

Cass

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

Reset Form

| | |
|------------------------------------|--------------------------|
| FORM DR-2 (Rev. 07/2004) | DISCLOSURE REPORT |
| For Office Use Only | |
| Comm. # | <u>17634</u> |
| Logged In | <u>pm</u> |
| Scanned | |
| Computer | <u>pm</u> |
| Audited | |

COMMITTEE NAME (Must be same as on Statement of Organization)
 Duane C McFadden for County 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: Duane C McFadden
 Political Party (if applicable): Republican

Office Sought: _____
 District (If Senate or House): _____

County Supervisor: _____

Late reports are subject to possible civil and criminal penalties.

Duane C McFadden
SIGNATURE OF PERSON FILING REPORT

515-457-7703
TELEPHONE

1/16/05
DATE SIGNED

JAN 17 2005
FILED FAX

I AM FILING A October 19, 2004 REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR.
(report date) Indicate by # 1

CHECK IF AMENDMENT TO REPORT DATED October 19, 2004

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>November 2, 2004</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. (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.) | \$ 361.12 |
| ADD TOTAL MONEY TAKEN IN THIS PERIOD | |
| Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below) | 845.86 |
| Schedule F: Loans Received total (Attach Schedule F) | <u>0</u> |
| Schedule H: Total Sales of Campaign Property (Attach Schedule H) | <u>0</u> |
| <u>(Schedule H applies to Candidates' Committees Only)</u> | |
| SUB-TOTAL | \$ 1,206.98 |
| SUBTRACT TOTAL MONEY SPENT THIS PERIOD | |
| Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below) | 956.66 |
| Schedule F: Loan Repayments total (Attach Schedule F) | <u>0</u> |
| CASH ON HAND at the end of this reporting period (if final report balance must be zero) (Attach DR-3) | \$ 250.32' |
| **UNPAID BILLS (From Schedule D - Attach Schedule D) | \$ <u>0</u> |
| **IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E) | \$ <u>0</u> |
| **OUTSTANDING LOANS (From Schedule F - Attach Schedule F) | \$ <u>0</u> |
| CANDIDATE COMMITTEES ONLY: | |
| CONSULTANT BREAKDOWN (Schedule G Attached?) | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
| VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H) | \$ <u>0</u> |

For Instructions, See Back of Form



| | |
|---|------------------------------------|
| SCHEDULE A (Rev. 07/03) | MONETARY RECEIPTS |
| <input checked="" 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)
 Duane C McFadden for County 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 |
|--|--|---|--|-----------------|-----------------------------|
| 7/20/2004 | ID# CK# | Charles Flick 604 Juanita Ave Cedar Falls, IA 50613 | None | \$100 | <input type="checkbox"/> |
| 8/2004 | ID# CK# | Unitemized contributions for the period | None | 20 | <input type="checkbox"/> |
| 9/10/2004 | ID# CK# | Dale Kuchl 54666 580th St Marne, IA 51552 | None | 25 | <input type="checkbox"/> |
| 9/15/2004 | ID# CK# | Duane McFadden 57686 Eastland Road Marne, IA 51552 | Self | 200 | <input type="checkbox"/> |
| 10/01/2004 | ID# CK# | Duane McFadden 57686 Eastland Road Marne, IA 51552 | Self | 400.86 | <input type="checkbox"/> |
| 10/11/2004 | ID# CK# | Jackie Pelzer 51404 570th St Marne, IA 51552 | None | 100 | <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 | | | | \$ 845.86 | |
| TOTAL (if last page of this schedule) | | | | \$ 845.86 | |

* 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

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.

| | |
|---|--------------------------|
| SCHEDULE B (Rev. 07/03) | MONETARY EXPENDITURES |
| <input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM | |

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

Duane C McFadden for County 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 |
|---------------------------------------|--|---|--------------------------------|-----------------|
| 7/28/2004 | ID# CK# | Choice Printing 414 Walnut St Atlantic, IA 50022 | Postcards and business cards | \$ 136.02 |
| 8/17/2004 | ID# CK# | Lindeman Tractor 715 West 7th St, PO Box 328 Atlantic, IA 50022 | Paint and materials | 29.26 |
| 9/15/2004 | ID# CK# | American Campaign Store PO Box 1612 Jeffersonville, IN 47131 | Yard signs | 305.93 |
| 9/24/2004 | ID# CK# | Choice Printing 414 Walnut St Atlantic, IA 50022 | Postcards and business cards | 58.68 |
| 9/24/2004 | ID# CK# | Office Concepts 417 Chestnut St Atlantic, IA 50022 | Tape | 4.23 |
| 10/01/2004 | ID# CK# | Atlantic News Telegraph 410 Walnut St Atlantic, IA 50022 | Advertising | 100.80 |
| 10/02/2004 | ID# CK# | Atlantic Post Office 20 East 5th St Atlantic, IA 50022 | Postage | 115.00 |
| 10/04/2004 | ID# CK# | Atlantic Post Office 20 East 5th St Atlantic, IA 50022 | Postage | 27.60 |
| SUB-TOTAL | | | | \$ 777.52 |
| TOTAL (if last page of this schedule) | | | | \$ |

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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(for Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM

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)
 Duane C McFadden for County 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 |
|--|--|--|--------------------------------|------------------|
| 10/04/2004 | ID# CK# | KJAN North Olive St Atlantic, IA 50022 | Radio advertising | \$ 96.00 |
| 10/09/2004 | ID# CK# | Atlantic Post Office 20 East 5th St Atlantic, IA 50022 | Postage | 23.00 |
| 10/11/2004 | ID# CK# | Choice Printing 414 Walnut St Atlantic, IA 50022 | Postcards and business cards | 27.94 |
| 10/12/2004 | ID# CK# | Marne Post Office 202 Washington St Marne, IA 50022 | Postage | 32.20 |
| | ID# CK# | | | |
| SUB-TOTAL | | | | \$ 179.14 |
| TOTAL (if last page of this schedule) | | | | \$ 956.66 |

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 detailed 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)(f).)