FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

File with:
Iowa Ethics and Campaign Disclosure Board
510 E. 12th, 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

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

IMPORTANT: Indicate by # type of committee you are reporting for: 5
(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

FORM DR-2 (Rev. 12/2009) DISCLOSURE REPORT

For Office Use Only
Comm. # ____
Logged In ____
Scanned ____
Computer ____
Audited ____

CANDIDATE COMMITTEES ONLY:
Candidate Name: Deane R. Adams
Political Party (if applicable): Republican
Office Sought: Marshall Co Supervisor
District (if Senate or House): ____

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.

Deane R Adams — **SIGNATURE OF PERSON FILING REPORT**
641-750-7245
641-752-3536 — **TELEPHONE**
10-20-2010 — **DATE SIGNED**

I AM FILING A Election 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 ____

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.) ..... $ 684.64

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below) 1400.00
Schedule F: Loans Received total (Attach Schedule F) ..... -0-
Schedule H: Total Sales of Campaign Property (Attach Schedule H) ..... -0-
(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL ..... $ 2084.64

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below) 1673.51
Schedule F: Loan Repayments total (Attach Schedule F) ..... -0-

CASH ON HAND at the end of this reporting period (if final report balance must be zero) ..... $ 411.13

****UNPAID BILLS** (From Schedule D - Attach Schedule D) ..... $ 0
***IN KIND CONTRIBUTIONS** (From Schedule E - Attach Schedule E) ..... $ 30.00
****OUTSTANDING LOANS** (From Schedule F - Attach Schedule F) ..... $ 0
CONSULTANT BREAKDOWN (Schedule G Attached?) ____ YES X NO

CANDIDATE COMMITTEES ONLY:
VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H) $ 0

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
☐ 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
8-17	ID# CK# 1238	Marshall Co Republican Central Comm		$ 1,000.00	☐
9-20	ID# CK# 0007	Marshall Co Republican Women		300.00	☐
9-21	ID# CK# 10750	Steve Downie	None	100.00	☐
	ID# CK#				☐
	ID# CK#				☐
	ID# CK#				☐
	ID# CK#				☐
	ID# CK#				☐
	ID# CK#				☐
	ID# CK#				☐
			SUB-TOTAL	$1400.00	
			TOTAL *(if last page of this schedule)*	$1400.00	

* 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

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SCHEDULE **B** (Rev. 07/03)	MONETARY EXPENDITURES

☐ 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)*
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	Times Republican	Advertising	$ 444.83
7-7-10	ID# CK# 1002	Mid Iowa Enterprise P.O. Box 634 State Center, Ia 50247	"	80.00
9-16-10	ID# CK# 1003	Farm Bureau Spokesman	"	199.00
10-1-10	ID# CK# 1004	Mid Iowa Enterprise	"	60.00
10-11-10	ID# CK# 1005	Times Republican	"	889.66
	ID# CK#			
	ID# CK#			
	ID# CK#			

SUB-TOTAL $1673.51

TOTAL ***(if last page of this schedule)*** $1673.51

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

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

Adams for Supervisor

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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
9-8-10	Dean Adams (Parade)	self		$ 30.00	☐
					☐
					☐
					☐
					☐
					☐
					☐
					☐
					☐
					☐
			SUB-TOTAL	$ 30.00	
			TOTAL (if last page of this schedule)	$ 30.00	

*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.