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)*

Friends of Poweshiek Extension

IMPORTANT: Indicate by # type of committee you are reporting for: [11]
(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 _____ Political Party (if applicable) _____

Office Sought _____ District (if Senate or House) _____

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD
NOV 14 2006
FILED

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.

Charlie Daus — SIGNATURE OF PERSON FILING REPORT
641-236-7700 — TELEPHONE
10-30-06 — DATE SIGNED

I AM FILING A November 2, 2006 (report date) REPORT FOR (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: November 7, 2006
County & Local Committees, enter County in which Election is held: _____

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) 2834.00

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 ..... $ 0

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

ttach Schedule B) (**also see debts and loans below) 1,898.43

al (Attach Schedule F) 0

period (if final report balance must ..... $ 935.57

Schedule D) ..... $ —

E - Attach Schedule E) ..... $ 794.34

F - Attach Schedule F) ..... $ —

Attached?) ___ YES X NO

Schedule H - Attach Schedule H) $ —

ed campaign account bank statement in January of each year.

Patriot Bank

Darker copies to replace original.

original rec'd Oct 31

For Instructions, See Back of Form

[redacted]

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
☐ 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 Powesheik 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/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
8/8/06	ID# CK# 90289	Sig Manufactory 401 S Front St "Fly in breakfast" Montezuma IA 50171		$648.00	✓
8/8/06	ID# CK# 90230	Sig Manufactory (11) "Fly in Breakfast"	same as above	666.00	✓
8/8/06	ID# CK# Cash	- Sig Manufactory - (11) donation due to "Fly In"	same as above	20.00	✓
8-30-06	ID# CK# 9779	1775 Old 6 Rd Brooklyn Manatts IA 52211		250.00	
9-9-06	ID# CK# 5318	PO Box 582 Patriot Bank Brooklyn IA 52211		250.00	
9-19-06	ID# CK# 55988	1103 Broad St Grinnell IA 50112 Smith Funeral Home		100.00	
9-22-06	ID# CK# 962730	1030 Broad St Grinnell F + M Bank IA 50112		250.00	
9-29-06	ID# CK# Cash	PO Box 149 Grinnell IA 50112 Wells Fargo		50.00	
9-28-06	ID# CK# 027146	814 4th Ave Grinnell IA 50112 Grinnell State Bank		200.00	
10-4-06	ID# CK# 1562	422 390th Ave Grinnell IA 50112 Royal Roland CPA		50.00	
			SUB-TOTAL	$2481.	
			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

[redacted]

SCHEDULE **A** (Rev. 07/03)	MONETARY RECEIPTS
☐ 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 Powesheik Eltenson

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/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
10-23-06	ID# CK# 1086	Mark Kennett Farms	796 460th Ave Grinnell, IA 50112	$ 100.00	
10-25-06	ID# CK# 42428	TIP REC 612 West Des Moines St Brooklyn IA 52211		200.00	
10-28-06	ID# CK# 5200	Sherry Glenn 2569 67th St Urbandale, IA 50322		50.00	
	ID# CK#				
	ID# CK#				
	ID# CK#				
	ID# CK#				
	ID# CK#				
	ID# CK#				
	ID# CK#				

SUB-TOTAL $ 350.00

TOTAL ***(If last page of this schedule)*** $ 2834.00

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FOR INSTRUCTIONS, SEE BACK OF FORM

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

☐ 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)*: Friends of Powesheik Extension

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
8-10-06	ID# CK# 501	Discover P.O. Box 15156 Wilmington, DE 19850	Product - purchased for Fly-In fund raiser	$ 492.79
8-30-06	ID# CK# 502	Powesheik Co Treasurer PO Box 208 Montezuma IA 50171	Voter list	18.00
9-6-06	ID# CK# 503	Total Choice Shipping 812 Commercial Grinnell, IA 50112	banner	84.05
10-3-06	ID# CK# 504	Postmaster 201 E Liberty Box 1998 Montezuma IA 50171	Postage Stamps	273.00
10-6-06	ID# CK# 505	812 Commercial St Grinnell IA 50112 Total Choice Shipping	Absentee ballots Postage Stamps	39.00
10-11-06	ID# CK# 506	110 N 1st Orchard Brooklyn, IA 52211 PAW Marketing	Yard Signs	991.59
	ID# CK#			
	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)(l).)

FOR INSTRUCTIONS, SEE BACK OF FORM

SCHEDULE E (Rev. 06/97)	IN-KIND CONTRIBUTIONS

☐ CHECK THIS BOX IF AMENDING FORM

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

[redacted]

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
9-19-06	Grinnell Mutual Reinsurance Co →	4815 Hwy 146 Grinnell IA 50112	printing brochures	$ 225.00	☐
10-2-06	Grinnell Regional Medical Center →	210 4th Ave Grinnell IA 50112	printing brochures	75.00	☐
10-25-06	Farm Bureau Poweshiek Co.	125 Jackson Brooklyn IA 52211	printing brochures	494.34	☐
					☐
					☐
					☐
					☐
					☐
					☐
					☐
			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.