

Cass

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE



FORM DR-2 (Rev. 07/2004)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	17634
Logged In	DM
Scanned	
Computer	DM
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: County Supervisor
 District (if Senate or House):

FILED FAX
 JAN 17 2005

Duane C McFadden

515-457-7703

1/16/05

SIGNATURE OF PERSON FILING REPORT

TELEPHONE

DATE SIGNED

Late reports are subject to possible civil and criminal penalties.

I AM FILING A January 19, 2005 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 November 2, 2004
County & Local Committees, enter County in which Election is held Cass

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.) \$ 250.32

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (**also see in-kind below) 985.00

Schedule F: Loans Received total (Attach Schedule F) 0

Schedule H: Total Sales of Campaign Property (Attach Schedule H) 0

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL \$ 1,235.32

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below) ... 1,045.95

Schedule F: Loan Repayments total (Attach Schedule F) 0

CASH ON HAND at the end of this reporting period (if final report balance must be zero) (Attach DR-3) \$ 189.37

**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 NO

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H) \$ 0

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Rec'd 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)
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
10/21/2004	ID# CK#	Duane C McFadden 57686 Eastland Road Marne, IA 51552	Self	\$450.00	<input type="checkbox"/>
10/21/2004	ID# CK#	James McFadden 3448 Glenwood Dr West Des Moines, IA 50265	Son	100.00	<input type="checkbox"/>
10/25/2004	ID# CK#	Duane C McFadden 57686 Eastland Road Marne, IA 51552	Self	400.00	<input type="checkbox"/>
11/08/2004	ID# CK#	Michelle Cook 4637 Twain St Ames, IA 50014	Daughter	35.00	<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				\$ 985.00	
TOTAL (if last page of this schedule)				\$ 985.00	

* 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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Receipt 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
10/21/2004	ID# CK#	KSOM 413 Chestnut St Atlantic, IA 50022	Radio advertising	\$ 360.00
10/25/2004	ID# CK#	Atlantic News Telegraph #10 Walnut St Atlantic, IA 50022	Newspaper advertising	201.60
10/26/2004	ID# CK#	KJAN North Olive St Atlantic, IA 50022	Radio advertising	358.75
10/27/2004	ID# CK#	KJAN North Olive St Atlantic, IA 50022	Radio advertising	92.00
11/22/2004	ID# CK#	Atlantic News Telegraph 410 Walnut St Atlantic, IA 50022	Newspaper advertising	33.60
	ID# CK#			
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$ 1,045.95
TOTAL (If last page of this schedule)				\$ 1,045.95

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).)