

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

Reset Form

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	

RECEIVED
FAX
OCT 16 2006

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

Kremer 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 <u>Ralph J Kremer</u>	Political Party (if applicable) <u>Democrat</u>
Office Sought <u>County Supervisor</u>	District (If Senate or House) <u>None</u>

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.

Ralph J Kremer
SIGNATURE OF PERSON FILING REPORT

319 634 3315
TELEPHONE

July 16, 2006
DATE SIGNED

I AM FILING A Oct 19, 2006 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 <u>Nov 7 2006</u>
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>478⁰⁰</u>
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)	_____	_____
<u>[Schedule H applies to Candidates' Committees Only]</u>		
SUB-TOTAL	\$	<u>2460⁰⁰</u>
SUBTRACT TOTAL MONEY SPENT THIS PERIOD		
Schedule B: Expenditures total (Attach Schedule B) (*also see debts and loans below)	_____	<u>2912.69</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>\$ 25.31</u>

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) \$ _____

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.

For Instructions, See Back of 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)
Kramer for Supervisor

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
7/21/06	ID# CK#	Ralph J Kramer 1498 Pine Creek Ave Aurora, Iowa 50607	Self	\$ 600 ⁰⁰	<input type="checkbox"/>
8/28/06	ID# CK#	Buchanan County Demo Women 703 4th Ave SW Independence, Iowa 50644	none	500 ⁰⁰	<input type="checkbox"/>
9/22/06	ID# CK#	Ralph J Kramer 1498 Pine Creek Ave Aurora, Iowa 50607	Self	260 ⁰⁰	<input type="checkbox"/>
10/2/06	ID# CK#	Jim Blum 1601 1st St East Independence, Iowa 50644	none	100 ⁰⁰	<input type="checkbox"/>
10/2/06	ID# CK#	Judy Blum 1601 1st St East Independence, Iowa 50644	none	100 ⁰⁰	<input type="checkbox"/>
10/2/06	ID# CK#	Curtis Chesmore 605 Pine St Manchester, Iowa 52057	none	50 ⁰⁰	<input type="checkbox"/>
10/2/06	ID# CK#	Burton Moore 1202 Keweenaw Ave Hazard, Iowa 50641	None	100 ⁰⁰	<input type="checkbox"/>
10/10/06	ID# CK#	Ralph J Kramer 1498 Pine Creek Ave Aurora, Iowa 50607	Self	750 ⁰⁰	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

\$
\$ 2460

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.

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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)
Kremer for Supervisor

DATE EXPENDED (MM/DD/YY)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
7/21/06	ID# CR#	Bankers Advertising PO Box 2060 Iowa City, Iowa 52244	Yards signs + wires ck# 503	\$ 788. ⁵⁰ / ₁₀₀
7/21/06	ID# CR#	Leo Donnelly 417 3 ave NE Independence, Iowa 50644	Used sign wires	19. ¹³ / ₁₀₀
7/24/06	ID# CR#	Bankers Advertising PO Box 2060 Iowa City, Iowa 52244	Shipping + Postage Ball Point Pens ck# 505	58. ¹¹ / ₁₀₀
9/6/06	ID# CR#	Bankers Advertising PO Box 2060 Iowa City, Iowa 52244	Shipping + Postage Yard signs ck# 507	51. ¹³ / ₁₀₀
9/22/06	ID# CR#	Bank Iowa 230 1st St E Independence, Iowa 50644	Printing of checks ck# 506	2. ⁵⁰ / ₁₀₀
9/22/06	ID# CR#	Independence News Papers 116 5th ave NE Independence, Iowa 50682	Political Ads ck# 508	547. ²⁰ / ₁₀₀
9/22/06	ID# CR#	Winthrop News 225 W Madison Box 9 Winthrop, Iowa 50682	Political Ads ck# 509	114. ⁰⁰ / ₁₀₀
9/22/06	ID# CR#	Citizens Herald 930 6th St PO Box 595 Jesseup, Iowa	Political ads ck 510	172. ⁸⁰ / ₁₀₀
SUB-TOTAL				\$ 1753. ³⁷ / ₁₀₀
TOTAL (if last page of this schedule)				\$

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchasers of campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to individuals providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by 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)(j).)

