File with:
Iowa Ethics and Campaign Disclosure Board
510 E. 12th, Ste. 1A
Des Moines, Iowa 50319
Fax: 515-281-4073

Reset Form

FOR INSTRUCTIONS, SEE BACK OF FORM

# DISCLOSURE SUMMARY PAGE

HD

IA ETHICS AND CAMPAIGN DISCLOSURE

2010 MAY 19 PM 2:02

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

Marek For State Representative

IMPORTANT: Indicate by # type of committee you are reporting for: 1

( 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: Larry K Marek

Political Party (if applicable): D

Office Sought: State Representative

District (if Senate or House): HD 89

FORM **DR-2** (Rev. 07/2007) — DISCLOSURE REPORT

For Office Use Only
Comm. # 1707
Logged In S
Scanned
Computer
Audited

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a

Janice Marek Treas. — SIGNATURE OF PERSON FILING REPORT

319-648-3653 — TELEPHONE

5-19-10 — DATE SIGNED

I AM FILING A January 1 to May 14 2010 (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.)

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.) ..... $ | 24814.41 |
| **ADD TOTAL MONEY TAKEN IN THIS PERIOD** | |
| Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below) ..... | 2150.00 |
| Schedule F: Loans Received total (Attach Schedule F) ..... | -0- |
| Schedule H: Total Sales of Campaign Property (Attach Schedule H) ..... | -0- |
| **(Schedule H applies to Candidates' Committees Only)** | |
| **SUB-TOTAL** ..... $ | 26964.41 |
| **SUBTRACT TOTAL MONEY SPENT THIS PERIOD** | |
| Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below) ..... | 10052.02 |
| 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) ..... $ | 16912.39 |
| ****UNPAID BILLS** (From Schedule D - Attach Schedule D) ..... $ | -0- |
| ***IN KIND CONTRIBUTIONS** (From Schedule E - Attach Schedule E) ..... $ | 7318.39 |
| ****OUTSTANDING LOANS** (From Schedule F - Attach Schedule F) ..... $ | -0- |
| **CONSULTANT BREAKDOWN** (Schedule G Attached?) | ___ YES ✓ NO |
| **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

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

| SCHEDULE A (Rev. 07/03) | MONETARY RECEIPTS |
|---|---|

☐ CHECK THIS BOX IF AMENDING FORM

COMMITTEE NAME *(Must be same as on Statement of Organization)*
Marek For State Representative

**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 |
|---|---|---|---|---|---|
| Jan 3-10 | ID# CK# 18119 | John W. Greiner<br>1930 Ginkgo Avenue<br>West Chester, IA 52359 | | $ 60.00 | ☐ |
| 1/3/10 | ID# CK# 1464 | Michael + Susan Dochr<br>1148 Davis Avenue<br>West Liberty, Iowa 52776 | | 25.00 | ☐ |
| 1/3/10 | ID# CK# 20305 | Jerome W. Vittetoe<br>2504 Quincie Avenue<br>Washington, IA 52353 | | 50.00 | ☐ |
| 1/3/10 | ID# CK# 1789 | Robert M. or Rebecca Coffelt<br>4460 246th St.<br>Ames, IA. 50014 | | 100.00 | ☐ |
| 1/3/10 | ID# CK# 5619 | John Robert or Char Brenneman<br>1551 Larch Ave.<br>Washington, IA 52353 | | 40.00 | ☐ |
| 1/3/10 | ID# CK# 10982 | Dave + Nancy Eichelberger<br>P.O. Box 8<br>208 West Depot, Wayland IA. 52654 | | 25.00 | ☐ |
| 1/4/10 | ID# 9659 CK# 1612 | Fed. of Iowa Insurers PAC<br>P.O. Box 1756<br>Des Moines, Iowa 50306-1756 | | 250.00 | ☐ |
| 1/8/10 | ID# 6069 CK# 2646 | Iowa Industry PAC (IIPAC)<br>904 Walnut, Suite 100<br>Des Moines, Iowa 50309-3503 | | 100.00 | ☐ |
| 1/8/10 | ID# CK# 1035 | Lovann K. Hurd<br>DBA Iowa Federation of Animal Owners<br>701 E. 1st Ave. Indianola, Iowa 50125 | | 200.00 | ☐ |
| 4/13/10 | ID# 9743 CK# 162 | Iowa Turkey Federation<br>P.O. Box 825<br>Ames, IA. 50010-0825 | | 300.00 | ☐ |

SUB-TOTAL $ 1150.00

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 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

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

| SCHEDULE A (Rev. 07/03) | MONETARY RECEIPTS |
|---|---|

☐ CHECK THIS BOX IF AMENDING FORM

COMMITTEE NAME *(Must be same as on Statement of Organization)*
Marek for State Representative

**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 |
|---|---|---|---|---|---|
| May 6-10 | ID# CK# 11391 | Ronald & Virginia Stutsman 3406 Bayertown Rd. SW. Riverside, IA. 52327 | | $ 500.00 | ☐ |
| May 6-10 | ID# CK# 4279 | Dick Meade 1855 W. Penn St. North Liberty, IA. 52317 | | 150.00 | ☐ |
| May 8-10 | ID# CK# 1170 | Marvin W. Schumacher P.O. Box 393 Denver, Iowa 50622 | | 250.00 | ☐ |
| May 8-10 | ID# CK# 7679 | Thomas F. Werderitsch 3 Evergreen Pl. Iowa City, IA. 52245-3539 | | 100.00 | ☐ |
| | ID# CK# | | | | ☐ |
| | ID# CK# | | | | ☐ |
| | ID# CK# | | | | ☐ |
| | ID# CK# | | | | ☐ |
| | ID# CK# | | | | ☐ |
| | ID# CK# | | | | ☐ |

SUB-TOTAL $ 1000.00

**TOTAL *(if last page of this schedule)*** $ 2150.00

* 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 B (Rev. 07/03) | MONETARY EXPENDITURES |
|---|---|
| ☐ CHECK THIS BOX IF AMENDING 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.

COMMITTEE NAME (Must be same as on Statement of Organization)
Marek For State Representative

| 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 |
|---|---|---|---|---|
| 1/4/10 | ID# CK# 1086 | KCII Radio Washington, Iowa 52327 | ad on radio | $ 209.25 |
| 1/20/10 | ID# CK# 1087 | Legislative Info office - state cap. | Supplies | 50.00 |
| 2/8/10 | ID# CK# 1088 | House Truman Fund | prepay mail pieces | 8500.00 |
| 2/8/10 | ID# CK# 1089 | Iowa Democratic Party | UAN | 1000.00 |
| 4/9 | ID# CK# 1090 | Advertising + Supply Omaha, Neb. | campaign supplies | 301.53 |
| 4/25 | ID# CK# 1091 | Staples | printing | 42.80 |
| 4/29 | ID# CK# 1092 | Riverside Post office Riverside, Ia 52327 | Stamps | 100.00 |
| | ID# CK# | | | |

SUB-TOTAL $ 10203.58

TOTAL (if last page of this schedule) $ ~~10203.58~~

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 D 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 D instructions and Iowa Code 68A [illegible].)

*FOR INSTRUCTIONS, SEE BACK OF FORM*

Reset Form

| SCHEDULE B (Rev. 07/03) | MONETARY EXPENDITURES |
|---|---|
| ☐ CHECK THIS BOX IF AMENDING 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.

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

| 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 |
|---|---|---|---|---|
| 1/5/09 | ID# CK# 1062 | Rachel Brauer 925 E. Washington St. Iowa City, IA 52240 | Campaign helper expense Check never cashed | $ (40.27) |
| 1/5/09 | ID# CK# 1063 | Chris Street 925 E. Wash St. Iowa City, IA 52240 | Campain helper expenses Check never cashed | (111.29) |
| | ID# CK# | | | |
| | ID# CK# | | | |
| | ID# CK# | | | |
| | ID# CK# | | | |
| | ID# CK# | | | |
| | ID# CK# | | | |

SUB-TOTAL $ (151.56)

**TOTAL** ***(if last page of this schedule)*** $ 10052.02

**THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:**

Purchases of certain campaign property costing $500 or more must also be inventoried on Schedule II. (Refer to Schedule II instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on [illegible]

FOR INSTRUCTIONS, SEE BACK OF FORM

**COMMITTEE NAME** *(Must be same as on Statement of Organization)*
Marek For State Representative

[redacted]

| SCHEDULE E (Rev. 06/97) | IN-KIND CONTRIBUTIONS |
|---|---|

☐ CHECK THIS BOX IF AMENDING FORM

| DATE RECEIVED (MM/DD/YR) | NAME AND ADDRESS OF CONTRIBUTOR | RELATIONSHIP TO CANDIDATE * (if applicable) | DESCRIPTION OF IN KIND CONTRIBUTION | ESTIMATED FAIR MARKET VALUE | √ IF FOR FUND-RAISER CONTRIBUTION |
|---|---|---|---|---|---|
| 2/10/10 | Iowa Democratic Party | | mail piece 1 | $ 1894.61 | ☐ |
| 2/26/10 | Iowa Democratic Party | | mail piece 2 | 1807.92 | ☐ |
| 3/15/10 | Iowa Democratic Party | | mail piece 3 | 1807.93 | ☐ |
| 5/6/10 | Iowa Democratic Party | | mail piece 4 | 1807.93 | ☐ |
| | | | | | ☐ |
| | | | | | ☐ |
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| | |
|---|---|
| SUB-TOTAL | $ 7318.39 |
| TOTAL (if last page of this schedule) | $ 7318.39 |

*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.