

Reset Form

DISCLOSURE SUMMARY PAGE

FORM DR-2 (Rev. 12/2005) DISCLOSURE REPORT
For Office Use Only
Comm. #
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File with: Iowa Ethics and Campaign Disclosure Board

COMMITTEE NAME (Must be same as on Statement of Organization)
CITIZENS FOR ESTHER J DEAN
IMPORTANT: Indicate by # type of committee you are reporting for:
(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: ESTHER J DEAN
Office Sought: COUNTY SUPERVISOR
Party (if applicable): DEMOCRAT
District (if Senate or House):

FILED
IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD
JUL 21 2006

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.

SIGNATURE OF PERSON FILING REPORT: [Signature]

TELEPHONE: 563-263-1130

DATE SIGNED: 7/19/06

I AM FILING A MAY 15 - JULY 14, 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
NOV 2006
County & Local Committees, enter County in which Election is held
MUSCATINE

STATEMENT OF CASH ON HAND

Table with columns for description and amount. Rows include: CASH ON HAND at the beginning of the reporting period (\$75.00), ADD TOTAL MONEY TAKEN IN THIS PERIOD (Schedule A: 300.00, Schedule F: 0, Schedule H: 0), SUB-TOTAL (\$375.00), SUBTRACT TOTAL MONEY SPENT THIS PERIOD (Schedule B: 29.81, Schedule F: 0), CASH ON HAND at the end of this reporting period (\$345.19), **UNPAID BILLS, **IN KIND CONTRIBUTIONS, **OUTSTANDING LOANS, CONSULTANT BREAKDOWN, CANDIDATE COMMITTEES ONLY: VALUE OF CAMPAIGN PROPERTY.

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 A (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)
CITIZENS FOR ESTHER J DEAN

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
7-8-06	ID# CK# 1123	SALLY MEISINGER MUSCATINE IA 52761	NONE	\$50.00	<input type="checkbox"/>
7-8-06	ID# CK# 1255	MARLYN & MARY ANN SCHEPERS MUSCATINE IA 52761	NONE	50.00	<input type="checkbox"/>
7-10-06	ID# 2045 CK#	RICHARD & HELEN VAN HOOZER MUSCATINE IA 52761	NONE	50.00	<input type="checkbox"/>
6-22-06	ID# CK# 5071	JOHN & GAYLE SAYLES MUSCATINE IA 52761	NONE	100.00	<input type="checkbox"/>
6-27-06	ID# CK# 503	DR JOHN TILLIE MUSCATINE IA 52761	NONE	50.00	<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				\$ 300.00	
TOTAL (if last page of this schedule)				\$ 300.00	

* 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

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EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

SCHEDULE 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)
CITIZENS FOR ESTHER J DEAN

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
5/25/06	ID# CK# 1006	SYCAMORE PRINTING MUSCATINE IA 52761	ENVELOPES (OFFICE SUPPLIES)	\$ 29.81
	ID# CK#			
SUB-TOTAL				\$ 29.81
TOTAL (if last page of this schedule)				\$ 29.81

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).)