FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

FORM **DR-2** (Rev. 05/2002) — DISCLOSURE REPORT

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

IMPORTANT: Indicate type of committee you are reporting for: [7]

(1) Statewide/Legislative Candidate (2) Statewide PAC (3) State Party (4) County/Local Candidate
(5) County PAC (6) Ballot Issue/Franchise Committee (7) County/City Central Committee
(8) Support State of Candidates

For Office Use Only
Comm. # _____
Indexed _____
Audited _____
Computer _____

CANDIDATE COMMITTEES ONLY:

Candidate Name: Jody Lewis Anderson
Political Party: Democrat
Office Sought: Hardin County Supervisor
District (if Senate or House): —

Stacey A Anderson — SIGNATURE OF TREASURER (or person filing this report)
641-648-3932 — TELEPHONE
Oct 19th 2010 — DATE SIGNED

2010 OCT 19 PM 3:00 IA ETHICS AND

Routine Penalties Due For Late Filed Reports Range from $20 to $800

SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE:

I AM FILING A Campaign Disclosure (report date) REPORT FOR AN/A (1) ELECTION /(2) NON-ELECTION YEAR. Indicate one [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 Notice of Dissolution is filed.)

Local Committees, enter Date of Election: NOV 2, 2010
County & Local Committees, enter County in which Election is held: Hardin County

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (This is the total of all monies 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.) $	0
ADD TOTAL MONEY TAKEN IN THIS PERIOD	
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)	1904.20
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 $	1904.20
SUBTRACT TOTAL MONEY SPENT THIS PERIOD	
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)	1066.54
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) $	837.66
**UNPAID BILLS (From Schedule D - Attach Schedule D) $	154.91
*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E) $	716.19
**OUTSTANDING LOANS (From Schedule F - Attach Schedule F) $	—

CANDIDATE COMMITTEES ONLY:

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

For Instructions, See Back of Form

Reset Form

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
☐ 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 Elect Jody Anderson 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-RAISER INCOME
June 21-2010	ID# 9084 CK# 1351	Hardin County Democratic Central Committee, Treasurer Kurt Kelsey 14083 P. Ave Iowa Falls Ia 50126	My Party	$ 200.00	
July 3-2010	ID# CK# CASH	John P. White sell 519 College Ave, Iowa Falls, IA	Friend	$ 20.00	
8-18-10	ID# CK# 1708	Jody Anderson 827 Richmond Ave [redacted] Iowa Falls, Ia 50126	[redacted] My Self	$ 375.00	
8-31-10	ID# CK# 1680	Andy & Cindy Goodner		100.00	✓
8-31-10	ID# CK# 31620	Kurtis R. Kelsey		100.00	✓
8-31-10	ID# CK# 8626	Craig & Kristi Harris		150.00	✓
8-28-10	ID# CK# 2071	Gloria Lawler Reber		100.00	✓
8-31-10	ID# CK# 9208	Robert & Arleen Fuller		30.00	✓
8-31-10	ID# CK# 7784	Annie or Kenneth Kuper		25.00	✓
8-31-10	ID# CK# 10249	Ardeth & George W. Vest J.R.		25	✓
			SUB-TOTAL	$ 1125.00	
			TOTAL *(If last page of this schedule)*	$ [redacted]	

* 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 Instructions, See Back of Form

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

SCHEDULE A (Rev. 06/97)	MONETARY RECEIPTS
☐ CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)
Committee to Elect Jody Anderson 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 FUN RAIS INCO
9-1-10	ID# CK# 4154	Mary Beth Lawler	Friend	$ 50.00	✓
8-31-10	ID# CK# 3442	James D. & Norene Johnson	Friend	25.00	✓
8-31-10	ID# CK# 2887	Sarah R. Day	Friend	25.00	✓
8-31-10	ID# CK# 1003	Kurtis Kelsey Treasurer Murra For Supervisor Payment For ½ Ad For Fund Raiser	Friend	67.25	
8-31-10	ID# CK#	Small CASH Donations Fund Raiser	Friend	280.00	✓
* Quit From Jarks 8-31-10	ID# CK# ½ OF CASH For Quilt	Ruth Anderson 219 So. Ave Iowa Falls Ia 50126	Mother	100.00	✓
9-17-10	ID# CK# 5306	Patricia A. Whitesell & John P Whitesell P.O. Box 308, Iowa Falls Ia 50126	Friend	75.00	
9-20-10	ID# CK# CASH	Harry Anderson 2565 W. Ave Lancaster, CA 93536-5336	Uncle	100.00	
9-21-10	ID# CK# CASH	Betty Taylor 20054 Highway D15 Iowa Falls	Friend	20.00	
10-18-10	ID# CK# CASH	Wayne G. Zeigler 115 Slayton Ave Iowa Falls, Ia 50126	Friend	20.00	
			SUB-TOTAL	$ 762.25	
			TOTAL (If last page of this schedule)	$	

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For Instructions, See Back of Form

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

SCHEDULE A (Rev. 02/97)	MONETARY RECEIPTS

☐ CHECK THIS BOX IF AMENDING FORM

COMMITTEE NAME *(Must be same as on Statement of Organization)*
Committee to Elect Jody Anderson 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 FUN RAIS INCO
9-14	ID# CK# 1006	Murra For Supervisor ½ of FundRaiser Kurtis Kelsey Treasurer	Fellow Democrate	$ 16.95	✓
	ID# CK#				
	ID# CK#				
	ID# CK#				
	ID# CK#				
	ID# CK#				
	ID# CK#				
	ID# CK#				
	ID# CK#				
	ID# CK#				
			SUB-TOTAL	$ 16.95	
			TOTAL *(If last page of this schedule)*	$ 1904.20	

* 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) (See Page 2 of forms packet.). If surname of contributor is the same as candidate, but there is no

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FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME *(Must be same as on Statement of Organization)*
Committee To Elect Jody Anderson Supervisor

Reset Form

SCHEDULE E (Rev 06/97)	IN-KIND CONTRIBUTIONS

☐ 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
5-28-10	Jody Anderson 821 Richmond Ave Iowa Falls, Ia 50126	My Self	Newspaper Ad	$ 183.00	☐
7-02-10	Jody Anderson 821 Richmond Ave Iowa Falls, Ia 50126	My Self	T Shirts For Parades	$ 157.93	☐
7-3-10	Jody Anderson 821 Richmond Ave Iowa Falls, Ia 50126	My Self	Candy For Parades	$ 21.36	☐
8-10-10	Jody Anderson 821 Richmond Ave Iowa Falls, Ia 50126	My Self	Boat Club Rental For Fund Raiser 8-31	$ 35.00	☐
8-16-10	Danny Anderson 2917 Redwood DR Carrollton TX 75007-4840	Brother	400 Pens	218.90	☐
* SEE Schedule A 8-31-10	Frankie Jank S 110 E. Pine St Iowa Falls Ia 50126	Friend	½ OF Quilt	~~$ 100.00~~	☑
					☐
					☐
					☐
					☐

SUB-TOTAL $ 716.19

TOTAL (If last page of this schedule) $ 716.19 716.19

*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.

Page 1 of 1 (for Schedule E)

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