File with:
Iowa Ethics and Campaign Disclosure Board
510 E. 12th, Ste. 1A
Des Moines, Iowa 50319
Fax: 515-281-4073

[redacted]

IA ETHICS AND CAMPAIGN DISCLOSURE BD
2009 ~~MAY 22~~ JUNE 1 pm AM 8:01

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

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

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: NORMAND KLEMESRUD
Political Party (if applicable): DEMOCRAT
Office Sought: COUNTY ATTORNEY
District (if Senate or House):

FORM **DR-2** (Rev. 07/2007) DISCLOSURE REPORT

For Office Use Only
Comm. # ____
Logged In ____
Scanned ____
Computer ____
Audited ____

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a

SIGNATURE OF PERSON FILING REPORT — TELEPHONE 641-228-7143 — DATE SIGNED 5/31/09

I AM FILING A OCTOBER 2006 (report date) REPORT FOR (1) ELECTION /(2)NON-ELECTION YEAR. Indicate by # 2

☑ CHECK IF AMENDMENT TO REPORT DATED 10/19/06 & 5/31/09

☐ 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: 11/07/06
County & Local Committees, enter County in which Election is held: FLOYD

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.) $	100.00
ADD TOTAL MONEY TAKEN IN THIS PERIOD	
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)	2,455.82
Schedule F: Loans Received total (Attach Schedule F)	
Schedule H: Total Sales of Campaign Property (Attach Schedule H)	
(Schedule H applies to Candidates' Committees Only)	
SUB-TOTAL $	2,555.82
SUBTRACT TOTAL MONEY SPENT THIS PERIOD	
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)	1,177.50
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) $	1,378.32
UNPAID BILLS (From Schedule D - Attach Schedule D) $	1,972.51
***IN KIND CONTRIBUTIONS** (From Schedule E - Attach Schedule E) $	664.00
***OUTSTANDING LOANS** (From Schedule F - Attach Schedule F) $	0.00
CONSULTANT BREAKDOWN (Schedule G Attached?)	___ YES ✓ NO
CANDIDATE COMMITTEES ONLY:	
VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H) $	0.00

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

10/20/2006 01:14 16412287143 KLEMESRUD CONST PAGE 02

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(Including nonfederal & personal funds)

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

☐ CHECK THIS BOX IF AMENDING FORM

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-RAISER INCOME
8/16/06	ID# CK#	Jim Davis 101 N. Main Charles City, IA 50616	N	$ 100.00	✓
8/16/06	ID# CK#	L. Thomas Keiser 510 Freeman Charles City, IA 50616	N	20.00	✓
8/16/06	ID# CK# ID# CK#	Frank Rottinghaus 1004 Court St. Charles City, IA 50616	N	50.00	
8/16/06	ID# CK#	unitemized - Ticket Sales	N	20.00	✓
8/20/06	ID# CK#	L. Thomas Keiser 510 Freeman St. Charles City, IA 50616	N	25.00	
8/19	ID# CK#	Joyce Scales 206 Ferguson Charles City IA 50616	N	25.00	
8/18	ID# CK#	Cleo Webere 407 N. Iowa Charles City, IA 50616	N	25.00	
8/18	ID# CK#	William Paul 203 Clark St. Charles City IA 50616	N	20.00	✓
~~8/20~~ 8/30/06	ID# CK#	Non itemized Ticket Sales		~~550~~	✓

650.00

SUB-TOTAL $ ~~225.00~~

TOTAL (If last page of this schedule) $ 937.50

* 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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(for Schedule A)

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(Printing numbers in parentheses)

COMMITTEE NAME (Show full name as on Statement of Organization)
KLEMESRUD CAMPAIGN

☐ CHECK THIS BOX IF AMENDING FORM

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 $30 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(8), prohibits the use or information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statewide 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 INCLUDE
9/29/06	ID# CK#	Denny Carey PO Box 533 Charles City IA 50616	—	$ 107.00	☐
10/13/06	ID# CK#	John Kelly 611 Ave Charles City, IA 50616	—	200.00	☐
10/13/06	ID# CK# ID# CK#	Barbara Mark PO Box 1 Charles City, IA 50616	—	25.00	☐ ☐
10/13/06	ID# CK#	Russell Schaber 303 Ferguson Charles City, IA 50616	—	35.00	☐
10/13/06	ID# CK#	John Hayes 100 Main Charles City, IA 50616	—	50.00	☐
	ID# CK#	Pay pal Confirmation K. Vandelee		.32	☐
	ID# CK#				☐
	ID# CK#				☐
	ID# CK#				☐

SUB-TOTAL $ 417.32

TOTAL (If last page of this schedule) $ 2,955.82 ~~2,455.82~~

* Identify the relative contributor's relationship to the candidate (e.g. father, mother, spouse, brother, sister, son, daughter, uncle, aunt, cousin, friend, business associate, employer, employee, manager). If surname of contributor is the same as candidate, but there is no family relationship, enter "not applicable" if this relationship exists.

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