

*Webster*

FOR INSTRUCTIONS, SEE BACK OF FORM

**DISCLOSURE SUMMARY PAGE**

<b>FORM DR-2</b> (Rev. 12/2005)	<b>DISCLOSURE REPORT</b>
<b>For Office Use Only</b>	
Comm. # _____	Logged In _____
Scanned _____	Computer _____
Audited _____	
File with: Iowa Ethics and Campaign Disclosure Board 510 E. 12 <sup>th</sup> St., Ste. 1A Des Moines, Iowa 50319 Fax: 515-281-3701	

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

*Motl for Supervisor*

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 Kim Motl Political Party (if applicable) Democratic

Office Sought County Supervisor District (If Senate or House) JUL 18 2006

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.

Julia K. Geopfert  
SIGNATURE OF PERSON FILING REPORT

515-570-5017  
TELEPHONE

07-17-06  
DATE SIGNED

I AM FILING A June 19, 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 <u>11-07-06</u>
County & Local Committees, enter County in which Election is held <u>Webster</u>

**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>238.62</u>
<b>ADD TOTAL MONEY TAKEN IN THIS PERIOD</b>		
Schedule A: Cash Contributions total (Attach Schedule A) (**also see in-kind below)	\$	<u>1211.09</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>
<i>(Schedule H applies to Candidates' Committees Only)</i>		
<b>SUB-TOTAL</b>	\$	<u>1449.71</u>
<b>SUBTRACT TOTAL MONEY SPENT THIS PERIOD</b>		
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)		<u>146.12</u>
Schedule F: Loan Repayments total (Attach Schedule F)		<u>- 0 -</u>
CASH ON HAND at the end of this reporting period (if final report balance must be zero) (Attach DR-3)	\$	<u>1303.59</u>
<b>UNPAID BILLS</b> (From Schedule D - Attach Schedule D)	\$	<u>81.65</u>
<b>IN KIND CONTRIBUTIONS</b> (From Schedule E - Attach Schedule E)	\$	<u>- 0 -</u>
<b>OUTSTANDING LOANS</b> (From Schedule F - Attach Schedule F)	\$	<u>- 0 -</u>
CONSULTANT BREAKDOWN (Schedule G Attached?)	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
<b>CANDIDATE COMMITTEES ONLY:</b>		
VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)	\$	<u>- 0 -</u>

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

For Instructions, See Back of Form

**CONTRIBUTIONS -- MONEY TAKEN IN**  
(Including candidate's personal funds)

SCHEDULE <b>A</b> (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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

Motl 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.

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
05-17-06	ID# CK# 6777	Carol M. Messerly 2277 4th Ave N. Ft. Dodge, Ia. 50501	None	\$100.00	<input type="checkbox"/>
05-17-06	ID# CK# 4520	Helen M. Miller 1936 15th Ave N. Ft. Dodge, Ia. 50501	NONE	\$250.00	<input type="checkbox"/>
05-17-06	ID# CK# 17036	Shari Fitzgerald 726 N. 3rd St. Ft. Dodge, Ia. 50501	NONE	\$150.00	<input type="checkbox"/>
05-17-06	ID# CK# Cash	Kari Smith 3147 190th St. Runcombe, Ia. 50532	NONE	\$10.00	<input type="checkbox"/>
05-23-06	ID# CK# 4845	Shirlee Trent 2527 22nd Ave N. Ft. Dodge, Ia. 50501	NONE	\$25.00	<input type="checkbox"/>
06-07-06	ID# CK# Cash	Marcy Lundberg 2423 N. 15th Place Ft. Dodge, Ia. 50501	NONE	\$25.00	<input type="checkbox"/>
06-14-06	ID# CK# 3551	Lisa Condon 1527 170th St. Clare, Ia. 50524	Sister	\$500.00	<input type="checkbox"/>
07-04-06	ID# CK# 6663	JoAnn Beall 1928 N. 22nd St. Ft. Dodge, Ia. 50501	NONE	\$100.00	<input type="checkbox"/>
07-11-06	ID# CK# 9264	Judy Cosgrove 231 N 26th St. Ft. Dodge, Ia. 50501	NONE	\$50.00	<input type="checkbox"/>
06-30-06	ID# CK# INTEREST	Frontier Credit Union 13 S 3rd St. Ft. Dodge, Ia. 50501	NONE	\$1.04	<input type="checkbox"/>

SUB-TOTAL

\$1210.04

TOTAL (if last page of this schedule)

\$1211.09

\* 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.

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

SCHEDULE <b>B</b> (Rev 07/03)	MONETARY EXPENDITURES
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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)  
*Motl for Supervisor*

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
07-07-06	ID# CK# 1001	Jif: Print 2200 Central Ave Ft. Dodge, Ia. 50501	leaflets	\$ 146.12
	ID# CK#			

SUB-TOTAL \$

TOTAL (If last page of this schedule) \$ 146.12

**THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:**  
 Purchases of certain campaign property costing \$300 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

SCHEDULE <b>D</b> (Rev. 08/98)	INCURRED INDEBTEDNESS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)  
*Motl for Supervisor*

NOTE: Debts previously reported that remain unpaid must be included on this Schedule, as well as any new obligations incurred in this period.



**DEBTS/OBLIGATIONS REMAINING THIS REPORTING PERIOD  
(DO NOT INCLUDE LOANS -- SHOW LOANS ON SCHEDULE F)**

An "incurred debt" is a debt for goods or services ordered or received, but not paid for by the end of the reporting period, regardless of whether an invoice has been received.

DATE INCURRED (MM/DD/YR)	NAME AND ADDRESS OF PERSON TO WHOM DEBT OR OBLIGATION IS OWED	DESCRIPTION OF GOODS OR SERVICES PROVIDED OR PURCHASED	BALANCE OWED AT CLOSE OF REPORTING PERIOD*
	<i>Jifi Print 2200 Central Ave. Ft. Dodge, Ia. 50501</i>	<i>invitations for fundraiser &amp; postage</i>	<i>\$ 81.65</i>
SUB-TOTAL			\$
TOTAL DEBTS OWED BY COMMITTEE AT THE END OF THIS REPORTING PERIOD			\$ <i>81.65</i>

\*If actual figure is unknown, show "estimated" beside the figure.

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(for Schedule D)

**CANDIDATE COMMITTEES NOTE:**  
\*Incurred indebtedness also includes each person/entity with whom the candidate's committee has entered into a contract during the reporting period for future or continuing performance. Enter the name of the consultant who provides or procures services for items such as advertising, fund-raising, polling, managing, or organizing services. Report on Schedule G the nature of performance and the estimated performance reasonably expected of the consultant.