

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 Sharon Owens

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 Sharon Owens Political Party (if applicable) D
 Office Sought State Representative District (if Senate or House) HD 40

FORM DR-2 (Rev. 12/2005)	DISCLOSURE REPORT
For Office Use Only	
Comm. # <u>1674</u>	
Logged in <u>e</u>	
Scanned <u>✓</u>	
Computer <u>WRS</u>	
Audited <u>11-28-07</u>	
File with: Iowa Ethics and Campaign Disclosure Board 510 E. 12 th 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.

Sharon Owens 319-231-7135 November 2, 2006
 SIGNATURE OF PERSON FILING REPORT TELEPHONE DATE SIGNED

I AM FILING A 11-3-06 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 _____
 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. (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>6,186.23</u>
ADD TOTAL MONEY TAKEN IN THIS PERIOD		
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)	\$	<u>1,226.00</u>
Schedule F: Loans Received total (Attach Schedule F)	\$	<u>-</u>
Schedule H: Total Sales of Campaign Property (Attach Schedule H)	\$	<u>-</u>
<u>(Schedule H applies to Candidates' Committees Only)</u>		
SUB-TOTAL	\$	<u>7,412.23</u>
SUBTRACT TOTAL MONEY SPENT THIS PERIOD		
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)	\$	<u>2,950.00</u>
Schedule F: Loan Repayments total (Attach Schedule F)	\$	<u>-</u>
CASH ON HAND at the end of this reporting period (if final report balance must be zero) (Attach DR-3)	\$	<u>4,461.43</u>
**UNPAID BILLS (From Schedule D - Attach Schedule D)	\$	<u>3,250.25</u>
**IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)	\$	<u>-</u>
**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)	\$	<u>-</u>
CONSULTANT BREAKDOWN (Schedule G Attached?)		YES <input checked="" type="checkbox"/> NO
CANDIDATE COMMITTEES ONLY:		
VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)	\$	<u>-</u>
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 Sharon Owens

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
10/17/06	ID# CK#	Neil or Gayle Lundgren 508 Broad St Reinbeck, IA 50669		\$ 25.00	<input type="checkbox"/>
10/17/06	ID# CK#	Thomas Seda 500 Toledo St Traer, IA 50675		\$ 500.00	<input type="checkbox"/>
10/18/06	ID# CK#	Ruth Jeisy Paige 406 G Avenue Grundy Center, IA 50638		\$ 20.00	<input type="checkbox"/>
✓ 10/18/06	ID# CK#	Grundy County Democratic Central Committee		\$ 200.00	<input type="checkbox"/>
10/18/06	ID# CK#	Barry Cullinan D.C. 1210 State St. Tama, IA 52339		\$ 100.00	<input type="checkbox"/>
10/19/06	ID# CK#	Elvise Crank 2222 E 41 st St Des Moines IA 50317		\$ 25.00	<input type="checkbox"/>
10/24/06	ID# CK#	Larry Holacek 1808 State St. Tama, IA 52339		\$ 250.00	<input type="checkbox"/>
10/24/06	ID# CK#	Jack D. Burk 406 S Broadway Toledo IA 52342		\$ 25.00	<input type="checkbox"/>
10/24/06	ID# CK#	Ray and Betty Coleman 104 W Ohio St Toledo IA 52342		\$ 30.00	<input type="checkbox"/>
10/24/06	ID# CK#	Shirley Franklin 1304 Thomas Dr. Tama, IA 52339		\$ 10.00	<input type="checkbox"/>
SUB-TOTAL				\$ 1185.00	✓
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.

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EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input checked="" 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.

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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
10/20/06	ID# CK# 1041	North Tama School 605 Walnut Traer, IA 50675	popcorn at football game	\$ 50.00
10/21/06	ID# CK# 1042	CRAFT COCHRAN 1111 Ans Borough Ave WATERLOO, IA 50701	T-shirts	57.00 67.00
10/23/06	ID# CK# 1043	TRAEK STAR CLIPPER 625 SECOND ST. TRAEK IA 50675	Advertising	456.75
10/23/06	ID# CK# 1044	GRUNOY REGISTER 601 G Ave GRUNOY CENTER, IA 50638	Advertising	233.10
10/23/06	ID# CK# 1045	TRAEK STAR CLIPPER 625 SECOND ST. TRAEK IA 50675	Advertising	225.45
10/27/06	ID# CK# 1046	CONRAD RECORDS 104 N. MAIN CONRAD, IA 50621	Advertising	67.20
10/30/06	ID# CK# 1047	TRAEK STAR CLIPPER 625 SECOND ST. TRAEK IA 50675	Advertising	203.00
11/2/06	ID# CK# 1048	CARTER PRINTING CO. 1739 E. GRAND AVE DES MOINES IA 50316	YARD SIGNS	1648.30
SUB-TOTAL				\$ 2950.80
TOTAL (if last page of this schedule)				\$

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).)

