

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

FORM DR-2 (Rev. 07/2004) DISCLOSURE REPORT For Office Use Only Comm. # Logged In Scanned Computer Audited

COMMITTEE NAME (Must be same as on Statement of Organization) Committee to Elect Nieland IMPORTANT: Indicate by # type of committee you are reporting for: 2 (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) State PAC (10) School Board or Other Political Subdivision PAC (11) Local Ballot Issue CANDIDATE COMMITTEES ONLY: Candidate Name DAN NIELAND Office Sought COUNTY SUPERVISOR

DISCLOSURE BOARD OCT 13 2006 FILED

Late reports are subject to possible civil and criminal penalties.

SIGNATURE OF PERSON FILING REPORT (W. Nieland) TELEPHONE 712-673-4483 DATE SIGNED 10-17-06

I AM FILING A Oct. 19th 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 County & Local Committees, enter County in which Election is held Carro 11

STATEMENT OF CASH ON HAND

Table with 2 columns: Description and Amount. Rows include: CASH ON HAND at the beginning of the reporting period (\$634.00), ADD TOTAL MONEY TAKEN IN THIS PERIOD (Schedule A: \$1400.00, Schedule F: 0, Schedule H: 0), SUB-TOTAL (\$2034.00), SUBTRACT TOTAL MONEY SPENT THIS PERIOD (Schedule B: \$1013.11, Schedule F: 0), CASH ON HAND at the end of this reporting period (\$1020.89).

**UNPAID BILLS (From Schedule D - Attach Schedule D) \$ -0- **IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E) \$ -0- **OUTSTANDING LOANS (From Schedule F - Attach Schedule F) \$ -0-

CANDIDATE COMMITTEES ONLY: CONSULTANT BREAKDOWN (Schedule G Attached?) [] YES [X] NO VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H) \$

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Reset 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)
Committee to Elect Nieland

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.

CAUTION: Section 68B.32A(6), Iowa Code, 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
10-10-06	ID# CK#	Kevin Nieland Breda, IA. 51436	Brother	\$ 50 ⁰⁰	<input type="checkbox"/>
10-10-06	ID# CK#	Mary Jo Welkenstein 20342 Vanlea Dr. Gretna, Neb. 68028	Sister	\$ 50 ⁰⁰	<input type="checkbox"/>
10-10-06	ID# CK#	Steve Nieland 14801 IOWA AVE. Breda, IA. 51436	Brother	\$ 50 ⁰⁰	<input type="checkbox"/>
10-11-06	ID# CK#	Dick Stark 3571 Taylor Ave. Lake View, IA. 51450	N.A.	\$ 100 ⁰⁰	<input type="checkbox"/>
10-11-06	ID# CK#	Chuck Malm 208 Browning Breda, IA. 51436	N.A.	\$ 100 ⁰⁰	<input type="checkbox"/>
10-15-06	ID# CK#	Jan Stark 425 Lakehurst Dr. Waterloo, Neb. 68069	Sister	\$ 50 ⁰⁰	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL \$ 400
TOTAL (if last page of this schedule) \$ 1400⁰⁰

* 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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(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)
Committee to Elect Nieland

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DATE RECEIVED (MM/DD/YY)	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
9-7-06	ID# CK#	Mt. Carmel Mt. Inn 105 N 3 Breda IA. 51436	N.A.	\$ 200 ⁰⁰	<input type="checkbox"/>
9-7-06	ID# CK#	Ray Learz 204 E Pleasant Ridge Rd. Carroll, IA. 51401	N.A.	\$ 100 ⁰⁰	<input type="checkbox"/>
9-20-06	ID# CK#	DAN Nieland 12192 JUY AVE. Breda, IA. 51436	Self	\$ 490 ⁰⁰	<input type="checkbox"/>
9-20-06	ID# CK#	Richard Baumhauer 16643 Mahogany Ave. Carroll, IA. 51401	N.A.	\$ 50 ⁰⁰	<input type="checkbox"/>
9-20-06	ID# CK#	Jim Uvelling 401 Maple Breda, IA. 51436	N.A.	\$ 25 ⁰⁰	<input type="checkbox"/>
10-1-06	ID# CK#	Dale Snyder 103 Circle Dr. Breda, IA. 51436	N.A.	\$ 20 ⁰⁰	<input type="checkbox"/>
10-10-06	ID# CK#	Joni Klausman 29582 - 190th St. Honey Creek, IA. 51572	sister	\$ 40 ⁰⁰	<input type="checkbox"/>
10-10-06	ID# CK#	Jill White 22 Grenville Ct. Council Bluffs IA. 51503	sister	\$ 25 ⁰⁰	<input type="checkbox"/>
10-10-06	ID# CK#	Lori Snyder 13302 JUY AVE. Breda, IA. 51436	sister	\$ 25 ⁰⁰	<input type="checkbox"/>
10-10-06	ID# CK#	Amy Schreck 24463 Jade Ave. Roche Carroll, IA. 51401	sister	\$ 25 ⁰⁰	<input type="checkbox"/>
SUB-TOTAL				\$ 1000 ⁰⁰	
TOTAL (if last page of this schedule)				\$	

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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)
Committee to Elect Nieland

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
<i>9/25/06</i>	ID# CK# <i>004</i>	<i>L & E Partners</i>	<i>CAMPAIGN SIGNS</i>	<i>\$259⁰⁹</i>
<i>10/10/06</i>	ID# CK# <i>005</i>	<i>L & E Partners</i>	<i>CAMPAIGN SIGNS + HANDOUT TABLETS</i>	<i>\$759⁰²</i>
	ID# CK#			
SUB-TOTAL				<i>\$1013¹¹</i>
TOTAL (if last page of this schedule)				<i>\$1013¹¹</i>

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).)