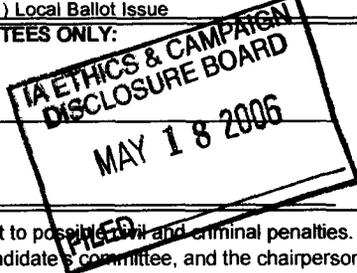


DISCLOSURE SUMMARY PAGE

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FORM DR-2 (Rev. 12/2005) DISCLOSURE REPORT. For Office Use Only: Comm. # 9109, Logged for SW, Scanned, Computer, Audited. File with: Iowa Ethics and Campaign Disclosure Board, 510 E. 12th, Ste. 1A, Des Moines, Iowa 50319, Fax: 515-281-3701

COMMITTEE NAME (Must be same as on Statement of Organization) KEOKUK COUNTY DEMOCRATIC CENTRAL COMMITTEE. IMPORTANT: Indicate by # type of committee you are reporting for: 4. CANDIDATE COMMITTEES ONLY: Candidate Name, Political Party, Office Sought, District.



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.

Nancy T. Snakenberg, Treas. 641-622-2933 5-15-2006. SIGNATURE OF PERSON FILING REPORT TELEPHONE DATE SIGNED

I AM FILING A MAY 19, 2006 REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR. (report date) Indicate by # 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 DR-3 is filed.)

Local Committees, enter Date of Election. County & Local Committees, enter County in which Election is held KEOKUK (54)

STATEMENT OF CASH ON HAND

Table with 2 columns: Description and Amount. Rows include: CASH ON HAND at the beginning of the reporting period (\$751.10), ADD TOTAL MONEY TAKEN IN THIS PERIOD (Schedule A: \$78.00), SUB-TOTAL (\$829.10), SUBTRACT TOTAL MONEY SPENT THIS PERIOD (Schedule B: \$75.07), CASH ON HAND at the end of this reporting period (\$754.03).

**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

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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)
 KEOKUK COUNTY DEMOCRATIC CENTRAL COMMITTEE

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
3/11/2006	ID# CK#	DEPOSIT FROM COUNTY CONVENTION UNITEMIZED CONTRIBUTIONS OF \$50.00 OR LESS		\$78.00	<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				\$ 78.00	
TOTAL (if last page of this schedule)				\$ 78.00	

* 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

Reset Form

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)
 KEOKUK COUNTY DEMOCRATIC CENTRAL COMMITTEE

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
05/03/2006	ID# CK# 1001	SIGOURNEY NEW-REVIEW 114 E WASHINGTON ST SIGOURNEY IA 52591	NEWSPAPER ADVERTISING FOR CAUCUS	\$ 50.07
05/04/2006	ID# CK# 1002	MIDWESTONE BANK FKA CENTRAL VALLEY BANK 112 N MAIN ST SIGOURNEY IA	BANK CHARGE FOR REPRINTING BANK STATEMENTS	14.00
05/06/2006	ID# CK# 1003	NANCY SNAKENBERG 715 W SPRING ST SIGOURNEY IA 52591	REIMBURSEMENT FOR CHECK ORDER WITH CHECKS UNLIMITED.COM	11.00
	ID# CK#			
SUB-TOTAL				\$ 75.07
TOTAL (if last page of this schedule)				\$ 75.07

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).)