

**DISCLOSURE SUMMARY PAGE**

<b>FORM DR-2</b> (Rev. 07/2004)	<b>DISCLOSURE REPORT</b>
<b>For Office Use Only</b>	
Comm. # _____	Logged In _____
Scanned _____	Computer _____
Audited _____	

**COMMITTEE NAME** (Must be same as on Statement of Organization)  
Friends of 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) \_\_\_\_\_

**ETHICS & CAMPAIGN DISCLOSURE BOARD**  
 JAN - 5 2006  
 PM 1.3.06  
 FILED

Late reports are subject to possible civil and criminal penalties.

E. J. Van Best 712-255-3191 1/3/06  
**SIGNATURE OF PERSON FILING REPORT TELEPHONE DATE SIGNED**

I AM FILING A Jan. 1 - Dec. 31, 2005 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  
Nov. 2006  
 County & Local Committees, enter County in which Election is held  
Woodbury County

**STATEMENT OF CASH ON HAND**

<b>CASH ON HAND</b> at the beginning of the reporting period. (Total of all funds held by the committee. This amount <b>MUST</b> 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>0</u>
<b>ADD TOTAL MONEY TAKEN IN THIS PERIOD</b>	
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)	<u>\$ 1,460<sup>00</sup></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>
<b>(Schedule H applies to Candidates' Committees Only)</b>	
<b>SUB-TOTAL</b> .....	\$ <u>1,460<sup>00</sup></u>
<b>SUBTRACT TOTAL MONEY SPENT THIS PERIOD</b>	
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)	<u>\$ 116<sup>99</sup></u>
Schedule F: Loan Repayments total (Attach Schedule F)	<u>0</u>
<b>CASH ON HAND</b> at the end of this reporting period (if final report balance must be zero) (Attach DR-3)	\$ <u>1,343<sup>01</sup></u>
<b>**UNPAID BILLS</b> (From Schedule D - Attach Schedule D)	\$ <u>0</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>
<b>CANDIDATE COMMITTEES ONLY:</b>	
<b>CONSULTANT BREAKDOWN</b> (Schedule G Attached?)	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>VALUE OF CAMPAIGN PROPERTY</b> (From Schedule H - Attach Schedule H)	\$ _____

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)

*Friends of 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.

**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
	ID# CK#	<i>See attached detail</i>		\$	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
<b>SUB-TOTAL</b>				\$	
<b>TOTAL (if last page of this schedule)</b>				\$ <i>1,460<sup>00</sup></i>	

\* 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



### 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.

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*Friends of 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
	ID# CK#		<i>See attached detail</i>	\$
	ID# CK#			
<b>SUB-TOTAL</b>				\$
<b>TOTAL (if last page of this schedule)</b>				\$ <i>116.99</i>

**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).)

Attachment to  
Schedule B

**Friends of Extension**

**Expenditures - Money Spent - FAB Account # 11187757**

<u>Check #</u>	<u>Date</u>	<u>Expenditure to Whom</u>	<u>Address of Expenditure to Whom</u>	<u>Purpose of Expenditure</u>	<u>Amount</u>
1	11/23/05	Sherry Mc Gill	119 Golden Drive Sergeant Bluff, IA 51054	reimburse for postage	\$ 59.94
2	11/23/05	Woodbury County Extension	4301 Sergeant Road Sioux City, IA 51106	reimburse for supplie/postage	\$ 57.05
<b>TOTAL</b>					<b>\$ 116.99</b>