Scott

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FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

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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)*

CITIZENS FOR ENGELMANN

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: TOM ENGELMANN

Political Party (if applicable): DEMOCRAT

Office Sought: COUNTY TREASURER

District (if Senate or House):

IA ... DIS ... JAN 23 2007 PM UNREADABLE

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.

Thomas Engelmann — **SIGNATURE OF PERSON FILING REPORT**

563-386-2672 — **TELEPHONE**

1/18/07 — **DATE SIGNED**

I AM FILING A 12-31-06 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 SCOTT

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.) $	5415.44
ADD TOTAL MONEY TAKEN IN THIS PERIOD	
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)	2650.00
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 $	8065.44
SUBTRACT TOTAL MONEY SPENT THIS PERIOD	
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)	7763.07
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) $	302.37

****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

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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)*

CITIZENS FOR ENGELMANN

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
10/19/06	ID# CK# 1042	PLUMBERS + PIPEFITTERS LOCAL 25- 4600 46TH AVE ROCK ISLAND IL 61201	IOWA ST PAC	$ 250.00	☐
10/23/06	ID# CK#	DOUG CUNNINGHAM 1019 ARLINGTON CT DAV IA 52803		100.00	☐
	ID# CK# 1717	SCOTT COUNTY DEMOCRATS P.O. BOX 2009 DAV IA 52809		100.00	☐
	ID# CK#	MISCELLANEOUS UNIDENTIFIED CASH		100.00	☐
10/27/06	ID# CK#	BOB WEINBERG 4920 HAMILTON DR DAV IA 52807		50.00	☐
	ID# CK#	TOM ENGELMANN 4552 MAIN DAV IA 52806	CANDIDATE	1000.00	☐
11/06/06	ID# CK#	KEN CROKEN 29 HILLCREST AVE DAV IA 52803		25.00	☐
	ID# CK#	JAN FITZGERALD 3015 W RUSHMORE DAV IA 52804		25.00	☐
11/17/06	ID# CK#	TOM ENGELMANN 4552 MAIN ST DAV IA 52806	CANDIDATE	1000.00	☐
	ID# CK#				☐

SUB-TOTAL $2650.00

TOTAL ***(if last page of this schedule)*** $2650.00

* 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

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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)*

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
10/29/06	ID# CK# 575	SCOTT COUNTY DEMOCRATS P.O. BOX 2009 DAV IA 52809	DONATION	$ 100.00
10/1/06	ID# CK# 576	HERALD PRINTING CO. 824 15TH AVE E. MOLINE, IL 61244	PRINTING	2,100.00
11/6/06	ID# CK# 577	QUAD CITY FIRST MAIL 5333 AVENUE OF THE CITIES MOLINE, IL 61265	MAILING	531.57
11/10/06	ID# CK# —	FIRST MIDWEST BANK 320 W KIMBERLY DAV IA 52806	BANK SC's	31.50
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			

SUB-TOTAL $ 7763.07

TOTAL ***(if last page of this schedule)*** $ 7763.07

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 Schedule B)