

File with:  
Iowa Ethics and Campaign  
Disclosure Board  
510 E. 12<sup>th</sup>, Ste. 1A  
Des Moines, Iowa 50319  
Fax: 515-281-4073



RECEIVED

EMAIL  
SEP - 5 2007

FOR INSTRUCTIONS, SEE BACK OF FORM  
**DISCLOSURE SUMMARY PAGE**

**COMMITTEE NAME** (Must be same as on Statement of Organization)  
Committee To Re-Elect Arnpriester

**IMPORTANT:** Indicate by # type of committee you are reporting for: 7  
( 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 Marvin Arnpriester	Political Party (if applicable)
Office Sought Council Bluffs Community School Board	District (if Senate or House)

<b>FORM</b> <b>DR-2</b> (Rev. 07/2007)	<b>DISCLOSURE</b> <b>REPORT</b>
<b>For Office Use Only</b>	
Comm. # _____	
Logged In _____	
Scanned _____	
Computer _____	
Audited _____	

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a

*Marvin Arnpriester* (712) 670-2095 (cell) 9/5/07  
SIGNATURE OF PERSON FILING REPORT TELEPHONE DATE SIGNED

I AM FILING A 5 days before election (9/6/07) 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>Sept 11, 2007</u>
County & Local Committees, enter County in which Election is held <u>POTTAWATTAMIE</u>

**STATEMENT OF CASH ON HAND**

<b>CASH ON HAND</b> at the beginning of the reporting period. (Total of all funds held by the committee. This amount <b>MUST</b> 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.) .....	\$ 0.00
<b>ADD TOTAL MONEY TAKEN IN THIS PERIOD</b>	
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below) .....	1,160.00
Schedule F: Loans Received total (Attach Schedule F) .....	200.00
Schedule H: Total Sales of Campaign Property (Attach Schedule H) .....	0.00
<b>(Schedule H applies to Candidates' Committees Only)</b>	
<b>SUB-TOTAL</b> .....	\$ 1,360.00
<b>SUBTRACT TOTAL MONEY SPENT THIS PERIOD</b>	
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below) .....	1,027.20
Schedule F: Loan Repayments total (Attach Schedule F) .....	200.00
<b>CASH ON HAND</b> at the end of this reporting period (if final report balance must be zero) .....	\$ 132.80
<b>**UNPAID BILLS</b> (From Schedule D - Attach Schedule D) .....	\$ 0.00
<b>**IN KIND CONTRIBUTIONS</b> (From Schedule E - Attach Schedule E) .....	\$ 0.00
<b>**OUTSTANDING LOANS</b> (From Schedule F - Attach Schedule F) .....	\$ 0.00
<b>CONSULTANT BREAKDOWN</b> (Schedule G Attached?) .....	YES NO
<b>CANDIDATE COMMITTEES ONLY:</b>	
<b>VALUE OF CAMPAIGN PROPERTY</b> (From Schedule H - Attach Schedule H) .....	\$ _____
<b>STATE COMMITTEES:</b> Submit a reconciled campaign account bank statement in January of each year.	

For Instructions, See Back of Form



<b>SCHEDULE</b> <b>A</b> (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 Re-Elect Arnpriester

**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(8), 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
8/24/07	ID# CK#	Doug Primmer 223 S. Main Council Bluffs, Iowa 51503	N/A	\$100	<input type="checkbox"/>
8/24/07	ID# CK#	Ardeth Christie 223 Turley Ave Council Bluffs, Iowa 51503	N/A	50	<input type="checkbox"/>
8/24/07	ID# CK#	Delman Campbell 173 Bennett Ave Council Bluffs, Iowa 51503	N/A	100	<input type="checkbox"/>
8/24/07	ID# CK#	Phyliss Holcomb 717 Forest Drive Council Bluffs, Iowa 51503	N/A	50	<input type="checkbox"/>
8/24/07	ID# CK#	Carolyn Lippke 1028 Arbor Ridge Ct. Council Bluffs, Iowa 51503	N/A	100	<input type="checkbox"/>
8/24/07	ID# CK#	Alan Fisher 21450 Honey Locust Council Bluffs, Iowa 51503	N/A	100	<input type="checkbox"/>
8/24/07	ID# CK#	Chad Primmer 17560 Turnberry Ridge Council Bluffs, Iowa 51503	N/A	100	<input type="checkbox"/>
8/24/07	ID# CK#	Hugh Prickett 2911 Velle View Drive Council Bluffs, Iowa 51503	N/A	100	<input type="checkbox"/>
8/24/07	ID# CK#	Max Hall 2808 S. 13th Street Council Bluffs, Iowa 51501	N/A	50	<input type="checkbox"/>
8/24/07	ID# CK#	Glen Mitchell 213 Euclid Ave Council Bluffs, Iowa 51503	N/A	50	<input type="checkbox"/>
SUB-TOTAL				\$ 800	
<b>TOTAL (if last page of this schedule)</b>				\$	

\* 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



**EXPENDITURES – MONEY SPENT FROM COMMITTEE ACCOUNT**

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

**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 Re-Elect Ampriester

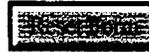
DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
8/16/07	ID# CK#	Secretary of State Paid at Co. Auditors office	Mailing Labels	\$ 87.2
8/30/07	ID# CK#	Ron Tekippe 5 Horizon Drive Council Bluffs, Iowa 51503	Postage stamps (3,300@\$.26) (200@.41)	940
	ID# CK#			
<b>SUB-TOTAL</b>				<b>\$ 1027.2</b>
<b>TOTAL (if last page of this schedule)</b>				<b>\$ 1027.2</b>

**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 <b>F</b> (Rev. 07/03)	LOANS RECEIVED & REPAYED
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)  
Committee to Re-Elect Arnpriester

NOTE: This schedule reports money loaned to the committee which is deposited in the committee account.

TOTAL UNPAID LOANS FROM LAST REPORTING PERIOD \$ 0

**PART I - MONETARY LOANS RECEIVED THIS REPORTING PERIOD**  
(Original source of loan, such as a bank, must be shown if a third party is involved. Include loans from candidate's personal funds.)

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, if Applicable)	RELATIONSHIP TO CANDIDATE (if Applicable)	AMOUNT OF LOAN
8/14/07	Ron Tekippe 5 Horizon Drive Council Bluffs, Iowa 51503	N/A	\$ 200

TOTAL (PART I) \$ 200

**PART II - MONETARY LOAN REPAYMENTS MADE THIS REPORTING PERIOD**  
(Loans forgiven must be reported on Schedule E - In-kind Contributions.)

DATE PAID (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, if Applicable)	RELATIONSHIP TO CANDIDATE* (if Applicable)	AMOUNT REPAYED
9/31/07	Ron Tekippe 5 Horizon Drive Council Bluffs, Iowa 51503	N/A	\$ 200

TOTAL CASH REPAYMENTS (PART II) \$ 200  
From Schedule E - TOTAL LOANS FORGIVEN \$ 0  
TOTAL OUTSTANDING LOANS END OF REPORT PERIOD \$ 0

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