

DISCLOSURE SUMMARY PAGE

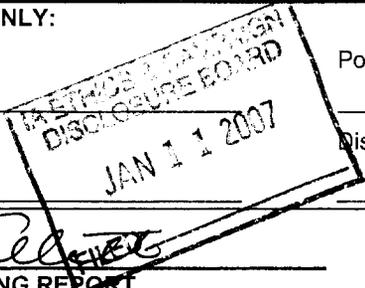
FORM DR-2 (Rev. 07/2004)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	9521
Logged In	S
Scanned	
Computer	
Audited	

COMMITTEE NAME (Must be same as on Statement of Organization)
Clinton County Republican Women's Club

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)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) _____



Late reports are subject to possible civil and criminal penalties.

Carolyn K. Tallent
 SIGNATURE OF PERSON FILING REPORT
 563-243-1193 TELEPHONE
 1-2-07 DATE SIGNED

I AM FILING A 12-31-06 REPORT FOR (1) ELECTION (2) NON-ELECTION YEAR.
 (report date) Indicate by #

- 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.)\$ 748.76

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below) 735.00

Schedule F: Loans Received total (Attach Schedule F)..... _____

Schedule H: Total Sales of Campaign Property (Attach Schedule H)..... _____

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL.....\$ 1,483.76

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)... 277.57

Schedule F: Loan Repayments total (Attach Schedule F) _____

CASH ON HAND at the end of this reporting period (if final report balance must be zero) (Attach DR-3)\$ 1,206.09

****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).....\$ _____

CANDIDATE COMMITTEES ONLY:

CONSULTANT BREAKDOWN (Schedule G Attached?) _____ YES _____ NO

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H) \$ _____

For Instructions, See Back of Form

Reset Form

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

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

COMMITTEE NAME (Must be same as on Statement of Organization)
Clinton County Republican Women's Club

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
10/27/06	ID# CK#	<i>Eather Pillers 814-13th Ave No, #6B Clinton, Ia 52732</i>	<i>Non-Sung Supper Fundraiser</i>	\$ 20. ⁰⁰	<input checked="" type="checkbox"/>
}	ID# CK#	<i>Dionne Kaczinski 1209-25th Ave No Clinton, Ia 52732</i>	}	10. ⁰⁰	<input checked="" type="checkbox"/>
	ID# CK#	<i>Lucille Hennichsen 4296-115th St. Clinton, Ia 52732</i>		10. ⁰⁰	<input checked="" type="checkbox"/>
	ID# CK#	<i>Barbara Kroppmann 4086-170th St. Clinton, Ia 52732</i>		10. ⁰⁰	<input checked="" type="checkbox"/>
	ID# CK#	<i>Kay Harold 4086-1926 Highland Ct. Clinton, Ia 52732</i>		40. ⁰⁰	<input checked="" type="checkbox"/>
	ID# CK#	<i>Susan Puzana 1001-2nd Ave. So. Clinton, Ia 52732</i>		25. ⁰⁰	<input checked="" type="checkbox"/>
	ID# CK#	<i>Phyllis Adler 814-13th Ave No, Unit 1A Clinton, Ia 52732</i>		10.00	<input checked="" type="checkbox"/>
	12/4/06	ID# CK#		<i>Luella Anderson 3518 N. 3rd Clinton, Ia 52732</i>	<i>2007 Mboasg. Dues</i>
}	ID# CK#	<i>Mildred Haack 1138-10th Ave No. Clinton, Ia 52732</i>	<i>2007 Dues + donation</i>	25. ⁰⁰	<input type="checkbox"/>
	ID# CK#	<i>Jeanne Shields Coventry Square Clinton, Ia 52732</i>	<i>2007 Dues</i>	15. ⁰⁰	<input type="checkbox"/>
SUB-TOTAL				\$ 180. 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.

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)
Clinton County Republican Women's Club

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
12/4/06	ID# CK#	Phyllis Adler 1814-13th Ave. No. Unit 1A Clinton, Ia 52732	2009 dues	\$ 15. ⁰⁰	<input type="checkbox"/>
	ID# CK#	Virginia Barnes 259 Cragmoor Dr. Clinton, Ia 52732	}	15. ⁰⁰	<input type="checkbox"/>
	ID# CK#	Kay Harold 1926 Highland Ct. Clinton, Ia 52732		15. ⁰⁰	<input type="checkbox"/>
	ID# CK#	Elizabeth Gussak 308 So Bluff Clinton, Ia 52732		15. ⁰⁰	<input type="checkbox"/>
	ID# CK#	Verana Johnson 469 432nd Ave. P.O. Box 68, Ansonia, Ia 52701		15. ⁰⁰	<input type="checkbox"/>
	ID# CK#	Doris Christensen 726 Schick Rd. Clinton, Ia 52732		15. ⁰⁰	<input type="checkbox"/>
	ID# CK#	Patricia Phipps 1121-26th Ave. No. Clinton, Ia 52732		15. ⁰⁰	<input type="checkbox"/>
	ID# CK#	Lynn Tadt 3614-9th St. Camanche, Ia 52730-9609		15. ⁰⁰	<input type="checkbox"/>
	ID# CK#	Lametta Wynn 320-3rd Ave. No. Clinton, Ia 52732		15. ⁰⁰	<input type="checkbox"/>
	ID# CK#	Arline Matzen 2916 N. 3rd Clinton, Ia 52732		15. ⁰⁰	<input type="checkbox"/>
12/4/06		Carolyn Barnes 309 13th Ave No. Clinton, Ia 52730			15. ⁰⁰
			SUB-TOTAL	\$ 165. 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.

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)
Clinton County Republican Women's Club

STATE CANDIDATES NOTE: IF 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
12/4/06	ID# CK#	<i>Jeanette Berryman</i> 890 15th Ave N.W. (15 ⁰⁰) Clinton Ia 52732 10 ⁰⁰	2007 Mbr Dues + Donations	25. ⁰⁰	<input type="checkbox"/>
}	ID# CK#	<i>Ruth Scribner</i> Regency Apt #116 839-1326 Ave. Clinton Ia 52732 N.	15. ⁰⁰ Dues 5. ⁰⁰ Don.	20. ⁰⁰	<input type="checkbox"/>
	ID# CK#	<i>Barbara Kroymann</i> 4086-170th Street Clinton Ia 52732	15. ⁰⁰ Dues 20. ⁰⁰ Don.	35. ⁰⁰	<input type="checkbox"/>
	ID# CK#	<i>Diane Wheeler</i> 2617 West Stockwell Ln. Clinton Ia 52732	15. ⁰⁰ Dues 5. ⁰⁰ Don.	20. ⁰⁰	<input type="checkbox"/>
	ID# CK#	<i>Sharon Jepsen</i> 582 Breezy Point Dr. Clinton Ia 52732	15. ⁰⁰ Dues 10. ⁰⁰ Don.	25. ⁰⁰	<input type="checkbox"/>
	ID# CK#	<i>Susan Tugana</i> 1001-2nd Ave. So. Clinton Ia 52732	2007 Mbr. Dues	15. ⁰⁰	<input type="checkbox"/>
	ID# CK#	<i>Edith R. Pfeffer</i> 511 So. 3rd St. Clinton Ia 52732	2007 Mbr Dues	15. ⁰⁰	<input type="checkbox"/>
	ID# CK#	<i>Wayne Fairmagn</i> 3546-230th St. De Witt, Ia 52742	2006 Elephant Franklin Mug Sale	15. ⁰⁰	<input checked="" type="checkbox"/>
12/6/06	ID# CK#	<i>Mary Mangaw</i> 2228-320th Ave. De Witt Ia 52742	2006 D	15. ⁰⁰	<input type="checkbox"/>
12/6/06	ID# CK#	<i>Rose Jensen</i> 3309 MC Kinley St. Clinton, Ia 52732	2007 Dues + 5. ⁰⁰ Donations	20. ⁰⁰	<input type="checkbox"/>
SUB-TOTAL				205. ⁰⁰ \$205. 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.

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)
Clinton County Republican Women's Club

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	
12/6/06	ID# CK#	<i>Dionne Kaczinski 1209-25th Ave No. Clinton Ia 52732</i>	2007 Dues	\$ 15.00	<input type="checkbox"/>	
12/6/06	ID# CK#	<i>Lillian Vining 320 Ruth Place Clinton Ia 52732</i>	}	15.00	<input type="checkbox"/>	
12/7/06	ID# CK#	<i>Williamina McLaughlin 1219 N. 3 Clinton, Ia 52732</i>		15.00	<input type="checkbox"/>	
12/7/06	ID# CK#	<i>Dorothy Cemp 1547- 840th Ave Bryant, Ia 52727-9639</i>		2007 Dues + 5.00 Donation	20.00	<input type="checkbox"/>
12/7/06	ID# CK#	<i>Jean Carol Cop 1051-11th Ave No. Clinton, Ia 52732</i>		2007 Dues	15.00	<input type="checkbox"/>
12/7/06	ID# CK#	<i>Diane Cassidy 3110 Hartly Mill Rd. Clinton, Ia 52732</i>			15.00	<input type="checkbox"/>
12/7/06	ID# CK#	<i>Jean Ulbrich 823-7th Ave So. Clinton Ia 52732</i>			15.00	<input type="checkbox"/>
12/7/06	ID# CK#	<i>Bette Oakley 1140 Woodlawn Clinton, Ia 52732</i>			15.00	<input type="checkbox"/>
12/28/06	ID# CK#	<i>Cheryl Thorne 1640 Fairway Dr Clinton, Ia 52732</i>			15.00	<input type="checkbox"/>
12/28/06	ID# CK#	<i>Bess Haan 2116 E. Court Clinton, Ia 52732</i>			15.00	<input type="checkbox"/>

SUB-TOTAL

\$155.00
\$

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.

FOR INSTRUCTIONS, SEE BACK OF FORM

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

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.

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

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

Clinton County Republican Women's Club

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
<i>12/8/06</i>	ID# CK# <i>1309</i>	<i>Diane Cassaday 3110 Harts Hill Lane Clinton, Ia 52732</i>	<i>Reimburse for stamps, envelopes, paper pro.</i>	<i>\$ 47.³²</i>
<i>12/8/06</i>	ID# CK# <i>1310</i>	<i>Krumpets Restaurant 1320. 11th Street Clinton, Iowa 52732</i>	<i>(Catering for membership luncheon)</i>	<i>230.35</i>
	ID# CK#			
SUB-TOTAL				\$
TOTAL (if last page of this schedule)				\$277.67

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).)