

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE



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

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

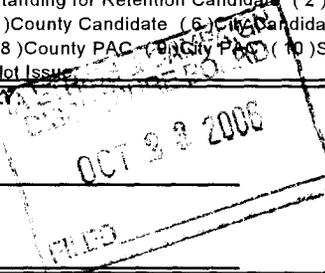
CITIZENS FOR ESTHER J DEAN

IMPORTANT: Indicate by # type of committee you are reporting for: 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: ESTHER J DEAN Political Party (if applicable): DEMOCRAT

Office Sought: COUNTY 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.

Jeanie R. Shelanski
SIGNATURE OF PERSON FILING REPORT

563.263.1630
TELEPHONE

10-19-06
DATE SIGNED

I AM FILING A JULY 15 - OCTOBER 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 <u>NOV 7 2006</u>
County & Local Committees, enter County in which Election is held <u>MUSCATINE</u>

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.)	\$ 345.19
ADD TOTAL MONEY TAKEN IN THIS PERIOD	
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)	2,239.00
Schedule F: Loans Received total (Attach Schedule F)	
Schedule H: Total Sales of Campaign Property (Attach Schedule H)	
<u>(Schedule H applies to Candidates' Committees Only)</u>	
SUB-TOTAL	\$ 2,584.19
SUBTRACT TOTAL MONEY SPENT THIS PERIOD	
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)	1,449.82
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) (Attach DR-3)	\$ 1,134.37
**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 <input checked="" type="checkbox"/> NO
CANDIDATE COMMITTEES ONLY:	
VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)	\$ 100.00
STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.	

For Instructions, See Back of Form



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
7-27-06	ID# CK# 4457	JOYCE OBERHAUS 404 MYRTLE LN MUSCATINE IA 52761		\$50.00	<input type="checkbox"/>
8-4-06	ID# CK# 1337	MILDRED PAEZ 421 GREENBRIAR RD LEXINGTON KY 40503		100.00	<input type="checkbox"/>
8-5-06	ID# CK# 11286	CHARLEEN CHAMBERLIN 518 E 9TH ST MUSCATINE IA 52761		50.00	<input type="checkbox"/>
8-23-06	ID# CK# CASH	PASS THE HAT AT BIDEN EVENT		100.00	<input checked="" type="checkbox"/>
8-29-06	ID# CK# 1111	THOMAS REIDEL 2621 CANTERBURY RD MUSCATINE IA 52761		100.00	<input type="checkbox"/>
8-27-06	ID# CK# 2336	QUAD CITY FEDERATION OF LABOR 311 21ST ST ROCK ISLAND IL 61201		150.00	<input type="checkbox"/>
9-3-06	ID# CK# 5914	ARLEN POOCK PO BOX 35 MUSCATINE IA 52761		25.00	<input type="checkbox"/>
9-8-06	ID# CK# 1095	TIMOTHY BAUMANN 1326 SANTA FE DR IOWA CITY IA 52246		50.00	<input type="checkbox"/>
9-7-06	ID# CK# 7085	WM NORTON PO BOX 395 LOWDEN IA 52255		100.00	<input type="checkbox"/>
9-10-06	ID# CK# 5880	GREGS THOMPOULOS 75 SHAGBARK CR IOWA CITY IA 52246		50.00	<input type="checkbox"/>
SUB-TOTAL				\$ 775.00	
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.

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9-13-06	ID# CK# 14051	JUDY THOMA 102 5TH AVE DURANT IA 52747		\$25.00	<input type="checkbox"/>
9-13-06	ID# CK# 2655	FRIEDA PUMPUTIS 1302 OAKLAND DR MUSCATINE IA 52761		100.00	<input type="checkbox"/>
10-4-06	ID# CK# 6226	MARY JO FITZGERALD 3306 MULBERRY MUSCATINE IA 52761		100.00	<input type="checkbox"/>
10-5-06	ID# CK# 2799	MARK NEARY 2339 WILLOWBROOKE LN IOWA CITY IA 52246		100.00	<input type="checkbox"/>
9-27-06	ID# CK# 1167	ROBERT SUNDERBRUCH 2225 IMPERIAL OAKS MUSCATINE IA 52761		50.00	<input type="checkbox"/>
10-6-06	ID# CK# 1777	O RICHARD MAEGLIN PO BOX 382 MUSCATINE IA 52761		50.00	<input type="checkbox"/>
10-6-06	ID# CK# 3205	THOMAS KAUTZ 205 CHERRY ST MUSCATINE IA 52761		50.00	<input type="checkbox"/>
10-7-06	ID# CK# 2608	GELENE HARRIS 2848 HIGHLAND CR MUSCATINE IA 52761		50.00	<input type="checkbox"/>
10-7-06	ID# CK# 4465	JOYCE KLATT 2525 122 ST MOSCOW IA 52760		50.00	<input type="checkbox"/>
10-7-06	ID# CK# 7754	MARGARET BLANCHARD 512 W 4 WILTON IA 52778		50.00	<input type="checkbox"/>

SUB-TOTAL
\$ 625.00

TOTAL (if last page of this schedule)
\$

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SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)
CITIZENS FOR ESTHER J DEAN

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9-17-06	ID# CK# 1853	ERIC KNOERNSCHILD 2497 MULBERRY MUSCATINE IA 52761		\$25.00	<input type="checkbox"/>
9-19-06	ID# CK# 2030	BRANDY DULCEAK 1214 E 4TH ST MUSCATINE IA 52761		50.00	<input type="checkbox"/>
9-21-06	ID# CK# 649	MUSCATINE CO DEM CENTRAL COMMITTEE PO BOX 584 MUSCATINE IA 52761		150.00	<input type="checkbox"/>
9-24-06	ID# CK# 4286	LLOYD & ALICE LARSON 5283 NOLAN PARKWAY OAK PARK HTS MN 55082		50.00	<input type="checkbox"/>
9-25-06	ID# CK# 4138	RICHARD STANLEY 516 HOGAN CT MUSCATINE IA 52761		50.00	<input type="checkbox"/>
9-26-06	ID# CK# 7094	JOHN BECKEY 1923 N TIPTON RD MUSCATINE IA 52761		50.00	<input type="checkbox"/>
9-26-06	ID# CK# 4636	JULIANNE HEROLD 2108 AMERICANA AVE MUSCATINE IA 52761		25.00	<input type="checkbox"/>
9-26-06	ID# CK# 1268	MARLYN SCHEPPERS 413 W 3RD MUSCATINE IA 52761		50.00	<input type="checkbox"/>
10-3-06	ID# CK# 8511	DON PAULSON 2451 JASPER AVE LETTS IA 52754		25.00	<input type="checkbox"/>
10-5-06	ID# CK# 6880	BETTY MCMAHON 3111 180 ST MUSCATINE IA 52761		50.00	<input type="checkbox"/>
SUB-TOTAL				\$ 525.00	
TOTAL (if last page of this schedule)				\$	

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<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

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10-12-06	ID# CK# 2485	GRACE KINE 2485 MULBERRY MUSCATINE IA 52761		\$25.00	<input type="checkbox"/>
9-13-06	ID# CK# 6263	SHARON MULLIN 2922 MULBERRY MUSCATINE IA 52761		25.00	<input type="checkbox"/>
	ID# CK#	UNITEMIZED CONTRIBUTIONS		264.00	<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	\$ 314.00
TOTAL (if last page of this schedule)	\$ 2239.00

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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.

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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
7-15-06	ID# CK#1007	FOCAL POINT PARK AVE MUSCATINE IA 52761	PHOTO FOR BROCHERES CAMPAIGN EXPENSE	\$ 121.98
7-20-06	ID# CK#1008	SYCAMORE PRINTING 216 SYCAMORE ST MUSCATINE IA 52761	STICKERS FOR CAMPAIGN CAMPAIGN EXPENSE	188.59
9-11-06	ID# CK#1009	SAWICKI & SON 1521 W LAFAYETTE DETROIT MI 48216	1/2 OF SIGNS FOR CAMPAIGN CAMPAIGN EXPENSE	428.26
9-21-06	ID# CK#1010	SAWICKI & SON 1521 W LAFAYETTE DETROIT MI 48216	1/2 OF SIGNS FOR CAMPAIGN CAMPAIGN EXPENSE	428.24
9-25-06	ID# CK#1011	SYCAMORE PRINTING 216 SYCAMORE ST MUSCATINE IA 52761	100 BROCHERES CAMPAIGN EXPENSE	85.62
9-28-06	ID# CK#1012	BERLIN PRO SHOP MUSCATINE IA 52761	2 T-SHIRTS CAMPAIGN EXPENSE	19.26
10-6-06	ID# CK#1013	TOM FURLONG MUSCATINE IA 52761	VARIOUS EXPENSES FOR ICE CREAM SOCIAL EVENT CAMPAIGN EXPENSE	177.87
	ID# CK#			
SUB-TOTAL				\$ 1449.82
TOTAL (if last page of this schedule)				\$ 1449.82

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).)

THIS FORM IS USED BY CANDIDATES' COMMITTEES ONLY

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

CITIZENS FOR ESTHER J DEAN

SCHEDULE
H
(Rev. 07/03)

CAMPAIGN
PROPERTY

ATTACH SCHEDULE H TO
EACH REPORT, MAKING
CHANGES AS REQUIRED

CHECK THIS BOX IF
AMENDING FORM

PART I - ONGOING INVENTORY OF CAMPAIGN PROPERTY

PART II - SALES OR TRANSFERS OF CAMPAIGN PROPERTY **

Date Purchased (Schedule B) or Date Received (Schedule E) (MM/DD/YR)	Description of Property	Purchase Price or Est. Value When Acquired*	Current Value at Fair Market This Report
9-11-06	250 CAMPAIGN YARD SIGNS	856.50	100.00

Date (MM/DD/YR)	Name and Address of Purchaser/Donee	Description of Property	Sold? Y/N	Sale Price	Value of Donation

TOTAL VALUE CAMPAIGN PROPERTY THIS REPORT
(TRANSFER TO SUMMARY PAGE) \$ 100.00

** PROPERTY SALES & TRANSFERS TOTAL
(TRANSFER TO SUMMARY PAGE) \$ _____ TOTALS \$ _____ \$ _____

* If estimated, show est. beside figure.

(Attach Additional Schedules if Needed)