

FOR INSTRUCTIONS, SEE BACK OF FORM

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DISCLOSURE SUMMARY PAGE

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

Schneider For Supervisor

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 E. Schneider

Political Party (if applicable)

Democrat

Office Sought

County Supervisor

District (if Senate or House)

IA ETHICS & CAMPAIGN DISCLOSURE FILED MAY 19 2006

FORM DR-2 DISCLOSURE REPORT (Rev 12/2005)

For Office Use Only

Comm #

Logged In

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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.

Spisk Shelham

SIGNATURE OF PERSON FILING REPORT

319-629-4222

TELEPHONE

5-18-06

DATE SIGNED

I AM FILING A May 19th

(report date)

REPORT FOR (1) ELECTION (2) NON-ELECTION YEAR

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

6-6-06

County & Local Committees, enter County in which Election is held

Johnson

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.) \$ 0.00

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (**also see In-kind below) 1,085.00

Schedule F: Loans Received total (Attach Schedule F) 1,000.00

Schedule H: Total Sales of Campaign Property (Attach Schedule H) 0.00

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL \$

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below) 1,421.50

Schedule F: Loan Repayments total (Attach Schedule F) 0.00

CASH ON HAND at the end of this reporting period (if final report balance must be zero) (Attach DR-3) \$ 663.50

**UNPAID BILLS (From Schedule D - Attach Schedule D) \$ 376.16

**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.

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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)
Schneider 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-RAISER INCOME
4/14/06	ID# CK#	Donald Gringer 3536 Hwy 7 SW Iowa City, Iowa 52240		\$ 125 ⁰⁰	<input type="checkbox"/>
4/14/06	ID# CK#	Gayle F. Kaalberg 1512 Bancroft Avenue West Liberty, Iowa 52776		100 ⁰⁰	<input type="checkbox"/>
4/14/06	ID# CK#	John F. Hester 410 E. Elm St. Lone Tree, Iowa 52756		100 ⁰⁰	<input type="checkbox"/>
5/1/06	ID# CK#	CASH Donation		10 ⁰⁰	<input type="checkbox"/>
5/1/06	ID# CK#	Faye Thompson 1303 E. College St. Iowa City, IA 52245		20 ⁰⁰	<input type="checkbox"/>
5/1/06	ID# CK#	James Glasgow 318 Maiden Lane Iowa City, IA 52240		500 ⁰⁰	<input type="checkbox"/>
5/16/06	ID# CK#	CASH Donation		25 ⁰⁰	<input type="checkbox"/>
5/16/06	ID# CK#	Mrs. Louise A. Atcher 6045 420th Street SE Iowa City, IA 52240		15 ⁰⁰	<input type="checkbox"/>
5/16/06	ID# CK#	Edward or Mary Flaherty 2601 Friendship St Iowa City, IA 52245		15 ⁰⁰	<input type="checkbox"/>
5/18/06	ID# CK#	Mike & Bob Donovan 4436 480th Street Iowa City, IA 52240		50 ⁰⁰	<input type="checkbox"/>
SUB-TOTAL				\$ 960 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.

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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)

Schneider for Supervisor

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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
5/18/06	ID# CK#	Jutta & David Rubright 2643 Newport Rd NE Solon, IA 52333		\$ 100 ⁰⁰	<input type="checkbox"/>
5/18/06	ID# CK#	M.K. or J.R. Berry 2669 Hickory Trail Iowa City, IA 52245		25 ⁰⁰	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
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	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL \$125-

TOTAL (If last page of this schedule) \$1085⁰⁰

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EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

SCHEDULE 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)
 Schneider for Supervisor

DATE EXPENDED (MM/DD/YY)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
5/2/06	ID# CK#	Deluxe checks	Check order - 1 Box	\$ 13 ⁵⁰
4/28/06	ID# CK#	Iowa City Press Citizen	Advertising	870 ⁰⁰
5/9/06	ID# CK#	Pip Printing	Printing expense	238 ⁰⁰
5/18/06	ID# CK#	KJJ Radio	Radio Advertising	300 ⁰⁰
	ID# CK#			
SUB-TOTAL				\$
TOTAL (if last page of this schedule)				\$ 1421⁵⁰

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

Schneider for Supervisor

NOTE: Debts previously reported that remain unpaid must be included on this Schedule, as well as any new obligations incurred in this period

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SCHEDULE D (Rev. 08/98)	INCURRED INDEBTEDNESS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**DEBTS/OBLIGATIONS REMAINING THIS REPORTING PERIOD
(DO NOT INCLUDE LOANS -- SHOW LOANS ON SCHEDULE F)**

An "incurred debt" is a debt for goods or services ordered or received, but not paid for by the end of the reporting period, regardless of whether an invoice has been received.

DATE INCURRED (MM/DD/YR)	NAME AND ADDRESS OF PERSON TO WHOM DEBT OR OBLIGATION IS OWED	DESCRIPTION OF GOODS OR SERVICES PROVIDED OR PURCHASED	BALANCE OWED AT CLOSE OF REPORTING PERIOD*
4/25/06	Riverside Graphics Factory	Signs w/ Stakes	\$ 1676 ¹⁶
SUB-TOTAL			\$
TOTAL DEBTS OWED BY COMMITTEE AT THE END OF THIS REPORTING PERIOD			\$ 1676 ¹⁶

*If actual figure is unknown, show "estimated" beside the figure

CANDIDATE COMMITTEES NOTE:
*Incurred indebtedness also includes each person/entity with whom the candidate's committee has entered into a contract during the reporting period for future or continuing performance. Enter the name of the consultant who provides or procures services for items such as advertising, fund-raising, polling, managing, or organizing services. Report on Schedule B the nature of performance and the estimated performance reasonably expected of the consultant.

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SCHEDULE F (Rev. 07/03)	LOANS RECEIVED & REPAY
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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

Schneider for Supervisor

NOTE: This schedule reports money loaned to the committee which is deposited in the committee account.

TOTAL UNPAID LOANS FROM LAST REPORTING PERIOD \$ _____

PART I - MONETARY LOANS RECEIVED THIS REPORTING PERIOD
 (Original source of loan, such as a bank, must be shown if a third party is involved. Include loans from candidate's personal funds.)

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE (If Applicable)	AMOUNT OF LOAN
4/14/06	John F Schneider	self	\$ 1,000 ⁰⁰

TOTAL (PART I) \$ _____

PART II - MONETARY LOAN REPAYMENTS MADE THIS REPORTING PERIOD
 (Loans forgiven must be reported on Schedule E - In-kind Contributions.)

DATE PAID (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE (If Applicable)	AMOUNT REPAYED
			\$

TOTAL CASH REPAYMENTS (PART II) \$ _____

From Schedule E - TOTAL LOANS FORGIVEN \$ _____

TOTAL OUTSTANDING LOANS END OF REPORT PERIOD \$ 1,000⁰⁰

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05/19/2006 07:53 FAX 5198254944 FARMERS MERCHANTS BANK 07/03