

Reset 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)

COMMITTEE TO ELECT WAYNE SHOULTZ

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
WAYNE SHOULTZ

Office Sought
COUNTY SUPERVISOR

Political Party (if applicable)
DEMOCRAT

District (if Senate or House)

FILED *OCT 19 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.

Walter Miller 563-264-1867 10-14-06
SIGNATURE OF PERSON FILING REPORT **TELEPHONE** **DATE SIGNED**

I AM FILING A 10/19/06 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
11/07/06

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

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.)	\$	<u>0.09</u>
ADD TOTAL MONEY TAKEN IN THIS PERIOD		
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)		<u>1,172.00</u>
Schedule F: Loans Received total (Attach Schedule F)		_____
Schedule H: Total Sales of Campaign Property (Attach Schedule H)		_____
(Schedule H applies to Candidates' Committees Only)		
SUB-TOTAL	\$	<u>1,172.09</u>
SUBTRACT TOTAL MONEY SPENT THIS PERIOD		
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)		<u>324.21</u>
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)	\$	<u>847.88</u>
**UNPAID BILLS (From Schedule D - Attach Schedule D)	\$	<u>0.00</u>
**IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)	\$	<u>0.00</u>
**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)	\$	<u>0.00</u>
CONSULTANT BREAKDOWN (Schedule G Attached?)		___ YES <input checked="" type="checkbox"/> NO
CANDIDATE COMMITTEES ONLY:		
VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)	\$	<u>0.00</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 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)
COMMITTEE TO ELECT WAYNE SHOULTZ

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
07/14/06	ID# CK#	Barb Andreson 201 Kemble St Muscatine, Ia 52761		\$25.00	<input type="checkbox"/>
07/17/06	ID# CK#	Richard Van Hoozer		50.00	<input type="checkbox"/>
07/17/06	ID# CK#	James Finley 2080 41st St Muscatine, Ia 52761		15.00	<input type="checkbox"/>
07/25/06	ID# CK#	David Shoultz 8100 Wellington Blvd Johnston, Ia 52754	Brother	50.00	<input type="checkbox"/>
07/27/06	ID# CK#	Don Paullson 2451 Jasper Ave. Letts, Ia 52754		25.00	<input type="checkbox"/>
07/30/06	ID# CK#	Randy Naber 402 E 8th St Muscatine, Ia 52761		50.00	<input type="checkbox"/>
08/01/06	ID# CK#	Doris Hudson 2111 Bidwell Muscatine, Ia 52761		25.00	<input type="checkbox"/>
08/01/06	ID# CK#	Sandra Stanley 918 Acorn Ln Muscatine Ia 52761		35.00	<input type="checkbox"/>
08/02/06	ID# CK#	John Beckey 1923 Tipton Rd Muscatine Ia 52761		50.00	<input type="checkbox"/>
08/20/06	ID# 8020 CK# 2335	Quad City Federation of Labor, PAC #8020 311 1/2 21st St Rock Island Il 61201		150.00	<input type="checkbox"/>
SUB-TOTAL				\$ 475.00	
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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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)
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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
09/05/06	ID# CK#	Donald Hankins 3880 Sunset Beach Montpelier Ia 52759		\$20.00	<input type="checkbox"/>
09/08/06	ID# CK#	Cash Donations Unitemized contributions		100.00	<input type="checkbox"/>
09/10/06	ID# CK#	Nicholas Ratcliff PO Box 633 Muscatine Ia 52761		25.00	<input type="checkbox"/>
09/12/06	ID# CK#	Betty McMahon 3111 - 180th St Muscatine Ia 52761		50.00	<input type="checkbox"/>
09/19/06	ID# CK#	Muscatine Co. Dem. Central Committee PO Box 584 Muscatine IA 52761		150.00	<input type="checkbox"/>
09/24/06	ID# CK#	Susan Dravis 2705 Spinning Wheel Ct Muscatine IA 52761		25.00	<input type="checkbox"/>
09/27/06	ID# CK#	Marlyn Schepers 413 W 3rd St Muscatine IA 52761		50.00	<input type="checkbox"/>
09/27/06	ID# CK#	Cash Donations Unitemized contributions		123.00	<input type="checkbox"/>
09/28/06	ID# CK#	Operative Plasterers' & Cement Masons Local #18 PAC Fund 400 NE Jefferson Peoria Il 61603		100.00	<input type="checkbox"/>
09/29/06	ID# CK#	Cash Donations Unitemized contributions		54.00	<input type="checkbox"/>
SUB-TOTAL				\$ 697.00	
TOTAL (if last page of this schedule)				\$ 1,172.00	

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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)
COMMITTEE TO ELECT WAYNE SHOULTZ

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
08/31/06	ID# CK#	COMMUNITY BANK 615 CEDAR ST MUSCATINE, IA 52761	SERVICE CHARGE	\$ 3.21
09/25/06	ID# CK#	WAYNE SHOULTZ 5801 65TH AVE W MUSCATINE IA 52761	REIMBURSE FOR 1,000 COWBOY CARDS	321.00
	ID# CK#			
SUB-TOTAL				\$ 324.21
TOTAL (if last page of this schedule)				\$ 324.21

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)(f).)