

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

Reset Form

FORM DR-2 (Rev. 07/2003)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	17791
Logged In	
Scanned	
Computer	
Audited	

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

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

(1)Statewide/Legislative Candidate (2)Statewide PAC (3)State Party (4)County/Local Candidate
 (5)County PAC (6)Ballot Issue/Franchise Committee (7)County/City Central Committee

CANDIDATE COMMITTEES ONLY:

Candidate Name <u>Jeffrey L. Kirchhoff</u>	Political Party <u>Republican</u>
Office Sought <u>Cass County Supervisor</u>	District (if Senate or House) <u>4</u>

FILED
 OCT 19 2004
 9-10-04
 DATE SIGNED

Carrie L. Kirchhoff
 SIGNATURE OF TREASURER (or person filing this report)

712-769-2000
 TELEPHONE

Late filed reports are subject to possible civil and criminal penalties.

SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE:

I AM FILING A Oct 19, 2004 REPORT FOR AN/A (1) ELECTION /(2)NON-ELECTION YEAR.
 (report date) Indicate one 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 Notice of Dissolution is filed.)

Local Committees, enter Date of Election <u>11-2-04</u>
County & Local Committees, enter County in which Election is held <u>Cass</u>

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (This is the total of all monies 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>0</u>
ADD TOTAL MONEY TAKEN IN THIS PERIOD	
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)	<u>1,250.00</u>
Schedule F: Loans Received total (Attach Schedule F)	<u>-</u>
Schedule H: Total Sales of Campaign Property (Attach Schedule H)	<u>-</u>
<u>(Schedule H applies to Candidates' Committees Only)</u>	
SUB-TOTAL	\$ <u>1,250.00</u>
SUBTRACT TOTAL MONEY SPENT THIS PERIOD	
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)	<u>1,026.19</u>
Schedule F: Loan Repayments total (Attach Schedule F)	<u>-</u>
CASH ON HAND at the end of this reporting period (if final report, balance must be zero) (Attach DR-3)	\$ <u>223.81</u>

**UNPAID BILLS (From Schedule D - Attach Schedule D)	\$ <u>-</u>
*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)	\$ <u>100.00</u>
**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)	\$ <u>-</u>

CANDIDATE COMMITTEES ONLY:

CONSULTANT BREAKDOWN (Schedule G Attached?)

YES NO

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H) \$ _____

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)
Kirchhoff 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
<i>02/23/04</i>	ID# CK# <i>7134</i>	<i>Jeff Kirchhoff 64593-610 Lewis IA 51544</i>	<i>self</i>	<i>\$ 500.00</i>	<input type="checkbox"/>
<i>04/11/04</i>	ID# CK# <i>7491</i>	<i>Carrie Kirchhoff 64593-610 Lewis IA 51544</i>	<i>wife</i>	<i>250.00</i>	<input type="checkbox"/>
<i>10/15/04</i>	ID# CK# <i>1005</i>	<i>Carrie Kirchhoff 64593-610 Lewis IA 51544</i>	<i>wife</i>	<i>500.00</i>	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<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				<i>\$1250</i>	
TOTAL (if last page of this schedule)				<i>\$1,250</i>	

* 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)
Kirchhoff 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
3/1/04	ID# CK# Automated Withdrawal	Nishna Valley Credit Union 200 Maple St. Box 350 Atlantic, IA 50022	checks for acct.	\$ 10.98
4/5/04	ID# CK# 1001	Tonya Inman 2431 - 125th St. Prescott, IA 50859	materials + labor to do signs (wood + paint)	177.13
4/11/04	ID# CK# 1002	J & J Custom Graphics 217 Walnut St Atlantic, IA 50022	posters + frames	373.84
5/10/04	ID# CK# 1003	Secretary of State Lucas Building, 1st floor Des Moines, IA 50319	list of registered voters for District 4	11.00
7/10/04	ID# CK# 1004	Griswold American P.O. Box 687 Griswold, IA 51535	advertising	80.00
5/24/04	ID# CK# 1005	Atlantic News Telegraph 410 Walnut St Atlantic, IA 50022	advertising	57.00
10/15/04	ID# CK# 1006	Lewis Postmaster 561 W. Main Lewis, IA 51544	700 stamps @ .37 postage	259.00
10/15/04	ID# CK# 1007	Q & Q Custom Graphics 217 Walnut St Atlantic, IA 50022	(2) magnetic signs	57.24
SUB-TOTAL				\$ 1026.19
TOTAL (if last page of this schedule)				\$ 1026.19

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).)

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SCHEDULE E (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)
Kirchhoff 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
7/3/04	Mary Ann Kirchhoff 68737-620 th Grissold, IA 51535	mother	candy for parades	\$ 60.00	<input type="checkbox"/>
9/25/04	Donna Crum 705 Whitney Grissold, IA 51535	mother in law	paper + printer ink	40.00	<input 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 \$ 100.-
TOTAL (if last page of this schedule) \$ 100.-

*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.