

Reset Form

DISCLOSURE SUMMARY PAGE

FORM DR-2 DISCLOSURE REPORT (Rev. 12/2005) For Office Use Only Comm. # 9724 Logged In SW Scanned Computer Audited File with: Iowa Ethics and Campaign Disclosure Board 510 E. 12th, Ste. 1A Des Moines, Iowa 50319 Fax: 515-281-3701

COMMITTEE NAME (Must be same as on Statement of Organization) IOWA FEDERATION OF ANIMAL OWNERS IMPORTANT: Indicate by # type of committee you are reporting for: 2 (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) School Board or Other Political Subdivision PAC (11) Local Ballot Question Candidate COMMITTEE TYPES AND CANDIDATE COMMITTEES ONLY Candidate Name Political Party (if applicable) Office Sought District (if Senate or House)

IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD JUL 12 2006 FILED pm 7-11

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: LouAnn Howard TELEPHONE: 515-989-4551 DATE SIGNED: 7-10-06

I AM FILING A JULY 19, 2006 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.) 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 (\$2,325.54), ADD TOTAL MONEY TAKEN IN THIS PERIOD (Schedule A: 350.00), SUB-TOTAL, SUBTRACT TOTAL MONEY SPENT THIS PERIOD (Schedule B, Schedule F), CASH ON HAND at the end of this reporting period (\$2,675.54)

**UNPAID BILLS (From Schedule D - Attach Schedule D) **IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E) **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

Reset 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)
IOWA FEDERATION OF ANIMAL OWNERS

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/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
6-8-06	ID# CK#	Karen Grell 3276 G. Ave. Vail, Iowa 51465		\$ 100. ⁰⁰	<input type="checkbox"/>
6-15-06	ID# CK#	Carla Zumbach 21473 200th Ave. Monticello, Iowa 52310		200. ⁰⁰	<input type="checkbox"/>
6-15-06	ID# CK#	Jacob J. Franka 1563 E. 517th Rd. Brighton, Mo 65617		50. ⁰⁰	<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"/>

SUB-TOTAL

\$
\$ 350.⁰⁰

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.