

**DISCLOSURE SUMMARY PAGE**

Reset Form

<b>FORM DR-2</b> (Rev. 12/2005)	<b>DISCLOSURE REPORT</b>
<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	

**COMMITTEE NAME** (Must be same as on Statement of Organization)  
Scott Kennedy Supervisor Committee

**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 Scott W. Kennedy Political Party (if applicable) Republican  
 Office Sought County Supervisor District (if Senate or House) \_\_\_\_\_

IOWA ETHICS & CAMPAIGN  
 DISCLOSURE BOARD  
 MAY 18 2006  
 PM 5:17:06  
 FILED

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.

Scott W. Kennedy SIGNATURE OF PERSON FILING REPORT      641-357-6724 TELEPHONE      5-16-06 DATE SIGNED

I AM FILING A Jan. 1 - May 14 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 <u>June 6, 2006</u>
County & Local Committees, enter County in which Election is held <u>Cerro Gordo</u>

**STATEMENT OF CASH ON HAND**

<b>CASH ON HAND</b> 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>0</u>
<b>ADD TOTAL MONEY TAKEN IN THIS PERIOD</b>		
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below).....		_____
Schedule F: Loans Received total (Attach Schedule F).....		<u>1500.00</u>
Schedule H: Total Sales of Campaign Property (Attach Schedule H) .....		_____
<b>(Schedule H applies to Candidates' Committees Only)</b>		
<b>SUB-TOTAL</b> .....	\$	<u>1500.00</u>
<b>SUBTRACT TOTAL MONEY SPENT THIS PERIOD</b>		
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below).....		<u>1316.00</u>
Schedule F: Loan Repayments total (Attach Schedule F) .....		<u>0</u>
<b>CASH ON HAND</b> at the end of this reporting period (if final report balance must be zero) (Attach DR-3).....	\$	<u>184.00</u>

**UNPAID BILLS (From Schedule D - Attach Schedule D) .....	\$	_____
**IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E) .....	\$	<u>282.50</u>
**OUTSTANDING LOANS (From Schedule F - Attach Schedule F).....	\$	<u>1500.00</u>
<b>CONSULTANT BREAKDOWN</b> (Schedule G Attached?) _____	YES	<u>X</u> NO

**CANDIDATE COMMITTEES ONLY:**  
**VALUE OF CAMPAIGN PROPERTY** (From Schedule H - Attach Schedule H) \$ 0

**STATE COMMITTEES:** Submit a reconciled campaign account bank statement in January of each year.

FOR INSTRUCTIONS, SEE BACK OF FORM

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

**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.

**COMMITTEE NAME (Must be same as on Statement of Organization)**  
*Scott Kennedy Supervisor Committee*

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
4-13-06	ID# CK# 950	De nahve 11205 Helber Rd Loyon Ohio 43138	Yard signs	\$ 399. <sup>95</sup>
4-18-06	ID# CK#	Clear Lake Bank & Trust 322 main Ave Clear Lake, Iowa 50428	checks	16. <sup>10</sup>
5-5-06	ID# CK# 1001	Hawkeye Adv. 1233 North Federal P.O. Box 1335 Nason City, Ia 50402	Billboard	500. <sup>00</sup>
5-9-06	ID# CK# 1002	Pohave 11205 Helber Rd Loyon, Ohio 43138	Yard signs	399. <sup>95</sup>
	ID# CK#			
<b>SUB-TOTAL</b>				\$ 1316. <sup>00</sup>
<b>TOTAL (if last page of this schedule)</b>				\$ 1316. <sup>00</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)(f) )

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COMMITTEE NAME (Must be same as on Statement of Organization)  
*Scott Kennedy Supervisor Committee*

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SCHEDULE <b>E</b> (Rev. 06/97)	IN-KIND CONTRIBUTIONS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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
1-30-06	Scott Kennedy 2309 main Ave Clear Lake Iowa		Supervisor minutes 7-1-04 to 1-30-06	\$ 62.50	<input type="checkbox"/>
4-1-06	Scott Kennedy 2309 main Ave Clear Lake Iowa		Advertising Photo	200.00	<input type="checkbox"/>
4-3-06	Scott Kennedy 2309 main Ave Clear Lake Iowa		Primary Voter Names	20.00	<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

SUB-TOTAL \$ 282.50  
 TOTAL (if last page of this schedule) \$ 282.50

\*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.

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SCHEDULE <b>F</b> (Rev. 07/03)	LOANS RECEIVED & REPAID
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)  
Scott Kennedy Supervisor Committee

NOTE: This schedule reports money loaned to the committee which is deposited in the committee account.

TOTAL UNPAID LOANS FROM LAST REPORTING PERIOD \$ 0

**PART I - MONETARY LOANS RECEIVED THIS REPORTING PERIOD**  
(Original source of loan, such as a bank, must be shown if a third party is involved. Include loans from candidate's personal funds.)

**PART II - MONETARY LOAN REPAYMENTS MADE THIS REPORTING PERIOD**  
(Loans forgiven must be reported on Schedule E -- In-kind Contributions.)

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, if Applicable)	RELATIONSHIP TO CANDIDATE (If Applicable)	AMOUNT OF LOAN
4-6-06	Scott Kennedy 2309 Main Ave Clear Lake Iowa	1	\$ 1000. <sup>00</sup>
5-3-06	Scott Kennedy 2307 Main Ave Clear Lake Iowa		\$ 500. <sup>00</sup>

DATE PAID (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, if Applicable)	RELATIONSHIP TO CANDIDATE* (If Applicable)	AMOUNT REPAID
			\$

TOTAL (PART I) \$ 1500.<sup>00</sup>

TOTAL CASH REPAYMENTS (PART II) \$ 0  
 From Schedule E -- TOTAL LOANS FORGIVEN \$ 282.50  
 TOTAL OUTSTANDING LOANS END OF REPORT PERIOD \$ 1500.<sup>00</sup>

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