

Reset Form

**DISCLOSURE SUMMARY PAGE**

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

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

Christensen for Supervisor

**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:**

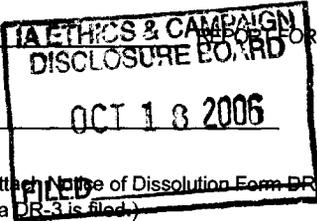
Candidate Name: W. Ward N. Christensen Political Party (if applicable): Ind

Office Sought: B.V.C. Board of Supervisors District (if Senate or House): 1

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.

Ward N. Christensen 712-732-6343 10-17-06  
SIGNATURE OF PERSON FILING REPORT TELEPHONE DATE SIGNED

I AM FILING A Oct. 19 (report date)



OR (1) ELECTION / (2) NON-ELECTION YEAR. Indicate by #  1

- CHECK IF AMENDMENT TO REPORT DATED
- Check if this is final (termination) report and attach a Notice of Dissolution Form DR-3. (You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election  
Nov. 7 2006

County & Local Committees, enter County in which Election is held  
Buena Vista

**STATEMENT OF CASH ON HAND**

<b>CASH ON HAND</b> at the beginning of the reporting period. (Total of all funds held by the committee. This amount <b>MUST</b> 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>0</u>
<b>ADD TOTAL MONEY TAKEN IN THIS PERIOD</b>		
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below).....		<u>0</u>
Schedule F: Loans Received total (Attach Schedule F).....		<u>0</u>
Schedule H: Total Sales of Campaign Property (Attach Schedule H) .....		<u>0</u>
<b>(Schedule H applies to Candidates' Committees Only)</b>		
<b>SUB-TOTAL</b> .....	\$	<u>0</u>
<b>SUBTRACT TOTAL MONEY SPENT THIS PERIOD</b>		
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below).....		<u>0</u>
Schedule F: Loan Repayments total (Attach Schedule F).....		<u>0</u>
<b>CASH ON HAND</b> at the end of this reporting period (if final report balance must be zero) (Attach DR-3).....	\$	<u>0</u>
<b>**UNPAID BILLS</b> (From Schedule D - Attach Schedule D) .....	\$	<u>0</u>
<b>*IN KIND CONTRIBUTIONS</b> (From Schedule E - Attach Schedule E) .....	\$	<u>1066.01</u>
<b>**OUTSTANDING LOANS</b> (From Schedule F - Attach Schedule F).....	\$	<u>0</u>
<b>CONSULTANT BREAKDOWN</b> (Schedule G Attached?)	YES	NO
<b>CANDIDATE COMMITTEES ONLY:</b>		
<b>VALUE OF CAMPAIGN PROPERTY</b> (From Schedule H - Attach Schedule H)	\$	_____

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

SCHEDULE <b>E</b> (Rev. 06/97)	IN KIND CONTRIBUTIONS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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

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
	Self		Pilot Tribune 4 page Ad	\$205.74	
	Self		Pilot Tribune Display Ad	138.40	
	Self		P. Tribune Display Ads	462.24	
	Self		B.V. Times Ads	234.63	
	Self		Embroidery on jacket silk screen Ink	\$ 25.00	

SUB-TOTAL \$  
 TOTAL (if last page of this schedule) \$ **1066.01**

\*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