

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

Reset Form

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)  
Committee to Elect Moritz

IMPORTANT: Indicate by # type of committee you are reporting for  
 (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: Roxanna Moritz Political Party (if applicable): Democrat  
 Office Sought: County Supervisor District (if Senate or House): \_\_\_\_\_

DISCLOSURE  
 JAN 19 2007  
 FAX

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 D Moritz TELEPHONE (563) 324-4752 DATE SIGNED 10/18/07  
 SIGNATURE OF PERSON FILING REPORT

I AM FILING A January 19, 2007 REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR.  
 (report date) Indicate by #  2

- 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  
11/7/2006  
 County & Local Committees, enter County in which Election is held  
Scott County

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.)	\$	<u>2849.07</u>
ADD TOTAL MONEY TAKEN IN THIS PERIOD		
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)		<u>2750.00</u>
Schedule F: Loans Received total (Attach Schedule F)		<u>0</u>
Schedule H: Total Sales of Campaign Property (Attach Schedule H)		<u>0</u>
(Schedule H applies to Candidates' Committees Only)		
SUB-TOTAL	\$	<u>5599.07</u>
SUBTRACT TOTAL MONEY SPENT THIS PERIOD		
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)		
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)	\$	<u>\$ 429</u>
**UNPAID BILLS (From Schedule D - Attach Schedule D)	\$	
**IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)	\$	<u>7650</u>
**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



SCHEDULE <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 Elect Monitz

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/YYR)	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
10/17/06	ID# CK# 1824	Gregory & Debbie Ward 1716 Elmwood Drive Bettendorf, IA 52722		\$ 2500	<input checked="" type="checkbox"/>
10/17/06	ID# CK# 3329	William Gluba 2431 Gaines Street Davenport, IA 52804		2500	<input checked="" type="checkbox"/>
10/17/06	ID# CK# 1574	Meredith & Jeffrey Vanderquist 1906 Valley Vista Drive Bettendorf, IA 52722		2500	<input checked="" type="checkbox"/>
10/17/06	ID# CK# 9093	Robert Wernberg 4920 Hamilton Drive Davenport, IA 52807		2500	<input checked="" type="checkbox"/>
10/17/06	ID# CK# 1512	Juliewalton 2125 1/2 Lombard Street Davenport, IA 52803		2500	<input checked="" type="checkbox"/>
10/17/06	ID# CK# 2798	Melissa & Daniel Franz 1908 Valley Vista Drive Bettendorf, IA 52722		2500	<input checked="" type="checkbox"/>
10/17/06	ID# CK# 1241	James Sothmann 2502 Davis Street Davenport, IA 52804		2500	<input checked="" type="checkbox"/>
10/17/06	ID# CK# 7300	Thomas Fritzens 2815 E. Central Park Davenport, IA 52803		2500	<input checked="" type="checkbox"/>
10/17/06	ID# CK# 9891	Michael & Barbara Ray 114 Valley Heights Rd. Blue Grass, IA 52726		2500	<input checked="" type="checkbox"/>
10/17/06	ID# CK# 4140	Jerald Feuerbach 3543 W. Garfield Davenport, IA 52804		2500	<input checked="" type="checkbox"/>
SUB-TOTAL				\$ 25000	
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 <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 Elect Maritz**

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.

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10/17/06	ID# CK# 2080	William Davis 514 E. Washington Davenport, IA. 52803		\$ 200.00	<input checked="" type="checkbox"/>
10/17/06	ID# CK# 6206	Kenton Allen 6522 Thomas Ct. Bettendorf, IA 52722		50.00	<input checked="" type="checkbox"/>
10/12/06	ID# CK# 12469	Michael & Nancy Getzel 6132 West River Drive Davenport, IA. 52802		50.00	<input checked="" type="checkbox"/>
10/20/06	ID# CK#	Plumbers & Pipefitters #25 4600-46th Avenue Rock Island, IL 61201		200.00	<input checked="" type="checkbox"/>
10/27/06	ID# CK# 9511	Dr. Wayne Zemelka 1907 Valley Vista Drive Bettendorf, IA. 52722		50.00	<input checked="" type="checkbox"/>
10/17/06	ID# CK# 673	Teamsters Drive #34 7909 - 42nd Street Rock Island, IL 61201		100.00	<input checked="" type="checkbox"/>
10/17/06	ID# CK# 4535	Dennis Debecker 3400 Central Avenue Bettendorf, IA. 52722		50.00	<input checked="" type="checkbox"/>
10/17/06	ID# CK# 00375220	UFAO 1775 K Street, N.W. Washington, D.C. 20006		100.00	<input checked="" type="checkbox"/>
10/17/06	ID# CK# 1183	MILWrights #2158 2707 62nd Street Ct Bettendorf, IA 52722		200.00	<input type="checkbox"/>
10/18/06	ID# CK# 9266	Kob's Dale Pick 2819 East 42nd Ct. Davenport, IA. 52807		100.00	<input type="checkbox"/>
SUB-TOTAL				\$ 1100	
TOTAL (if last page of this schedule)				\$	

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For Instructions, See Back of Form



SCHEDULE	
<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 Elect Moritz

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/YYR)	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
10/17/06	ID# CK#	Jim Schuller 1000 44th Street SE Cedar Rapids, IA 52403		\$ 50 <sup>00</sup>	<input checked="" type="checkbox"/>
10/30/06	ID# CK#	Doug Walters Bettendorf, IA 52722		100	<input checked="" type="checkbox"/>
11/03/06	ID# CK# 4256	Democracy for America P.O. Box 833 Burlington, VT 05402		200 <sup>00</sup>	<input type="checkbox"/>
11/3/06	ID# CK# 2128	Kenneth Crokin 24 Hillcrest Davenport, IA 52803		50 <sup>00</sup>	<input type="checkbox"/>
11/3/06	ID# CK# 2375	Quad City Federation of Labor 3112 21st Street Rock Island, IL 61201		550 <sup>00</sup>	<input type="checkbox"/>
12/17/06	ID# CK# 9710	Roxanna Moritz 200 N. Elmwood Ave Davenport, IA 52802		50 <sup>00</sup>	<input type="checkbox"/>
	ID# CK#	Roxanna Moritz 200 N. Elmwood Ave Davenport, IA 52802		350 <sup>00</sup>	<input type="checkbox"/>
	ID# CK#	Fish Bowl		50 <sup>00</sup>	<input checked="" type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

\$ 1400  
\$ 2750<sup>00</sup>

TOTAL (If last page of this schedule)

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FOR INSTRUCTIONS, SEE BACK OF FORM



**EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT**

<b>SCHEDULE B</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)  
**Committee to Elect Moritz**

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
10/16/06	ID# CK# 1072	HyVee 2351 West Locust Davenport, IA 52801	Provisions	\$ 36.12
10/01/06	ID# CK# 1073	Progressive Action 3707 Eastern Avenue Davenport, IA 52807	Banquet Ticket	15.00
10/11/06	ID# CK# 1074	Catholic Messenger P.O. Box 460 Davenport, IA 52805	Ad for Booklet	172.??
10/23/06	ID# CK# 1075	Quad City Direct Mail 5333 Ave. of the Cities Moline, IL 61465	Mailers	4,391.84
4/13/06	ID# CK# 1076	AT&T Universal P.O. Box 44167 Sackville, PI. 3223	Payment for Post Election Party @ Chef's Hat Restaurant	4549.30
4/18/06	ID# CK#	Wells Fargo 1618 Main Davenport, IA	Monthly Image Statement	2.14
4/18/06	ID# CK#	SAME AS ABOVE	Monthly Service Fee	5.35
10/27/06	ID# CK#	SAME AS ABOVE	Return Check Fee	9.00
SUB-TOTAL				\$ 5179.52
TOTAL (if last page of this schedule)				\$

**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



**EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT**

SCHEDULE <b>B</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)

*Committee to Elect Morib*

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
2/8/06	ID# CK#	Wells Fargo Bank 1618 main Downport IA	Monthly Inage Statement	\$ 2.14
12/8/06	ID# CK#	Same as Above	Monthly Service fee	\$ 5.35
12/18/06	ID# CK# 1077	AT&T Universal P.O. Box 44167 Jacksonville, FL 32231	Payment for Signas	361.66
1/9/07	ID# CK#	Wells Fargo Bank 1618 main Downport IA	Monthly Inage Statement	2.14
1/9/07	ID# CK#	Same as Above	Monthly service fee	\$ 5.35
	ID# CK#			
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$ 376.64
TOTAL (if last page of this schedule)				\$ 556.16

**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)  
Committee to Elect Moritz

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

TOTAL UNPAID LOANS FROM LAST REPORTING PERIOD \$ 400.00



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

**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
			\$

TOTAL (PART I) \$ 0

**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
			\$

TOTAL CASH REPAYMENTS (PART II) \$ 0

From Schedule E - TOTAL LOANS FORGIVEN \$ 0

TOTAL OUTSTANDING LOANS END OF REPORT PERIOD \$ 400.00

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JAN-19-2007 FRI 03:25 PM Mack Jansen Tholl FAX No. 15633446078 P. 009

FOR INSTRUCTIONS, SEE BACK OF FORM

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

Committee to Elect Moritz



<b>SCHEDULE E</b> (Rev. 06/07)	<b>IN-KIND CONTRIBUTIONS</b>
<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
01/16/07	Internet Revealed LLC P.O. Box 1023 Melrose, FL 32666-1023	Candidate	Payment for Internet Service	\$ 76 <sup>50</sup>	<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				\$ 76 <sup>50</sup>	
TOTAL (if last page of this schedule)				\$ 76 <sup>50</sup>	

\*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.