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

[redacted]

2010 OCT 29 AM 9:03

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

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)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):

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

For Office Use Only
Comm. # 1707
Logged In SW
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

Larry K. Marek — SIGNATURE OF PERSON FILING REPORT
319-648-3653 — TELEPHONE
10-28-2010 — DATE SIGNED

I AM FILING A Oct 15 - Oct 28 - 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.)	$ 17647.73
ADD TOTAL MONEY TAKEN IN THIS PERIOD	
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)	2400.00
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	$ 20047.73
SUBTRACT TOTAL MONEY SPENT THIS PERIOD	
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)	5384.81
Schedule F: Loan Repayments total (Attach Schedule F)	-0-
CASH ON HAND at the end of this reporting period (if final report balance must be zero)	$ 14662.92
****UNPAID BILLS** (From Schedule D - Attach Schedule D)	$ -0-
***IN KIND CONTRIBUTIONS** (From Schedule E - Attach Schedule E)	$ 26186.58
****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
Oct 20-10	ID# CK# 6123	Dupont Good Government Fund 1007 Market Street Wilmington DE 19898		$ 300.00	☐
Oct 21-10	ID# CK# 5819	John Robert Brenneman 1551 Lorch Ave. Washington, IA. 52353-9251		50.00	☐
10-21-10	ID# CK# 12318	Leon Sheets 1929 290th St. Ionia IA 50645		100.00	☐
10-21-10	ID# CK# 11103	Dave Eichelberger P.O. Box 8 208 West Depot, Wayland Ia 52654		50.00	☐
10-21-10	ID# CK# 2936	Rodger Main 6135 North Fork Road Ames, Ia. 50010		200.00	☐
10-21-10	ID# CK# 5008	Larry Unkrich 1303 Hilltop Ln Fairfield Ia 52556		25.00	☐
10-21-10	ID# CK# 19502	John Greiner 1930 Ginkgo Ave. West Chester, IA. 52359		25.00	☐
10-21-10	ID# CK# 20414	Jerome Villetoe 2504 Quince Avenue Washington, IA. 52353		50.00	☐
10-22-10	ID# 9737 CK# 1231	Iowa Harness Horseman Assoc P.O. Box 107 Grinnell, IA. 50012		150.00	☐
10-22-10	ID# CK# 1112	ICA PAC 2055 Ironwood Ct. Ames, IA. 50014		100.00	☐
			SUB-TOTAL	$1050.00	
			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

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

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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
10-22-10	ID# CK# 10098	David Bernstein P.O. Box 5104 Sioux City, IA. 51102-0000		$ 100.00	☐
10-22-10	ID# CK# 450000402	Nationwide Mut. PAC 1100 Locust Rd Des Moines Ia. 50391		250.00	☐
10-23-10	ID# 6351 CK# 1611	Petroleum Markets + Conv Stores 10430 New York Ave. STE. F Urbandale, IA. 50322-3773		500.00	☐
10-23-10	ID# CK# 024420	NRA-Policitical Victory Fund 11250 Waples Mill Road Fairfax VA. 22030-7400		250.00	☐
10-26-10	ID# 9736 CK# 3252	Iowans For a Skilled Workforce 855 E. Court Ave. Des Moines, IA. 50309		250.00	☐
	ID# CK#				☐
	ID# CK#				☐
	ID# CK#				☐
	ID# CK#				☐
	ID# CK#				☐

SUB-TOTAL $1350.00

TOTAL *(if last page of this schedule)* $2400.00

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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
10-18-10	ID# CK# 1122	Three Chicks Publications Wellman, Ia	Political Ad	$ 297.00
10-18-10	ID# CK# 1123	Kalona News Kalona Ia	Political Ad	504.00
10-20-10	ID# CK# 1124	Kalona Post Office - Kalona Ia	Stamps	84.00
10-21-10	ID# CK# 1091	Washington Evening Journal - Wash. Ia	Political Ads	442.89
10-25-10	ID# CK# 1092	Iowa City Press Citizen ~~Iowa City~~	Political Ads	600.00
10-25-10	ID# CK# 1093	Kalona News Kalona, Ia	Political Ads	284.10
10-25-10	ID# CK# 1094	Three Chicks Publications Wellman, Ia	Political Ads	144.50
10-25-10	ID# CK# 1095	KCII Radio Washington, Ia.	Political Ads	229.12
			SUB-TOTAL	$2585.61
			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)(l).)

(for Schedule B)

FOR INSTRUCTIONS, SEE BACK OF 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
10-25-10	ID# CK# 1096	Washington Evening Journal Washington, Ia	Political Ads	$839.95
10-25-10	ID# CK# 1097	KXIC Radio Iowa City, Ia	Politican Ads	323.00
10-27-10	ID# CK# 1098	WMT Radio Cedar Rapids Ia	Politican Ads	1636.25
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			

SUB-TOTAL $ 2799.20

TOTAL *(if last page of this schedule)* $ 5384.81

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).)

(for Schedule B)

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
10-19-10	Truman Fund		Piece A Mailer	$ 3864.00	☐
10-19-10	Truman Fund		Piece B mail piece	3864.00	☐
10-23-10	Truman Fund		Piece C mail piece	3864.00	☐
10-23-10	Truman Fund		Piece D mail piece	5232.24	☐
10-19-10	Truman Fund		Piece E mail piece	3188.00	☐
10-22-10	Truman Fund		Piece 1 mail piece	3169.04	☐
10-22-10	Truman Fund		Piece 2 mail piece	3005.30	☐
					☐
					☐
					☐

SUB-TOTAL $ 26186.58

TOTAL (if last page of this schedule) $ 26186.58

*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.