

FOR INSTRUCTIONS, SEE BACK OF FORM

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DISCLOSURE SUMMARY PAGE

COMMITTEE NAME (Must be same as on Statement of Organization)
Friends of Poweshiek Extension
IMPORTANT: Indicate by # type of committee you are reporting for: [11]
CANDIDATE COMMITTEES ONLY:
Candidate Name: [blank] Political Party (if applicable): [blank]
Office Sought: [blank] District (if Senate or House): [blank]

FORM DR-2 DISCLOSURE REPORT
For Office Use Only
Comm #
Logged In
Scanned
Computer
Audited
File with: Iowa Ethics and Campaign Disclosure Board
510 E. 12th, Ste. 1A
Des Moines, Iowa 50319
Fax: 515-281-3701

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: [Signature] TELEPHONE: 641-236-7700 DATE SIGNED: 10-30-06

I AM FILING A November 2, 2006 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
November 7, 2006
County & Local Committees, enter County in which Election is held

STATEMENT OF CASH ON HAND

Table with 2 columns: Description and Amount. Rows include CASH ON HAND at beginning, ADD TOTAL MONEY TAKEN IN THIS PERIOD (Schedule A, F, H), SUBTRACT TOTAL MONEY SPENT THIS PERIOD (Schedule B, F), and CASH ON HAND at end of reporting period.

**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 [X] 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)
Friends of Roubidoux Extension

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
2/3/06	ID# CK# 90289	Sig Manufacturing 4015 Front St "Fly in the ointment" Montezuma IA 50112		\$ 648.00	<input checked="" type="checkbox"/>
8/19/06	ID# CK# 90230	Sig Manufacturing "Fly in the ointment"	(11) same as above	666.00	<input checked="" type="checkbox"/>
9/12/06	ID# CK# Cash	- Sig Manufacturing - donation due to "fly in"	(11) same as above	20.00	<input checked="" type="checkbox"/>
8-30-06	ID# CK# 9779	1775 Old 16 Rd Brooklyn Marion IA 52111		250.00	<input type="checkbox"/>
9-9-06	ID# CK# 5318	PO Box 537 Federal Bank Brooklyn IA 52111		250.00	<input type="checkbox"/>
9-19-06	ID# CK# 55988	1103 Broad St Grunnell IA 50112 Smith Funeral Home		100.00	<input type="checkbox"/>
9-22-06	ID# CK# 962730	1030 Broad St Grunnell IA 50112 F&M Bank		250.00	<input type="checkbox"/>
9-29-06	ID# CK# Cash	PO Box 149 Grunnell IA 50112 Wells Fargo		20.00	<input type="checkbox"/>
9-28-06	ID# CK# 087146	815 4th Ave Grunnell IA 50112 Grunnell State Bank		200.00	<input type="checkbox"/>
10-4-06	ID# CK# 1562	412 390th Ave Grunnell IA 50112 Kow Funeral Home		50.00	<input type="checkbox"/>

SUB-TOTAL
\$ 2126.00
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



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)
Friends of Josephine Ellsworth

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
10-23-06	ID# CK# 1086	Mark Kenneth Torres 796 460 th Ave Grinnell, IA 50112		\$ 100.00	<input type="checkbox"/>
10-25-06	ID# CK# 4242	TIP REC 612 West Des Moines St Brooklyn IA 52211		200.00	<input type="checkbox"/>
10-22-06	ID# CK# 5200	Sherry Glenn 2569 67 th St Urbandale, IA 50322		50.00	<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"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

TOTAL (if last page of this schedule)

\$ 284.00

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EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

SCHEDULE **B**
(Rev. 07/03) MONETARY EXPENDITURES

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.

CHECK THIS BOX IF AMENDING FORM

COMMITTEE NAME (Must be same as on Statement of Organization)
Friends of Tom Voth Extension

DATE EXPENDED (MM/DD/YY)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
8-12-06	ID# CK# 501	19850 P.O. Box 15156 Wilmington, DE	Product - purchased	\$ 492. ⁷⁹
8-30-06	ID# CK# 502	201 E Liberty Montezuma IN 46781	Voter list	18. ⁰⁰
9-6-06	ID# CK# 503	Total Choice Shipping 212 Commercial Grinnell, IA 52142	banner	54.05
10-3-06	ID# CK# 504	Postmaster 201 E Liberty Box 9998 Montezuma IA 46781	Postage Stamp	273. ⁰⁰
10-6-06	ID# CK# 505	812 Commercial Grinnell, IA 52142	Mounted ballots Postage Stamp	39. ⁰⁰
10-11-06	ID# CK# 506	110 New Orchard Brooklyn, IN 46721 PAW Mounting	Yard Signs	991. ⁵⁹
	ID#			
	CK#			

SUB-TOTAL \$ 1898.43

TOTAL (if last page of this schedule) \$ 1898.43

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)

Friends of Poweshoke Extension

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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
9-29-08	Grunnell Mutual Reinsurance Co →	4215 Hwy 46 Grunnell IA	printing brochures	255.00	<input type="checkbox"/>
10-2-08	Grunnell Regional Medical Center →	210 4th Ave Grunnell IA	printing brochures	75.00	<input type="checkbox"/>
10-25-08	Farm Bureau Poweshoke Co 125 Jackson Brooklyn IA	125 Jackson Brooklyn IA	printing brochures	494.34	<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 \$

TOTAL (if last page of this schedule) \$

794.34

*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage) (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.