

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

COMMITTEE NAME (Must be same as on Statement of Organization)
 Committee To Re-Elect Edgar Allen Blow For 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

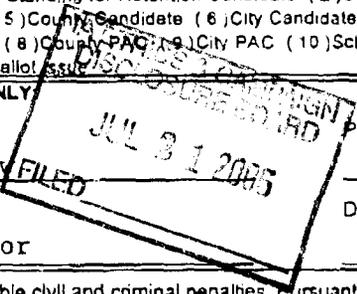
Candidate Name: Edgar Allen Blow Political Party (if applicable): Democratic
 Office Sought: County Supervisor District (if Senate or House): _____

FORM DR-2
 (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. 12th, 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.

Garry J. Rowley 319 754-4963 July 21, 2006
 SIGNATURE OF PERSON FILING REPORT TELEPHONE DATE SIGNED

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

- CHECK IF AMENDMENT TO REPORT DATED May 19
- 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
June 6, 2006
 County & Local Committees, enter County in which Election is held
Des Moines

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.)	\$	874.95
ADD TOTAL MONEY TAKEN IN THIS PERIOD		
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)	\$	485.00
Schedule F: Loans Received total (Attach Schedule F)	\$	_____
Schedule H: Total Sales of Campaign Property (Attach Schedule H)	\$	_____
<u>(Schedule H applies to Candidates' Committees Only)</u>		
SUB-TOTAL	\$	1,359.95
SUBTRACT TOTAL MONEY SPENT THIS PERIOD		
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)	\$	1,250.82
Schedule F: Loan Repayments total (Attach Schedule F)	\$	_____
CASH ON HAND at the end of this reporting period (If final report balance must be zero) (Attach DR-3)	\$	_____
	Service charge & tax	-3.21
	\$	105.92

**UNPAID BILLS (From Schedule D - Attach Schedule D) \$ _____

**IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E) \$ _____

**OUTSTANDING LOANS (From Schedule F - Attach Schedule F) \$ _____

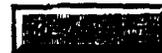
CONSULTANT BREAKDOWN (Schedule G Attached?) _____ YES _____ NO

CANDIDATE COMMITTEES ONLY:

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

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

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)
 Committee To Re-Elect Edgar Allen Blow 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)	FAC 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
5-16-06	ID# CK#	Kenneth Hartman 4972 Sullivan Slough Rd Burlington IA 52601		\$ 100.00	<input type="checkbox"/>
5-16-06	ID# CK#	Jan A. Bell 17684 70th Ave Sperry, IA 52650		100.00	<input type="checkbox"/>
5-26-06	ID# CK#	Robert P. Ritson 12295 Celestia Drive Burlington, IA 52601		50.00	<input type="checkbox"/>
6-02-06	ID# CK#	Jennifer Inghram-Martinez P.O. Box 6532 Broomfield, CO 80021		100.00	<input type="checkbox"/>
6-12-06	ID# CK#	Bette M Russell 18512 110th Ave Sperry, IA 52650		50.00	<input type="checkbox"/>
6-12-06	ID# CK#	Michael Winnke 117 Country Lane West Point, IA 52656		25.00	<input type="checkbox"/>
5-16-06	ID# CK#	cash		20.00	<input type="checkbox"/>
5-31-06	ID# CK#	cash		20.00	<input type="checkbox"/>
6-12-06	ID# CK#	cash		20.00	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
SUB-TOTAL				\$	
TOTAL (if last page of this schedule)				\$	485.00

* 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.

FOR INSTRUCTIONS, SEE BACK OF FORM



SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input checked="" 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)
Committee To Re-Elect Edgar A Blow 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
5-22-06	ID# CK#	Louisa Publishing Co P.O. Box 306 Wapello IA 62653	2.Ads 5/25 and 6/1 @ 29.40 each and Thank-you ad 19.60	\$ 78.40
5-19-06	ID# CK#	Ed Blow 12268 158th Ave. West Burlington IA 52655	The Mediapolis News-Political Ads	79.80
5-24-06	ID# CK#	"" ""	Des Moines County, I.T. D.M. Co voter Registration History Report	15.40
5-30-06	ID# CK#	Clear Channel Radio Burlington IA 52601	Ads-KBUR & KGRS	207.00
5-30-06	ID# CK#	KCPS Burlington IA 52601	Ads-Political	198.90
5-30-06 6-02-06	ID# CK#	The Hawkeye Burlington IA 52601	first half last half Ads	227.68 227.68
5-30-06	ID# CK#	KQ92	Political Ads	200.00
6-8-06	ID# CK#	Mediapolis News Mediapolis IA	Thank you ad	15.96
SUB-TOTAL				\$ 1,250.82
TOTAL (if last page of this schedule)				\$ 1,250.82

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).)