

DISCLOSURE SUMMARY PAGE

Reset Form

FORM DR-2 (Rev. 12/2005)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	17916
Logged In	
Scanned	
Computer	
Audited	
File with: Iowa Ethics and Campaign Disclosure Board 510 E. 12 th , Ste. 1A Des Moines, Iowa 50319 Fax: 515-281-3701	

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

John Parsons for Supervisor

IA ETHICS & CAMPAIGN DISCLOSURE BOARD
APR 17 2006
FILED HD

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: John Parsons Political Party (if applicable): Democrat
 Office Sought: County Supervisor District (if Senate or House): _____

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.

John Parsons
SIGNATURE OF PERSON FILING REPORT

515-681-9368
TELEPHONE

April 16, 2006
DATE SIGNED

I AM FILING A Organizational Report 4-16-06 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 _____
County & Local Committees, enter County in which Election is held _____

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>0</u>
ADD TOTAL MONEY TAKEN IN THIS PERIOD		
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below).....		<u>1,130.00</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>
(Schedule H applies to Candidates' Committees Only)		
SUB-TOTAL	\$	<u>\$1,130.00</u>
SUBTRACT TOTAL MONEY SPENT THIS PERIOD		
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below).....		<u>43.70</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>1,086.30</u>
**UNPAID BILLS (From Schedule D - Attach Schedule D)	\$	<u>-0-</u>
**IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)	\$	<u>-0-</u>
**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)	\$	<u>-0-</u>
CONSULTANT BREAKDOWN (Schedule G Attached?)	___ YES ___ NO	
CANDIDATE COMMITTEES ONLY:		
VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)	\$	<u>-0-</u>

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

For Instructions, See Back of Form

Reset Form

SCHEDULE A (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)
John Parsons 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)	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
3-30-06	ID# CK# 1660	Robert Bahrenfuse 15365- 512th Ave E. Grinnell, IA 50112	Cousin	\$ 100.00	<input type="checkbox"/>
3-30-06	ID# CK#	Tom Williams 2052 W. 62nd St. S. Newton, IA 50208		20.00	<input type="checkbox"/>
4-1-06	ID# CK# 3661	Richard Floss 7750 Hwy. F2HW Baxter, IA 50028		100.00	<input type="checkbox"/>
4-3-06	ID# CK# 5619	William + Kathleen Gannon 205 Bluff St. Mingo, IA 50168		100.00	<input type="checkbox"/>
4-3-06	ID# CK# 1917	Susan Biese 1015 Prairie St. Grinnell, IA 50112		100.00	<input type="checkbox"/>
4-6-06	ID# CK# 287	Dean + Helen Lanser 901 N. 5th Ave W. Newton, IA 50208		50.00	<input type="checkbox"/>
4-5-06	ID# CK# 2949	Steve Johnson 2328 N. 4th Ave. E. Newton, IA 50208		150.00	<input type="checkbox"/>
4-5-06	ID# CK# 2846	Loren Milligan P.O. Box 157 Baxter, IA 50028		100.00	<input type="checkbox"/>
4-7-06	ID# CK# 1828	Mary Parsons P.O. Box 266 Kellogg, IA 50135	Mother	50.00	<input type="checkbox"/>
4-6-06	ID# CK# 1572	Stanley Clement 868 Hwy. F-36 W. Newton, IA 50028		100.00	<input type="checkbox"/>
SUB-TOTAL				\$ 870.00	
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



SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
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CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

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

John Parsons for Supervisor

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4-9-06	ID# CK#	Gerald Robinson 1132 Hwy. 562 Melbourne, IA		\$ 20.00	<input type="checkbox"/>
4-7-06	ID# CK# 170	Larry Ladd 8717 W. 122nd St. N. Mingo, IA 50168		50.00	<input type="checkbox"/>
4-6-06	ID# CK#	Jim Callahan Rural Route Newton, IA 50208		10.00	<input type="checkbox"/>
4-6-06	ID# CK#	John Ware 614 E. 6th St. N. Newton, IA 50208		20.00	<input type="checkbox"/>
4-6-06	ID# CK#	Jack Herewhe 422 S. 4th Ave. W. Newton, IA 50208		10.00	<input type="checkbox"/>
4-6-06	ID# CK#	Al Lundberg Box 1381 Newton, IA 50208		20.00	<input type="checkbox"/>
4-6-06	ID# CK#	Steve Knight 602 N. 6th Avenue E. Newton, IA 50208		20.00	<input type="checkbox"/>
4-6-06	ID# CK#	Ramon Osborn 302 E. 19th St. N. Newton, IA 50208		10.00	<input type="checkbox"/>
4-6-06	ID# CK#	Carroll Simbro 509 E. 2nd St. S. Newton, IA 50208		10.00	<input type="checkbox"/>
4-6-06	ID# CK#	Todd White 805 E. 14th St. N. Newton, IA 50208		20.00	<input type="checkbox"/>
SUB-TOTAL				\$ 190.00 ✓	
TOTAL (if last page of this schedule)				\$	

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SCHEDULE A (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)
John Parsons 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)	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
4-6-06	ID# CK#	Troy White Northfield Drive Kellogg, IA 50135		\$ 50.00	<input type="checkbox"/>
4-6-06	ID# CK#	Charles Van Sice 8353 W. 64th St. N. Baxter, IA 50028		10.00	<input type="checkbox"/>
	ID# CK#	Unitemized		10.00	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL \$ 70.00
TOTAL (if last page of this schedule) \$ 1,130.50

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FOR INSTRUCTIONS, SEE BACK OF FORM



SCHEDULE 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)
John Parsons 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
4-7-06	ID# CK#	Jasper County Auditor Courthouse Newton, IA 50208	Voter registration List	\$43.70
	ID# CK#			
SUB-TOTAL				\$
TOTAL (if last page of this schedule)				\$ 43.70

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).)