

Poweshick

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

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

Meek 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

Karen S. Meek

Political Party (if applicable)

Republican

Office Sought

Poweshick 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.

D. L. Arendt

SIGNATURE OF PERSON FILING REPORT

641-623-5105
TELEPHONE

7-18-06
DATE SIGNED

I AM FILING A 07-19-06 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

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

Poweshick

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.)\$

0

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (**also see in-kind below).....\$

1636.56

Schedule F: Loans Received total (Attach Schedule F).....\$

0

Schedule H: Total Sales of Campaign Property (Attach Schedule H).....\$

0

(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).....\$

953.39

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).....\$

683.17

**UNPAID BILLS (From Schedule D - Attach Schedule D).....\$

0

**IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E).....\$

100.00

**OUTSTANDING LOANS (From Schedule F - Attach Schedule F).....\$

0

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 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)
Meek 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(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
01/20/06	ID# CK#	Harry Meek 148 Scaaic Drive Montezuma, IA 50171	Husband	\$321.56	<input type="checkbox"/>
03/11/06	ID# CK#	Tom Sheets P.O. Box 268 Montezuma, IA 50171		20.00	<input type="checkbox"/>
03/11/06	ID# CK#	Eleanor Wozny 610 Broad St./ Apt. E14 Grinnell, IA 50112		20.00	<input type="checkbox"/>
04/09/06	ID# CK#	Juanita Meek 2012 Orchard Drive Grinnell IA 50112	Mother-in-Law	100.00	<input type="checkbox"/>
05/11/06	ID# CK#	Vincent Johnson 1151 Ewart Rd. Montezuma, IA 50171		100.00	<input type="checkbox"/>
05/19/06	ID# CK#	Marjorie Remp 4935 160 th St. Montezuma IA 50171		25.00	<input checked="" type="checkbox"/>
05/19/06	ID# CK#	Janice Hansen 105 S. 12 th St. Montezuma IA 50171		25.00	<input checked="" type="checkbox"/>
05/19/06	ID# CK#	Rachel Montag 115 Canyon Rd. Montezuma, IA 50171		50.00	<input checked="" type="checkbox"/>
05/19/06	ID# CK#	Bill Bolen P.O. Box 160 Montezuma IA 50171		25.00	<input checked="" type="checkbox"/>
05/22/06	ID# CK#	H. R. Light 734 16 th Ave. Grinnell, IA 50112		25.00	<input checked="" type="checkbox"/>

SUB-TOTAL
\$711.56

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



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)
Meek for Supervisor

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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
05/22/06	ID# CK#	Deb Ver Meer Box 310 Montezuma, IA 50171		\$50.00	<input checked="" type="checkbox"/>
05/23/06	ID# CK#	Judy Agnew 143 Crabtree Rd. Montezuma, IA 50171		25.00	<input checked="" type="checkbox"/>
05/23/06	ID# CK#	Reba Postels 721 - 12 th Ave. Grinnell, IA 50112		25.00	<input checked="" type="checkbox"/>
05/23/06	ID# CK#	Gordon Wold 1526 Main St. Grinnell, IA 50112		25.00	<input checked="" type="checkbox"/>
05/23/06	ID# CK#	J. B. Paulson Box 429 Montezuma, IA 50171		25.00	<input checked="" type="checkbox"/>
05/24/06	ID# CK#	Marcia Christensen 200 E Main St. Montezuma, IA 50171		25.00	<input checked="" type="checkbox"/>
05/25/06	ID# CK#	Jim Hicks 800 E. Jefferson Montezuma, IA 50171		25.00	<input checked="" type="checkbox"/>
5/25/06	ID# CK#	Michael Arendt 4872 - 110 th St. Montezuma, IA 50171		25.00	<input checked="" type="checkbox"/>
5/25/06	ID# CK#	Judith Roland Box 107 Grinnell, IA 50112		50.00	<input checked="" type="checkbox"/>
5/25/06	ID# CK#	Richard Pearce 711 16 th Ave Grinnell, IA 50112		25.00	<input checked="" type="checkbox"/>
SUB-TOTAL				\$ 300.00	
TOTAL (if last page of this schedule)				\$	

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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)
Meek for Supervisor

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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
5/25/06	ID# CK#	Beverly Hedrick Box 56 Montezuma, IA 50171		\$ 50.00	<input checked="" type="checkbox"/>
5/30/06	ID# CK#	Joe Puls 143 Scenic Drive Montezuma, IA 50171		50.00	<input type="checkbox"/>
6/5/06	ID# CK#	Maynard Hutchinson 11574 Hwy 85 Montezuma, IA 50171		25.00	<input checked="" type="checkbox"/>
6/5/06	ID# CK#	Frank Brownell Box 76 Montezuma IA 50171		500.00	<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				\$ 625.00	
TOTAL (if last page of this schedule)				\$ 1636.56	

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FOR INSTRUCTIONS, SEE BACK OF FORM



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)
Meek 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
05/22/06	ID# CK# 101	Karen Meek 148 Scenic Drive Montezuma, IA 50171	Copies - 9.00, Paper - 37.10 Signs - 289.95 Photo	\$ 372.00
06/10/06	ID# CK# 102	Montezuma Republican P.O. Box 100 Montezuma, IA 50171	Primary Ad in Montezuma and Brookly papers and Penny Saver	138.15
6/21/06	ID# CK# 103	Copy Connection 808 E. 1st St. Pella, IA 50219	Print Invitations	117.91
7/10/06	ID# CK# 104	Express Print 2911 Ingersoll Ave. Des Moines 50312	Magnetic Signs	147.34
7/10/06	ID# CK# 105	Karen Meek 148 Scenic Drive Montezuma IA 50171	Candy 33.72 Decals, Name Badge, T-shirts 139.76	173.48
7/15/06	ID# CK#	Peoples Savings Bank Box 160 Montezuma IA 50171	Bank charges	4.51
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$ 953.39
TOTAL (if last page of this schedule)				\$ 953.39

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))

FOR INSTRUCTIONS, SEE BACK OF FORM

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

Meek 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
<i>5/24/06</i>	<i>Leta Arendt Box 160 Montezuma IA 50171</i>		<i>Food, plates, cups, napkins for fund raiser & postage</i>	<i>\$ 100.00</i>	<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				<i>\$ 100.00</i>	
TOTAL (if last page of this schedule)				<i>\$ 100.00</i>	

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