

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

DISCLOSURE SUMMARY PAGE

COMMITTEE NAME (Must be same as on Statement of Organization) **RECEIVED**  
 Kehoe for Supervisor FAX  
JAN 18 2007

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 Tim Kehoe Political Party (if applicable) Democrat  
 Office Sought County Supervisor District (if Senate or House)

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

Tim Kehoe 712-262-2336 1/18/07  
 SIGNATURE OF PERSON FILING REPORT TELEPHONE DATE SIGNED

I AM FILING A January 19, 2007 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  
November 7, 2006  
 County & Local Committees, enter County in  
 which Election is held Clay

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.)	\$	<u>634.57</u>
<b>ADD TOTAL MONEY TAKEN IN THIS PERIOD</b>		
Schedule A: Cash Contributions total (Attach Schedule A) (**also see in-kind below)		<u>1149.00</u>
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>		
<b>SUB-TOTAL</b>	\$	<u>1783.57</u>
<b>SUBTRACT TOTAL MONEY SPENT THIS PERIOD</b>		
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)		<u>1614.00</u>
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)	\$	<u>169.57</u>

**UNPAID BILLS (From Schedule D - Attach Schedule D)	\$	<u>0</u>
**IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)	\$	<u>1513.96</u>
**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)	\$	<u>500.00</u>
CONSULTANT BREAKDOWN (Schedule G Attached?)	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	

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>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)  
**Kehoe 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.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

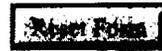
CAUTION: Section 88B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

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
10/24/06	ID# CK#	unitemized contributions	NA	\$ 40.00	<input type="checkbox"/>
10/25/06	ID# CK#	AmericInn of Spencer EIK River MN. 55330	NA	500.00	<input type="checkbox"/>
11/9/06	ID# CK#	unitemized contributions	NA	139.00	<input type="checkbox"/>
10/23/06	ID# CK#	Diane Kitterman 3580 190th Spencer, IA 51301	NA	50.00	<input type="checkbox"/>
10/28/06	ID# CK#	Allen Ravn 1111 W 14th St Spencer, IA 51301	NA	50.00	<input type="checkbox"/>
10/31/06	ID# CK#	Helen Krager 312 E 11th St Spencer, IA	NA	30.00	<input type="checkbox"/>
11/5/06	ID# CK#	Anne Simmons 6545 Medinah Lane Alexandria, VA 22312	NA	25.00	<input type="checkbox"/>
11/1/06	ID# CK#	Alice Hoberg 2520 400th St Spencer, IA 51301	NA	25.00	<input type="checkbox"/>
11/2/06	ID# CK#	Ann Zahrt 209 E Park St Spencer, IA 51301	NA	25.00	<input type="checkbox"/>
11/3/06	ID# CK#	Jehyl MacConnell 2992 250th Ave Spencer, IA 51301	NA	20.00	<input type="checkbox"/>
SUB-TOTAL				\$ 904.00	
TOTAL (if last page of this schedule)				\$	

\* 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.

For Instructions, See Back of Form

**CONTRIBUTIONS -- MONEY TAKEN IN**  
(Including candidate's personal funds)



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

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

NOTE. ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

**CAUTION:** Section 68B 32A(6), 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-Raising INCOME
11/3/06	ID#	Barbara Brown Miller 118 W 1st St No 2 Spencer, IA 51301	NA	\$ 25.00	<input type="checkbox"/>
11/3/06	ID#	Lois Simmons 2360 390th St Spencer, IA 51301	NA	25.00	<input type="checkbox"/>
11/4/06	ID#	R. Elaine Nurse 620 E 18th St Spencer, IA 51301	NA	10.00	<input type="checkbox"/>
11/4/06	ID#	L. Hicks 112 E Park St Spencer, IA 51301	NA	10.00	<input type="checkbox"/>
11/4/06	ID#	Sylvia Schoer 1212 16th Ave West Spencer, IA 51301	NA	15.00	<input type="checkbox"/>
11/4/06	CK#	Steve Bomgaars 1608 3rd Ave E Spencer, IA 51301	NA	15.00	<input type="checkbox"/>
11/4/06	CK#	Robert Pritchard 1425 3rd Ave W. Spencer, IA 51301	NA	20.00	<input type="checkbox"/>
11/4/06	CK#	John Goede 700 3rd Ave SE Spencer, Iowa 51301	NA	25.00	<input type="checkbox"/>
11/4/06	CK#	Robert Whittenburg PO Box 941 Spencer, Iowa 51301	NA	50.00	<input type="checkbox"/>
11/4/06	CK#	Rod Thomsen 601 E Wilson Evary, Iowa 51338	NA	50.00	<input type="checkbox"/>
SUB-TOTAL				245.00	
TOTAL (if last page of this schedule)				\$1149.00	

\* 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 blood or marriage relationship, the relationship should show.

FOR INSTRUCTIONS, SEE BACK OF FORM

**Reset Form**

**EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT**

<b>SCHEDULE</b> <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)  
Kehoe 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
10/24/06	ID# CK#	Spencer Chamber 122 W 5th St Spencer, IA 51301	membership	\$ 75.00
10/25/06	ID# CK#	Spencer Postmaster	postage	24.00
10/26/06	ID# CK#	Clay Co. Conservation Board 420 10th Ave SE Spencer, Iowa 51301	rental	37.50
10/31/06	ID# CK#	Spencer Daily Reporter P.O. Box 197 Spencer, Iowa 51301	advertising	718.00
11/2/06	ID# CK#	KICD AM/FM/KLLT 2600 N Hwy Blvd Spencer, IA 51301	radio advertising	345.00
11/9/06	ID# CK#	Everly-Royal News 210 N Main St Everly, IA 51338	advertising	34.50
12/18/06	ID# CK#	The Peterson Patriot PO Box 1037 Pauullina, IA 51046	advertising	30.00
12/18/06	ID# CK#	Nancy Leppert PO Box 333 Dickens, IA 51333	political buttons	350.00
SUB-TOTAL				\$
<b>TOTAL (if last page of this schedule)</b>				<b>\$1614.00</b>

**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 INSTRUCTIONS, SEE BACK OF FORM

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

Kehoe for Supervisor

Basic Form

SCHEDULE <b>E</b> (Rev. 06/07)	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
12/18/06	Tim Kehoe 406 E 9th St Spencer, Iowa 51301	NA	Advertising	\$ 1513.96	<input type="checkbox"/>
<del>12/18/06</del>	<del>Bhroe Kehoe 406 E 9th Spencer, IA 51301</del>	<del>Spouse NA</del>	<del>loan</del>	<del>\$6000</del>	<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 \$

TOTAL (if last page of this schedule)

\$ 1513.96  
~~2013.96~~

\*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.