

FOR INSTRUCTIONS, SEE BACK OF FORM

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DISCLOSURE SUMMARY PAGE

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

Committee to ELECT Scott BELT

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: Scott A. BELT, Political Party: REPUBLICAN, Office Sought: STATE REP., District: 100

FORM DR-2 (Rev. 12/2005) DISCLOSURE REPORT. For Office Use Only: Comm. # 1656, Logged In [initials], Scanned, Computer, Audited. 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.

SIGNATURE OF PERSON FILING REPORT: [Signature], TELEPHONE: 712 322-7729, DATE SIGNED: 7/17/06

I AM FILING A July 19, 2006 (report date) REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR. 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.)

ETHICS & CAMPAIGN DISCLOSURE BOARD JUL 20 2006 pm 7:18

Local Committees, enter Date of Election. County & Local Committees, enter County in which Election is held

STATEMENT OF CASH ON HAND

Table with 2 columns: Description and Amount. Rows include: CASH ON HAND at the beginning of the reporting period (\$4434.29), ADD TOTAL MONEY TAKEN IN THIS PERIOD (Schedule A: \$5590.08, Schedule F: \$, Schedule H: \$), SUB-TOTAL (\$10,024.37), SUBTRACT TOTAL MONEY SPENT THIS PERIOD (Schedule B: \$3729.70, Schedule F: \$), CASH ON HAND at the end of this reporting period (\$6294.67)

**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, CONSULTANT BREAKDOWN (Schedule G Attached?) YES [] NO [x]

CANDIDATE COMMITTEES ONLY: VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H) \$ 0

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

For Instructions, See Back of Form



SCHEDULE A (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 Scott BELT

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
5/19/06	ID# CK#	RICHARD B. GRAEME REVOCABLE TRUST 1011 ARBOR RIDGE DR C.B. IA 51503		\$100 ⁰⁰	<input type="checkbox"/>
5/17/06	ID# CK#	WENDELL R. STUNTZ LYN D. STUNTZ 450 LINCOLN AVE E.B. IA 51503		25 ⁰⁰	<input type="checkbox"/>
5/16/06	ID# CK#	Scott M. OR BOBBETTE BEHRENS 139 WOODBURY CIRCLE C.B. IA 51503		25 ⁰⁰	<input type="checkbox"/>
5/26/04	ID# CK#	PATTY KLEMENT RICHARD KLEMENT 5 COTTNER DR C.B. IA 51503		75 ⁰⁰	<input type="checkbox"/>
6/9/06	ID# CK#	Jerry D. Banks Le Prairie Hills Lane C.B. Ia 51503		250 ⁰⁰	<input type="checkbox"/>
6/7/06	ID# CK#	Republican Party of Iowa - State Acct. 621 E. 9th St - Des Moines IA 50309		3,000 ⁰⁰	<input type="checkbox"/>
6/15/06	ID# CK#	Misc. Contributions		220 ⁰⁰	<input type="checkbox"/>
6/14/06	ID# 8476 CK# 1854	Straight Talk America 211 W. Union St. Ste 200 Alexandria, VA 22314		1,000	<input type="checkbox"/>
7/11/06	ID# 9705 CK# 2272	The Commonwealth PAC 45 School St. 2nd Floor Boston, Ma 02108		750 ⁰⁰	<input type="checkbox"/>
7/11/06	ID# CK#	Misc Contribution		145 ⁰⁸	<input type="checkbox"/>
SUB-TOTAL				\$5590 ⁰⁸	
TOTAL (if last page of this schedule)				\$5590 ⁰⁸	

* 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 (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 Scott A. BERT

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
6/16/06	ID# CK# 1501	HK Malloy Comm. 300 W. Broadway #235 C.B. Ia 51503	Consultation May/June	\$3000.00
7/12/06	ID# CK# 1502	HK Malloy Comm. 300 W. Broadway #235	yard signs, Post #1'S - Polo Shirts	584.62
7/11/06	ID# CK#	US POSTAL SERV. DES MOINES, IA 50318	24c BUCKEYE (2) @ 24.00 each	48.00
7/11/06	ID# CK#	OFFICE MAX 2700 JINGERSOLL DES MOINES, IA	OFFICE SUPPLIES B+W Call Letter Cutting Card / Color Ltr	97.08
	ID# CK#			
SUB-TOTAL				\$3729.70
TOTAL (if last page of this schedule)				\$3729.70

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).)