

DISCLOSURE SUMMARY PAGE



FORM DR-2 (Rev. 12/2005)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	9000
Logged In	S
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)

Adair County Democratic Central Committee

IMPORTANT: Indicate by # type of committee you are reporting for: 4

(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) _____

FILED **OCT 19 2006**

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.

Tim Kniep (641) 343-7335 10-17-06

SIGNATURE OF PERSON FILING REPORT **TELEPHONE** **DATE SIGNED**

I AM FILING A 10-19-06 REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR.

(report date) Indicate by # (1) (2)

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 11-7-06

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>338.71</u>
ADD TOTAL MONEY TAKEN IN THIS PERIOD		
Schedule A: Cash Contributions total (Attach Schedule A) (**also see in-kind below).....		<u>1,987.00</u>
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	\$	<u>2,325.71</u>
SUBTRACT TOTAL MONEY SPENT THIS PERIOD		
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below).....		<u>1958.03</u>
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).....	\$	<u>367.68</u>
**UNPAID BILLS (From Schedule D - Attach Schedule D)	\$	_____
*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)	\$	<u>325.00</u>
**OUTSTANDING LOANS (From Schedule F - Attach Schedule F).....	\$	_____
CONSULTANT BREAKDOWN (Schedule G Attached?)		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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.

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)
Adair County Democratic Central Committee

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
7-31-06	ID# CK#	Willard Oleson 204 NE Grant St. Greenfield, IA 50849		\$ 25.00	<input checked="" type="checkbox"/>
7-31-06	ID# CK#	Cash Recieved from selling Ice cream & Cake at Co. Fair		87.00	<input checked="" type="checkbox"/>
9-22-06	ID# CK#	Clarence Swartz 2820 York Ave. Orient, IA 50858		100.00	<input checked="" type="checkbox"/>
9-22-06	ID# CK#	Fred Burcham 610 W. Iowa St Homestead #111 Greenfield, IA 50849		30.00	<input checked="" type="checkbox"/>
9-22-06	ID# CK#	Dick Wallace 108 NW 2nd St. Greenfield, IA 50849		25.00	<input checked="" type="checkbox"/>
9-22-06	ID# CK#	Leon Schwartz 2647 210th St. Greenfield, IA 50849		35.00	<input checked="" type="checkbox"/>
9-22-06	ID# CK#	Rosalie McGinnis 308 SE Noble St Apt. 12 Greenfield, IA 50849		25.00	<input checked="" type="checkbox"/>
9-22-06	ID# CK#	Leona Kalbach 3280 A 180th St. Dexter, IA 50070		100.00	<input checked="" type="checkbox"/>
9-22-06	ID# CK#	T.N. Howe 610 W. Iowa St. Apt. 107 Greenfield, IA 50849		50.00	<input checked="" type="checkbox"/>
9-22-06	ID# CK#	Leo Chafa P.O. Box 24 Bridgewater, IA 50837		25.00	<input checked="" type="checkbox"/>
SUB-TOTAL				\$ 502.00	
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



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(Including candidate's personal funds)

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9-22-06	ID# CK#	Edwin ?Sidey P.O. Box XX 148 Greenfield, IA 50849		\$ 50.00	<input checked="" type="checkbox"/>
XXXXXX 9-26-06	ID# CK#	Marvin Ludwig 2253 150th St. Menlo, IA 50164		30.00	<input checked="" type="checkbox"/>
9-26-06	ID# CK#	Daryl Nelson 2260 150th St. Menlo, IA 50164		25.00	<input checked="" type="checkbox"/>
9-26-06	ID# CK#	Warren Varley 1390 Riverside Ave Stuart, IA 500 50250		150.00	<input checked="" type="checkbox"/>
9-27-06	ID# CK#	Steve Wolfe 2667 220th St. Greenfield, IA 50849		25.00	<input checked="" type="checkbox"/>
9-27-06	ID# CK#	Don Lents 311 SE 4th St. Greenfield, IA 50 50849		25.00	<input checked="" type="checkbox"/>
9-25-06	ID# CK#	John Dayton 403 W. Iowa St. XX Greenfield, IA 50849		25.00	<input checked="" type="checkbox"/>
9-27-06	ID# CK#	Tim Kniep 603 NW 2nd St. Greenfield, IA 50849		50.00	<input checked="" type="checkbox"/>
9-27-06	ID# CK#	Jay Howe 401 SW 2nd St. Greenfield, IA 50849		60.00	<input checked="" type="checkbox"/>
9-27-06	ID# CK#	Mike Miller 312 E. Iowa Greenfield, IA 50849		25.00	<input checked="" type="checkbox"/>
SUB-TOTAL				\$ 465.00	
TOTAL (if last page of this schedule)				\$	

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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)
Adair County Democratic Central Committee

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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
9-27-06	ID# CK#	Bruce Bjorn 2656 Pinewood Ave. Greenfield, IA 50849		\$ 25.00	<input checked="" type="checkbox"/>
9-27-06	ID# CK#	James Tate 313 Main St. Bayard IA 50029		30.00	<input checked="" type="checkbox"/>
9-27-06	ID# CK#	Dusky Terry 3399 192 St. Dexter, IA 50070		35.00	<input checked="" type="checkbox"/>
9-27-06	ID# CK#	Char Reif 1265 St. Hiway 25 XXXX Menlo, IA 50164		50.00	<input checked="" type="checkbox"/>
9-27-06	ID# CK#	Alice Noland 506 Adair St. Adair, IA 50002		50.00	<input checked="" type="checkbox"/>
9-27-06	ID# CK#	John Van Vleet 2208 310th St. Orient, IA 50858		50.00	<input checked="" type="checkbox"/>
9-28-06	ID# CK#	Dorothy Twombly 522 SW Mills Greenfield, Ia 50849		50.00	<input checked="" type="checkbox"/>
9-28-06	ID# CK#	Susan XX Oleson 204 NE Grant St. Greenfield, IA 50849		25.00	<input checked="" type="checkbox"/>
Various	ID# CK#	Donations of under \$20.00		1,020.00 705.00	<input checked="" type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL
\$ 1,020.00

TOTAL (if last page of this schedule)
\$ 1,987.00

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FOR INSTRUCTIONS, SEE BACK OF FORM



EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

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

COMMITTEE NAME (Must be same as on Statement of Organization)
Adair County Democratic Central Committee

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
9-6-06	ID# CK# 3388	Postmaster Greenfield, IA 50849	postage	\$ 94.00
9-26-06	ID# 339 CK# 340	Partytime Liquor 501 SE Kent Greenfield, IA 50849	Supplies for fundraiser	115.64
9-26-06	ID# 340 CK# XXX 342	Cash for fundraiser to make change redeposited with cash on 9-27-06		100.00
10-10-06	ID# 5083 CK# 5083X 343	Chet Culver Campaign P.O. Box 6068 Des Moines IA 50309	Donation	100.00
10-10-06	ID# 5114 CK# 342	Michael John Mauro Campaign 4325 SW 315 ST Des Moines, IA 50321	Donation	100.00
10-10-06	ID# 5119 CK# 343	O'Brien Campaign 59624 Chicago Rd Atlantic, IA 50022	"	100.00
10-10-06	ID# CK# 344	Joyce Schulte Campaign 3256 320th Creston, IA 50801	"	100.00
10-10-06	ID# CK# 345	Mike Maynes Campaign 206 NE Hayes Greenfield, IA 50849	XXXXXX "	500.00
SUB-TOTAL				\$1,209.64
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).)

FOR INSTRUCTIONS, SEE BACK OF FORM



EXPENDITURES – MONEY SPENT FROM COMMITTEE ACCOUNT

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input 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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Adair County Democratic Central Committee

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
		Shelley		
10-10-06	ID# CK# 346	Steve XXXX Campaign RR1 Box 82 Stuart, IA 508250	Donation	\$ 250.00
10-10-06	ID# CK# 347	John Van Vleet 2208 310th Greenfield, IA 50858	"	250.00
10-10-06	ID# CK# 348	Pederson Publications 313 5th St. Fontanelle, IA 50846	Advertising	36.00
10-10-06	ID# CK# 349	Stuart Herald 119 NW 2nd St. Stuart, IA 508250	"	18.00
10-10-06	ID# CK# 350	Adair County Free Press 108 E Iowa Greenfield, IA 50849	"	54.00
10-10-06	ID# CK# 351	Adair News 403 Audubon St. Adair, IA 50002	"	28.80
10-10-06	ID# CK# 352	Gloria Pezzetti 3280180th St. Dexter, IA 50070	Food for fundraiser	101.11
Various	ID# CK#	Union State Bank 214 S. 1st St. Greenfield, IA 50849	Service Charge	10.48
SUB-TOTAL				\$ 748.39
TOTAL (if last page of this schedule)				\$1958.03

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 INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)
 Adair County Democratic Central Committee



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
9-27-06	Terry & Margie Moore Hiway 92 Greenfield, IA 50849		Donation of meeting room	\$ 300.00	<input checked="" type="checkbox"/>
9-27-06	" "		Supplies	25.00	<input checked="" type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
SUB-TOTAL				\$ 325.00	
TOTAL (if last page of this schedule)				\$ 325.00	

*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.