

FOR INSTRUCTIONS, SEE BACK OF FORM  
**DISCLOSURE SUMMARY PAGE**

IA ETHICS AND  
 CAMPAIGN DISCLOSURE BD.  
 2010 JUL -8 PM 3:44

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

Effective January 1, 2010, all statements and reports filed by new committees for state office must be filed electronically and effective January 1, 2012, all statements and reports filed by all committees for state office must be filed electronically.  
 Effective May 1, 2010, all statements and reports for State PACs and State Parties must be filed electronically.

Reset Form

**COMMITTEE NAME** (Must be same as on Statement of Organization)  
 Adams 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 Deane R. Adams	Political Party (if applicable) Republican
Office Sought Marshall County Supervisor	District (if Senate or House)

*Marshall*

<b>FORM</b> <b>DR-2</b> (Rev. 12/2009)	<b>DISCLOSURE</b> <b>REPORT</b>
<b>For Office Use Only</b>	
Comm. # <u>18543</u>	
Logged In <u>S</u>	
Scanned <u>S</u>	
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 candidate's committee, and the chairperson, for any other type of committee, is the individual responsible for filing timely and accurate reports.

\_\_\_\_\_  
 SIGNATURE OF PERSON FILING REPORT      641-750-7245      July 7, 2010  
 TELEPHONE      DATE SIGNED

I AM FILING A July 19, 2010 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  
November of 2010  
 County & Local Committees, enter County in  
 which Election is held  
Marshall

**STATEMENT OF CASH ON HAND**

<b>CASH ON HAND</b> at the beginning of the reporting period. (Total of all funds held by the committee. This amount <b>MUST</b> 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>484.64</u>
<b>ADD TOTAL MONEY TAKEN IN THIS PERIOD</b>		
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below) .....		<u>200.00</u>
Schedule F: Loans Received total (Attach Schedule F) .....		_____
Schedule H: Total Sales of Campaign Property (Attach Schedule H).....		_____
<b>(Schedule H applies to Candidates' Committees Only)</b>		
<b>SUB-TOTAL</b> .....	\$	<u>684.64</u>
<b>SUBTRACT TOTAL MONEY SPENT THIS PERIOD</b>		
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below).....		<u>524.83</u>
Schedule F: Loan Repayments total (Attach Schedule F).....		_____
<b>CASH ON HAND</b> at the end of this reporting period (if final report balance must be zero) .....	\$	<u>159.81</u>
<b>**UNPAID BILLS</b> (From Schedule D - Attach Schedule D).....	\$	_____
<b>*IN KIND CONTRIBUTIONS</b> (From Schedule E - Attach Schedule E).....	\$	<u>915.63</u>
<b>**OUTSTANDING LOANS</b> (From Schedule F - Attach Schedule F).....	\$	_____
<b>CONSULTANT BREAKDOWN</b> (Schedule G Attached?)		YES <input checked="" type="checkbox"/> NO
<b>CANDIDATE COMMITTEES ONLY:</b>		
<b>VALUE OF CAMPAIGN PROPERTY</b> (From Schedule H - Attach Schedule H)	\$	_____
<b>STATE COMMITTEES:</b> Submit a reconciled campaign account bank statement in January of each year.		

For Instructions, See Back of Form

Reset Form

SCHEDULE <b>A</b> (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)  
*Adams 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
5-19-10	ID# CK# 6674	Jim Hickie 508 Grandview Dr. MARSHALLTOWN, Ia	No	\$ 100.00	<input type="checkbox"/>
5-19-10	ID# CK# 2118	Bernard Seaman Jr. 503 Thunderbird Dr. MARSHALLTOWN, Ia	No	50.00	<input type="checkbox"/>
5-19-10	ID# CK# 3172	MAX Paterson 1201 W LINN MARSHALLTOWN, Ia	No	50.00	<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"/>

SUB-TOTAL

TOTAL (if last page of this schedule)

\$ 200.00

2010 JUL - 8 AM 12:56  
 IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

\* 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>B</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)  
*Adams 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
5-19-10	ID# CK# 1001	<i>Times Republican 135 W Main St Marshalltown, Ia</i>	<i>Advertising</i>	\$ 444.83
7-7-10	ID# CK# 1002	<i>Mid-Iowa Enterprise P.O. Box 634 State Center, Ia 50247</i>	"	80.00
	ID# CK#			
SUB-TOTAL				\$ 524.83
TOTAL (if last page of this schedule)				\$ <del>444.83</del>

**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).)

FOR INSTRUCTIONS, SEE BACK OF FORM

SCHEDULE <b>E</b> (Rev. 06/97)	IN-KIND CONTRIBUTIONS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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

Reset Form

DATE RECEIVED (MM/DD/YY)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
6-11-10	<i>Deane Adams</i> <i>Conrad Record</i>	<i>Candidate</i>	<i>adv. Conrad Record</i> <i>150.00</i>	<i>150.00</i>	<input type="checkbox"/>
6-11-10	<i>Deane Adams</i>	<i>Candidate</i>	<i>Prod Show</i> <i>adv.</i> <i>120.00</i>	<i>120.00</i>	<input type="checkbox"/>
6-19-10	<i>Deane Adams</i>	<i>Candidate</i>	<i>Conrad Record</i>	<i>18.00</i>	<input type="checkbox"/>
5-10-10	<i>Deane Adams</i>	<i>Candidate</i>	<i>Karen Cobwell</i>	<i>48.15</i>	<input type="checkbox"/>
5-11-10	" "	"	<i>Marshall</i>	<i>105.00</i>	<input type="checkbox"/>
6-3-10	" "	"	<i>James Repallino</i>	<i>296.55</i>	<input type="checkbox"/>
6-14-10	" "	"	" "	<i>177.93</i>	<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

SUB-TOTAL \$ *915.63*  
 TOTAL (if last page of this schedule) \$ *915.63*

\*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.