

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

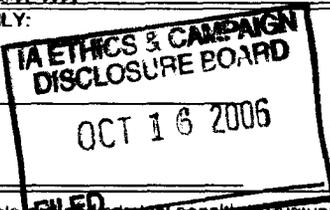
FORM DR-2 (Rev 12/2005)	DISCLOSURE REPORT
For Office Use Only	
Comm # _____	
Logged In _____	
Scanned _____	
Computer _____	
Audited _____	
File with: Iowa Ethics and Campaign Disclosure Board 510 E. 12 th , Ste 1A Des Moines, Iowa 50319 Fax: 515-281-3701	

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

IMPORTANT Indicate by # type of committee you are reporting for: 5
 (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 Clifford Sheriff	Political Party (if applicable) Republican
Office Sought Supervisor for district #4	District (if Senate or House)



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: Clifford Sheriff TELEPHONE: 641-743-2473 DATE SIGNED: 10/16/06

I AM FILING A October 19, 2006 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 <u>November 7, 2006</u>
County & Local Committees, enter County in which Election is held <u>Adair</u>

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.)\$ 0.00

ADD TOTAL MONEY TAKEN IN THIS PERIOD

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

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.....\$ _____

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

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

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).....\$ 0.00

***UNPAID BILLS** (From Schedule D - Attach Schedule D)\$ _____

***IN KIND CONTRIBUTIONS** (From Schedule E - Attach Schedule E)\$ 1,188.78

***OUTSTANDING LOANS** (From Schedule F - Attach Schedule F)\$ _____

CONSULTANT BREAKDOWN (Schedule G Attached?) _____ YES NO

CANDIDATE COMMITTEES ONLY:

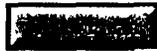
VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H) \$ _____

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

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SHERIFF FOR SUPERVISOR



SCHEDULE E (Rev. 06/97)	IN-KIND CONTRIBUTIONS
<input type="checkbox"/> 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
07/20/06	Clifford Sheriff 2965 260th St Greenfield, La 50849	N/A	paper and supplies for PC & signs	\$ 88.44	<input type="checkbox"/>
07/22/06	Clifford Sheriff		candy for parades	23.15	<input type="checkbox"/>
07/25/06	Clifford Sheriff		printing on shirts	38.16	<input type="checkbox"/>
07/25/06	Clifford Sheriff		campaign folders	107.80	<input type="checkbox"/>
08/20/06	Clifford Sheriff		paint & paint supplies for signs	26.85	<input type="checkbox"/>
09/05/06	Clifford Sheriff		lettering on signs	128.40	<input type="checkbox"/>
09/13/06	Clifford Sheriff		paint for signs	9.92	<input type="checkbox"/>
09/18/06	Clifford Sheriff		candy & ink	33.29	<input type="checkbox"/>
10/11/06	Clifford Sheriff		soda break campaign	11.08	<input type="checkbox"/>
10/13/06	Clifford Sheriff		paper & decorations for election lunch	88.01	<input type="checkbox"/>
SUB-TOTAL				\$ 555.10	
TOTAL (if last page of this schedule)				\$	

*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.

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SHERIFF FOR SUPERVISOR

SCHEDULE E (Rev. 06/97)	IN-KIND CONTRIBUTIONS
<input type="checkbox"/> 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
7/25/06	Clifford Sheriff 2965 260th St Greenfield, Ia 50849	N/A	Mileage 72@44.5	\$ 32.04	<input type="checkbox"/>
8/10/06	Clifford Sheriff		44@44.5	19.58	<input type="checkbox"/>
8/20/06	Clifford Sheriff		45@44.5	20.02	<input type="checkbox"/>
9/5/06	Clifford Sheriff		146@44.5	64.97	<input type="checkbox"/>
9/6/06	Clifford Sherill		105@44.5	46.72	<input type="checkbox"/>
9/11/06	Clifford Sheriff		93@44.5	41.39	<input type="checkbox"/>
9/23/06	Eileen Sheriff 2965 260th St Greenfield, Ia 50849	wife	51@44.5	22.69	<input type="checkbox"/>
10/2/06	Clifford Sheriff		70@44.5	31.15	<input type="checkbox"/>
10/5/06	Clifford Sheriff		78@44.5	34.71	<input type="checkbox"/>
10/5/06	Eileen Sheriff	wife	71@44.5	31.60	<input type="checkbox"/>
SUB-TOTAL				\$ 344.87	
TOTAL (if last page of this schedule)				\$	

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SHERIFF FOR SUPERVISOR

SCHEDULE E (Rev. 06/97)	IN-KIND CONTRIBUTIONS
<input type="checkbox"/> 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
10/6/06	Clifford Sheriff 2965 260th St Greenfield, Ia 50849	N/A	Door to Door Mileage 41@44.5	\$ 18.24	<input type="checkbox"/>
10/7/06	Clifford Sheriff		30@44.5	13.35	<input type="checkbox"/>
10/9/06	Clifford Sheriff		87@44.5	38.72	<input type="checkbox"/>
10/10/06	Clifford Sheriff		89@44.5	39.61	<input type="checkbox"/>
10/11/06	Clifford Sheriff		77@44.5	34.26	<input type="checkbox"/>
10/11/06	Eileen Sheriff 2965 260th St Greenfield, Ia 50849	wife	54@44.5	24.02	<input type="checkbox"/>
10/12/06	Eileen Sheriff	wife	33@44.5	14.69	<input type="checkbox"/>
10/12/06	Clifford Sheriff		114@44.5	50.73	<input type="checkbox"/>
10/13/06	Clifford Sheriff		76@44.5	33.82	<input type="checkbox"/>
10/16/06	Clifford Sheriff		48@44.5	21.36	<input type="checkbox"/>
SUB-TOTAL				\$ 288.81	
TOTAL (If last page of this schedule)				\$ 1,188.78	

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