

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE



FORM *Pottawattomie*
DR-2 DISCLOSURE REPORT
 (Rev. 12/2005)

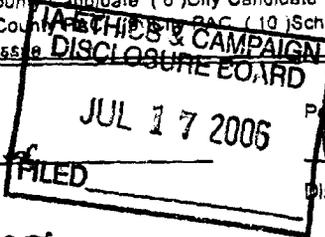
For Office Use Only
 Comm. # _____
 Logged In _____
 Scanned _____
 Computer _____
 Audited _____

File with:
 Iowa Ethics and Campaign Disclosure Board
 510 E. 12th St. 1A
 Des Moines, Iowa 50319
 Fax: 515-281-3701

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

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 Ethics PAC (9) School Board or Other Political
 Subdivision PAC (11) Local Ballot Issue

CANDIDATE COMMITTEES ONLY:
 Candidate Name: *Roger R. Williams* Political Party (if applicable): *Republican*
 Office Sought: *Board of Supervisors* 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.

Roger R. Williams 712 545 8708 7-17-06
 SIGNATURE OF PERSON FILING REPORT TELEPHONE DATE SIGNED

I AM FILING A July 19 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
Pottawattomie

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>763</u> ⁴³
ADD TOTAL MONEY TAKEN IN THIS PERIOD	
Schedule A: Cash Contributions total (Attach Schedule A) (*also see In-kind below)	<u>100</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	\$ _____
SUBTRACT TOTAL MONEY SPENT THIS PERIOD	
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)	
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>863</u> 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)\$ _____

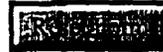
CONSULTANT BREAKDOWN (Schedule G Attached?) _____ YES _____ NO

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



SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input checked="" 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)
Williams 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.

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/YY)	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
07/06/06	ID# CK#	Dr. Al Hudak 129 Park Ave. Council Bluffs, Iowa 51503	-	\$ 100	<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"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL \$ -
TOTAL (if last page of this schedule) \$ 100

* 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.