110th Mapleton Ia 51034 - Transferred from Personal Ck Acc't	self	$ 2000 -	☐
9-29-10	ID# 18658 Committee # CK#	Monona County Democrats Dennis Ryan - Treas. Onawa, Iowa 51040		250 -	☐
	ID# CK#				☐
	ID# CK#				☐
	ID# CK#				☐
	ID# CK#				☐
	ID# CK#				☐
	ID# CK#				☐
	ID# CK#				☐
	ID# CK#				☐
			SUB-TOTAL	$ 2250 -	
			TOTAL *(If last page of this schedule)*	$ 2250 -	

* 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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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)*

Committee to Elect Bob Otto

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
7-15-10	ID# 18658 Committee # CK#	Ck# 1A - MM-Copy 422 Pierce Street Sioux City, Iowa	600 campaign cards for handing out	$ 93.89
9-15-10	ID# 18658 Committee # CK#	Ck# 1001 Mapleton Press 504 Main Street Mapleton IA 51034	3 political ads in Press 9-22 9-27 10-6	146 40
9-15-10	ID# 18658 Committee # CK#	Ck# 1002 Ryan Publishing Co. P.O. Box 330 Whiting, IA 51063	3 political ads in Grapevine 9-22 9-27 10-6	163 88
10-13-10	ID# 18658 Committee # CK#	Ck# 1003 Ryan Publishing Co. P.O. Box 330 Whiting Ia 51063	2 political ads in Grapevine 10-20 10-27	228 -
10-13-10	ID# 18658 Committee # CK#	Ck# 1004 Mapleton Press 504 Main St Mapleton, Iowa 51034	2 political ads in Press 10-21 10-28	146 40
	ID# CK#			
	ID# CK#			
	ID# CK#			

SUB-TOTAL $ 778.57

TOTAL ***(if last page of this schedule)*** $ 778.57

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 INSTRUCTIONS, SEE BACK OF FORM

SCHEDULE D (Rev. 08/98)	INCURRED INDEBTEDNESS
☐ CHECK THIS BOX IF AMENDING FORM	

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

Committee to elect Bob Otto

NOTE: Debts previously reported that remain unpaid must be included on this Schedule, as well as any new obligations incurred in this period.

Reset Form

DEBTS/OBLIGATIONS REMAINING THIS REPORTING PERIOD (DO NOT INCLUDE LOANS – SHOW LOANS ON SCHEDULE F)

An "incurred debt" is a debt for goods or services ordered or received, but not paid for by the end of the reporting period., regardless of whether an invoice has been received.

DATE INCURRED (MM/DD/YR)	NAME AND ADDRESS OF PERSON TO WHOM DEBT OR OBLIGATION IS OWED	DESCRIPTION OF GOODS OR SERVICES PROVIDED OR PURCHASED	BALANCE OWED AT CLOSE OF REPORTING PERIOD*
3-23-10	Robert Otto 44868 110 St - self Mapleton Iowa 51034 Personal Ck# 13101	Ryan Publishing Co. 330 P.O Box Whiting, Ia 51063 Press Candidacy Announcement Grapevine	$ 57-
5-25-10	Robert Otto 44868 110 St - self Mapleton Ia 51034 Personal Ck# 13215 Receipt # 598497	Mapleton Press 504 Main St Mapleton, Ia 51034 Primary Election Ad	36.60
5-27-10	Robert Otto 44868 110 St - self Mapleton, Ia 51034 Personal Ck# 13256 Ordered - Internet	Ryan Publishing Co. 330 P.O Box Whiting, Ia 51063 Primary Election Ad	19.00
6-14-10	Robert Otto 44868 110 St - self Mapleton, Ia 51034 Personal Ck# 13255	Ross Industries 60 State Rd Farmdale, New York 12734 100 YARD SIGNS	524.21
6-22-10	Robert Otto 44868 110 St - self Mapleton Ia 51034 Personal Ck # 13280	Palmer Candy Co. Sioux City, Ia. Candy for July 4 Whiting - Mapleton Parades	55.13
7-4-10	Robert Otto 44868 110 St - self Mapleton Ia 51034 Cash Receipt	Pamida - Onawa Ia Candy for Mapleton July 4 Parade	21.38
7-12-10	Robert Otto 44868 110 St - self Mapleton Ia 51034 Cash Receipt Ck# 13287	Palmer Candy Co. Sioux City, IA Candy < Monona County Fair Parade	32.22

SUB-TOTAL $ 745.54

Out of Pocket Expenses Before Committee Formed –

TOTAL DEBTS OWED BY COMMITTEE AT THE END OF THIS REPORTING PERIOD $ 745.54

*If actual figure is unknown, show "estimated" beside the figure.

Page 1 of 1 (for Schedule D)

CANDIDATE COMMITTEES NOTE:
*Incurred indebtedness also includes each person/entity with whom the candidate's committee has entered into a contract during the reporting period for future or continuing performance. Enter the name of the consultant who provides or procures services for items such as advertising, fund-raising, polling, managing, or organizing services. Report on Schedule G the nature of performance and the estimated performance reasonably expected of the consultant.

FOR INSTRUCTIONS, SEE BACK OF FORM

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

Committee to elect Bob Otto

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SCHEDULE E (Rev. 06/97)	IN-KIND CONTRIBUTIONS

☐ CHECK THIS BOX IF AMENDING FORM

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	√ IF FOR FUND-RAISER CONTRIBUTION
	none			$	☐
					☐
					☐
					☐
					☐
					☐
					☐
					☐
					☐
					☐
			SUB-TOTAL	$	
			TOTAL (if last page of this schedule)	$	

*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.