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FOR INSTRUCTIONS, SEE BACK OF FORM

# DISCLOSURE SUMMARY PAGE

STATE ETHICS & CAMPAIGN DISCLOSURE BOARD  
FILED  
JUL 17 2006  
PM 7:15:06

COMMITTEE NAME (Must be same as on Statement of Organization)  
Chuck Kinen 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 Chuck Kinen Political Party (if applicable) Republican  
Office Sought Cass Co. Supervisor District (if Senate or House) \_\_\_\_\_

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	

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 [Signature] TELEPHONE 712 2432 244 DATE SIGNED 7-15-06  
712 243 4811 H&H

I AM FILING A 7-15-06 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 <u>Cass Co</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 <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>1594.93</u>
<b>ADD TOTAL MONEY TAKEN IN THIS PERIOD</b>		
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below).....		<u>300.00</u>
Schedule F: Loans Received total (Attach Schedule F).....		_____
Schedule H: Total Sales of Campaign Property (Attach Schedule H) .....		_____
<b>(Schedule H applies to Candidates' Committees Only)</b>		
SUB-TOTAL.....	\$	<u>1894.93</u>
<b>SUBTRACT TOTAL MONEY SPENT THIS PERIOD</b>		
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below).....		<u>970.47</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>924.46</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



SCHEDULE <b>A</b> (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)  
*Chuck Kinen 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.

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
5-16-06	ID# CK#	John & Becky Holmes 2409 Chestnut St Apts Atlantic IA 50022		\$ 50 <sup>00</sup>	<input type="checkbox"/>
5-16-06	ID# CK#	Jacly Long 57424 7507451 Anita IA 50020		25 <sup>00</sup>	<input type="checkbox"/>
5-22-06	ID# CK#	M & M Al Ross 2500 Palmst #103 Atlantic IA 50022		50 <sup>00</sup>	<input type="checkbox"/>
5-22-06	ID# CK#	Dr & M Mark Nelson 2819 Country Club Dr Atlantic IA 50022		25 <sup>00</sup>	<input type="checkbox"/>
6-9-06	ID# CK#	M & M Jim Pallett 53948 Buck Creek Rd Atlantic IA 50022		100 <sup>00</sup>	<input type="checkbox"/>
6-9-06	ID# CK#	M & M Jim VanGinkel 3806 Country Club Dr Atlantic IA 50022		50 <sup>00</sup>	<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				\$	
TOTAL (if last page of this schedule)				\$ 300 <sup>00</sup>	

\* 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>B</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)  
*Chuck Kinner for Supervisor*

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
5-27-06	ID# CK#	KSOA 413 Chestnut Atlantic IA 50022	Radio Ads	\$ 156 <sup>00</sup>
5-22-06	ID# CK#	KJAM North Olive St Atlantic IA 50022	Radio Ads	156 <sup>00</sup>
5-27-06	ID# CK#	Atlantic News 410 Walnut Telegraph Atlantic IA 50022	Print Ads	498 <sup>40</sup>
5-30-06	ID# CK#	KJAM North Olive Street Atlantic IA 50022	Radio Ads	104 <sup>00</sup>
5-30-06	ID# CK#	KSOA 413 Chestnut Atlantic IA 50022	Radio Ads	36 <sup>00</sup>
5-31-06	ID# CK#	Atlantic News 410 Walnut Telegraph Atlantic IA 50022	Print Ads	20 <sup>07</sup>
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$
TOTAL (if last page of this schedule)				\$ 976 <sup>47</sup>

**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).)