

Pottawattamie

8

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 _____	

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

DeWitt for Supervisor

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: George DeWitt Political Party (if applicable): Republican
 Office Sought: County Supervisor District (if Senate or House): _____

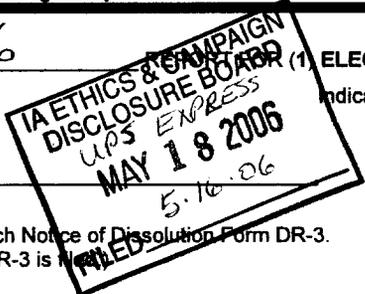
Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code section 68B.32A(7) the candidate, for a candidate's committee, and the chairperson, for any other type of committee, is the individual responsible for filing timely and accurate reports.

SIGNATURE OF PERSON FILING REPORT: Roger L. Carlson TELEPHONE: 712-323-3013 DATE SIGNED: 5-15-06
 Treasurer

I AM FILING A May 19, 2006 (report date) ELECTION (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 <u>June 6, 2006</u>
County & Local Committees, enter County in which Election is held <u>Pottawattamie</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.)	\$	<u>1,000.00</u>
ADD TOTAL MONEY TAKEN IN THIS PERIOD		
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)		<u>1,818.00</u>
Schedule F: Loans Received total (Attach Schedule F)		<u>0</u>
Schedule H: Total Sales of Campaign Property (Attach Schedule H)		<u>0</u>
(Schedule H applies to Candidates' Committees Only)		
SUB-TOTAL	\$	<u>2,818.00</u>
SUBTRACT TOTAL MONEY SPENT THIS PERIOD		
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)		<u>1,348.44</u>
Schedule F: Loan Repayments total (Attach Schedule F)		<u>0</u>
CASH ON HAND at the end of this reporting period (if final report balance must be zero) (Attach DR-3)	\$	<u>1,469.56</u>
**UNPAID BILLS (From Schedule D - Attach Schedule D)	\$	<u>627.02</u>
**IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)	\$	<u>150.00</u>
**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)	\$	<u>0</u>
CONSULTANT BREAKDOWN (Schedule G Attached?)	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
CANDIDATE COMMITTEES ONLY:		
VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)	\$	<u>0</u>

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

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

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

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

Dewitt for Supervisor

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.

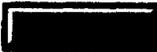
CAUTION: Section 68B.32A(6), Iowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

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
04-27-06	ID# CK#	DAVE + CONNIE GOLDEN 18170 HERON LANE W. COUNCIL BLUFFS, IA 51503		\$ 20. ⁰⁰	<input checked="" type="checkbox"/>
04-27-06	ID# CK#	CASH - ANON		33. ⁰⁰	<input checked="" type="checkbox"/>
04-29-06	ID# CK#	REITA FORMANEK 237 FLEMING AVE COUNCIL BLUFFS, IA 51503		20. ⁰⁰	<input checked="" type="checkbox"/>
04-29-06	ID# CK#	DARLENE SCHWARZKOPF 103 ZENITH DR #6 COUNCIL BLUFFS, IA 51503		20. ⁰⁰	<input checked="" type="checkbox"/>
5-1-06	ID# CK#	ROGER + DIANE CARLON 204 ZENITH DR COUNCIL BLUFFS, IA 51503		100. ⁰⁰	<input checked="" type="checkbox"/>
5-2-06	ID# CK#	LYLE PETERSON 2719 TARA HILLS ST. COUNCIL BLUFFS, IA 51503		20. ⁰⁰	<input checked="" type="checkbox"/>
5-2-06	ID# CK#	JAMES E VANECEK 1636 COHLER LANE COUNCIL BLUFFS, IA 51503		25. ⁰⁰	<input checked="" type="checkbox"/>
5-5-06	ID# CK#	VERNON + JUDY LAKE 601 VALLEY VIEW DR COUNCIL BLUFFS, IA 51503		30. ⁰⁰	<input checked="" type="checkbox"/>
5-5-06	ID# CK#	MARY A. SMITH 330 STEVEN CIRCLE COUNCIL BLUFFS, IA 51503		20. ⁰⁰	<input checked="" type="checkbox"/>
5-5-06	ID# CK#	CASH - ANON		50. ⁰⁰	<input checked="" type="checkbox"/>
SUB-TOTAL				\$ 338	
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

CONTRIBUTIONS – MONEY TAKEN IN
(Including candidate's personal funds)



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

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

Dewitt for Supervisor

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.

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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
04-27-06	ID# CK#	CHARLES VANECEK 21886 Hwy 6 Council Bluffs, IA 51503		\$ 100. ⁰⁰	<input checked="" type="checkbox"/>
04-27-06	ID# CK#	DON + PATTY WITTHAUER 23031 DOGWOOD Road Council Bluffs, IA 51503		100. ⁰⁰	<input checked="" type="checkbox"/>
04-27-06	ID# CK#	PAUL + GWEN SEPCEK 22796 RAILROAD HWY UNDERWOOD, IA 51576		50. ⁰⁰	<input checked="" type="checkbox"/>
04-27-06	ID# CK#	NATHAN + MARLA TESCH 406 2 ND AVE SW KASSON, MN 55944	DAUGHTER	50. ⁰⁰	<input checked="" type="checkbox"/>
04-27-06	ID# CK#	VERNON + MARTHA HUNTOFFTE 254 FLETCHER AVE Council Bluffs, IA 51503		20. ⁰⁰	<input checked="" type="checkbox"/>
04-27-06	ID# CK#	MATTHEW J WALSH 1514 SKYLINE DR. Council Bluffs, IA 51503		25. ⁰⁰	<input checked="" type="checkbox"/>
04-27-06	ID# CK#	ROGER + SHIRLEY MADSEN 2927 AVE E Council Bluffs, IA 51501		25. ⁰⁰	<input checked="" type="checkbox"/>
04-27-06	ID# CK#	MARILYN BENNETT 427 FULLER AVE Council Bluffs, IA 51503		30. ⁰⁰	<input checked="" type="checkbox"/>
04-27-06	ID# CK#	MIKE + THERESE RATIGAN 22163 HACKBERRY RD Council Bluffs, IA 51503		50. ⁰⁰	<input checked="" type="checkbox"/>
04-27-06	ID# CK#	MARK + SHEILA GATES 18400 SUNNYDALE RD Council Bluffs, IA 51503		100. ⁰⁰	<input checked="" type="checkbox"/>
SUB-TOTAL				\$550	
TOTAL (If last page of this schedule)				\$	

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For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

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

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

DeWitt for Supervisor

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.

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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
4-27-06	ID# CK#	STANLEY H. GROTE 130 ELMWOOD DRIVE COUNCIL BLUFFS, IA 51503		\$ 50. ⁰⁰	<input checked="" type="checkbox"/>
4-26-06	ID# CK#	LOUIS + ROSE STORTENBECKER 24150 McPHERSON AVE COUNCIL BLUFFS, IA 51503		10. ⁰⁰	<input checked="" type="checkbox"/>
4-26-06	ID# CK#	FRED + VIRGINIA HUNEKE 173 BENNETT AVE, A 3060 COUNCIL BLUFFS, IA 51503		50. ⁰⁰	<input checked="" type="checkbox"/>
4-26-06	ID# CK#	TOM + KATHRYN WHITSON 27597 HWY 6 McCLELLAND, IA 51548		50. ⁰⁰	<input checked="" type="checkbox"/>
4-26-06	ID# CK#	WILLIAM A. BALLENGER 240 LOCUST LODGE COUNCIL BLUFFS, IA 51503		50. ⁰⁰	<input checked="" type="checkbox"/>
4-26-06	ID# CK#	JOHN C. THIES 3173 STRAIGHT ST. COUNCIL BLUFFS, IA 51503		25. ⁰⁰	<input checked="" type="checkbox"/>
4-27-06	ID# CK#	GLEN + MARYJEAN MILLER 22132 HWY 6 COUNCIL BLUFFS, IA 51503		25. ⁰⁰	<input checked="" type="checkbox"/>
4-27-06	ID# CK#	BYRON MENKE P.O. BOX 249 TREYNOR, IA 51575		100. ⁰⁰	<input checked="" type="checkbox"/>
4-27-06	ID# CK#	SCOTT DOLL 77 PELICAN COVE COUNCIL BLUFFS, IA 51501		25. ⁰⁰	<input checked="" type="checkbox"/>
4-27-06	ID# CK#	BILL + SHARON DERBY 719 HARRISON, ST. COUNCIL BLUFFS, IA 51503		10. ⁰⁰	<input checked="" type="checkbox"/>
SUB-TOTAL				\$ 395. ⁰⁰	
TOTAL (If last page of this schedule)				\$	

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For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

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

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

Dewitt for Supervisor

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 ICWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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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
04/19/06	ID# CK#	DOUGLAS + DEBORAH STREAM 103 WILSHIRE AVE COUNCIL BLUFFS, IA 51503		\$ 100. ⁰⁰	<input checked="" type="checkbox"/>
04/22/06	ID# CK#	ANON.		5. ⁰⁰	<input checked="" type="checkbox"/>
04/22/06	ID# CK#	GARY H. MATTERS 225 DEVONWOOD DR. COUNCIL BLUFFS, IA 51503		20. ⁰⁰	<input checked="" type="checkbox"/>
04/22/06	ID# CK#	WILLIAM + DEBRA STAZZONI 114 BRENTWOOD HEIGHTS COUNCIL BLUFFS, IA 51503		20. ⁰⁰	<input checked="" type="checkbox"/>
4/21/06	ID# CK#	JOE + JOAN WELSH. 17676 SUNNYDALE RD. COUNCIL BLUFFS IA 51503		20. ⁰⁰	<input checked="" type="checkbox"/>
4/20/06	ID# CK#	KEN PETERSEN 242 WARREN ST. COUNCIL BLUFFS, IA 51503-1331		20. ⁰⁰	<input checked="" type="checkbox"/>
4/20/06	ID# CK#	CHARLES + GINNIE LAND. 4 SHORE ACRES RD. COUNCIL BLUFFS, IA 51501.		50. ⁰⁰	<input checked="" type="checkbox"/>
4/20/06	ID# CK#	DR. ROGER DAHLGAARD. 126 E BROADWAY, SUITE 2. COUNCIL BLUFFS, IA 51503		50. ⁰⁰	<input checked="" type="checkbox"/>
4/19/06	ID# CK#	SCOTT DOLL 77 PELICAN COVE COUNCIL BLUFFS, IA 51501.		50. ⁰⁰	<input checked="" type="checkbox"/>
4-27-06	ID# CK#	ROBERT + LUCILLE WILLIAMS 27265 145TH ST. CRESCENT, IA 51526		25. ⁰⁰	<input checked="" type="checkbox"/>
SUB-TOTAL				\$ 360. ⁰⁰	
TOTAL (if last page of this schedule)				\$	

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For Instructions, See Back of Form

CONTRIBUTIONS – MONEY TAKEN IN

(including candidate's personal funds)

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

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

Dewitt for Supervisor

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.

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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
05-06-06	ID# CK#	RAY E PRICHARD 600 E PIERCE COUNCIL BLUFFS, IA 51503		\$ 100. ⁰⁰	<input checked="" type="checkbox"/>
05-11-06	ID# CK#	FLOYD + BETTY FOREMAN 14127 WABASH AVE COUNCIL BLUFFS, IA 51503		25. ⁰⁰	<input checked="" type="checkbox"/>
05-15-06	ID# CK#	DWANE + HELEN TOWNSEND 22751 COTTONWOOD ROAD COUNCIL BLUFFS, IA 51503		50. ⁰⁰	<input checked="" 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"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

\$ 175.⁰⁰

TOTAL (if last page of this schedule)

\$ 1818

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FOR INSTRUCTIONS, SEE BACK OF FORM



SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> 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)
 DeWITT for SUPERVISOR.

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
03/23/06	ID# CK# 1001	IOWA SEC of STATE LUCAS BUILDING, 1 ST FLOOR. DES MOINES, IA 50319.	VOTER LIST LABELS.	\$ 71. ²⁰
05/09/06	ID# CK# 1002.	OPERATION PRIDE, INC. COUNCIL BLUFFS, IA 51503	PRIDE DAY PARADE FLOAT ENTRY FEE	35. ⁰⁰
05/11/06	ID# CK# 1003	NONPAREIL. COUNCIL BLUFFS, I 51503	NEWSPAPER ADVERTISING	42. ²⁴
05/12/06	ID# CK# 1004	POSTMASTER. POST	STAMPS for MAIL OUT	1200. ⁰⁰
	ID# CK#			
SUB-TOTAL				\$ 1,348.44
TOTAL (if last page of this schedule)				\$ 1,348.44

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).)

FOR INSTRUCTIONS, SEE BACK OF FORM

SCHEDULE D (Rev. 08/98)	INCURRED INDEBTEDNESS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)
DEWITT for SUPERVISOR.

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

**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*
05/12/06	PHYSICIANS MUTUAL. 6119 N. 16 TH ST. OMAHA, NE 68110.	PRINTING OF CAMPAIGN MATERIAL.	\$ 627.02.
SUB-TOTAL			\$ 627.02
TOTAL DEBTS OWED BY COMMITTEE AT THE END OF THIS REPORTING PERIOD			\$ 627.02

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

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)
DEWITT for SUPERVISOR.



SCHEDULE E (Rev. 06/97)	IN-KIND CONTRIBUTIONS
<input type="checkbox"/> 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
04/27/06	BAYLISS PARK HALL 530 1 ST AVE COUNCIL BLUFFS, IA 51503	NONE	DONATION OF MEETING HALL for FUNDRAISER	\$ 150. ⁰⁰	<input checked="" type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

SUB-TOTAL \$ 150.⁰⁰
 TOTAL (if last page of this schedule) \$ 150.⁰⁰

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