

# DISCLOSURE SUMMARY PAGE

FORM  
**DR-2**  
(Rev. 01/98)

DISCLOSURE  
REPORT

For Office Use Only

Comm # \_\_\_\_\_  
Indexed \_\_\_\_\_  
Audited \_\_\_\_\_  
Computer \_\_\_\_\_

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

Middlesburt for Supervisor

IMPORTANT: Indicate type of committee you are reporting for:

- ( 1 ) Statewide/Legislative Candidate ( 2 ) Statewide PAC ( 3 ) State Party ( 4 ) County/Local Candidate
- ( 5 ) County PAC ( 6 ) Ballot Issue/Franchise Committee ( 7 ) County/City Central Committee
- ( 8 ) Support Slate of Candidates

Jane Reeves

SIGNATURE OF TREASURER (or person filing this report)

545 941 0223

TELEPHONE

07/17/2006

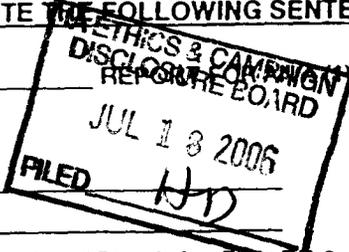
DATE SIGNED

**Routine Penalties Due For Late Filed Reports Range from \$20 to \$800**

**SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE:**

I AM FILING A 07/19/2006

(report date)



ELECTION / (2) NON-ELECTION YEAR.

Indicate one

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 Notice of Dissolution is filed.)

Local Committees, enter Date of Election

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. (This is the total of all monies 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.)

\$ 556.52

**ADD TOTAL MONEY TAKEN IN THIS PERIOD**

Schedule A: Cash Contributions total (Attach Schedule A) \_\_\_\_\_

355.00

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.....\$

911.52

**SUBTRACT TOTAL MONEY SPENT THIS PERIOD**

Schedule B: Expenditures total (Attach Schedule B) \_\_\_\_\_

195.00

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)

\$ 716.52

UNPAID BILLS (From Schedule D - Attach Schedule D) \_\_\_\_\_

\$ 0

IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E) \_\_\_\_\_

\$ 0

OUTSTANDING LOANS (From Schedule F - Attach Schedule F) \_\_\_\_\_

\$ 0

**CANDIDATE COMMITTEES ONLY:**

CONSULTANT BREAKDOWN (Schedule G Attached?) \_\_\_\_\_

\_\_\_ YES \_\_\_ NO

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H) \_\_\_\_\_

\$ \_\_\_\_\_

SCHEDULE <b>A</b> (Rev. 06/97)	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)  
*Middlesworth 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.

**CAUTION:** Section 68B.32A(6), Iowa Code, 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
05/17/2006	ID# CK# 2368	Geraldine Middlesworth 518 N Buxton St Indianola IA 50125		\$100 <sup>00</sup>	
5/31/06	ID# CK# 11431	Steve/Janis Walters 7924 Illinois St Indianola IA 50125		125. <sup>00</sup>	
6/21/06	ID# CK# 3117	Scott/Heather Ourth 1209 W 2nd Ave NE 9D Indianola IA 50125		100 <sup>00</sup>	
5/22/06	ID# CK# 2535	Theresa Harkin 5285 33 <sup>rd</sup> Ave Norwalk IA 50211		30. <sup>00</sup>	
	ID# CK#				
SUB-TOTAL				\$ 355. <sup>00</sup>	
<b>TOTAL (if last page of this schedule)</b>				\$ 355. <sup>00</sup>	

\* 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) (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.

Reset 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)

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
07/15/06	ID# CK# 152	US Postal Service Indwnc121A 50125	1 <sup>st</sup> class postage stamps	\$ 195. <sup>00</sup>
	ID# CK#			

SUB-TOTAL \$ 195.<sup>00</sup>  
 TOTAL (if last page of this schedule) \$ 195.<sup>00</sup>

**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).)

