

# DISCLOSURE SUMMARY PAGE

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

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

Committee to elect Edward Noonan, Supervisor

---

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

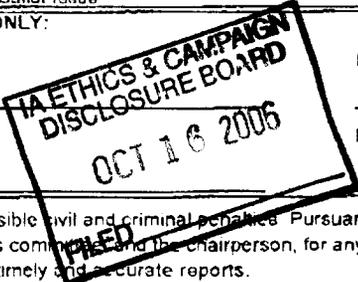
( 1 ) Statewide/Legislative/Judge Standing for Retention Candidate ( 2 ) State PAC ( 3 ) State Party  
 ( 4 ) County Central Committee ( 5 ) County Candidate ( 6 ) City Candidate ( 7 ) School Board or Other  
 Political Subdivision Candidate ( 8 ) County PAC ( 9 ) City PAC ( 10 ) School Board or Other Political  
 Subdivision PAC ( 11 ) Local Ballot Issue

---

**CANDIDATE COMMITTEES ONLY:**

Candidate Name \_\_\_\_\_ Political Party (if applicable)  
 Edward Noonan \_\_\_\_\_ Rcp \_\_\_\_\_

Office Sought \_\_\_\_\_ District (if Senate or House)  
 county supervisor \_\_\_\_\_



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.

Edward Noonan 712-426-3095 10-15-06  
 SIGNATURE OF PERSON FILING REPORT TELEPHONE DATE SIGNED

I AM FILING A 10-19-06 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 <u>11-7-06</u>
County & Local Committees, enter County in which Election is held <u>Palo Alto</u>

## 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
<b>ADD TOTAL MONEY TAKEN IN THIS PERIOD</b>	
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)	571.60
Schedule F: Loans Received total (Attach Schedule F)	_____
Schedule H: Total Sales of Campaign Property (Attach Schedule H) <i>(Schedule H applies to Candidates' Committees Only)</i>	_____
<b>SUB-TOTAL</b>	<b>\$ _____</b>
<b>SUBTRACT TOTAL MONEY SPENT THIS PERIOD</b>	
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)	0.00
Schedule F: Loan Repayments total (Attach Schedule F)	_____
CASH ON HAND at the end of this reporting period (if final report balance must be zero) (Attach DR-3)	571.60
**UNPAID BILLS (From Schedule D - Attach Schedule D)	659.00
**IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)	_____
**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)	_____
CONSULTANT BREAKDOWN (Schedule G Attached?)	___ YES ___ NO
<b>CANDIDATE COMMITTEES ONLY:</b>	
VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)	\$ _____
<b>STATE COMMITTEES:</b> Submit a reconciled campaign account bank statement in January of each year	

**CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

(Rev. 07/03)

RECEIPTS

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

Committee to elect Edward Noonan Supervisor

CHECK THIS BOX IF AMENDING FORM

**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
8-15-06	ID# CK#	Robert Jacobson 34924 320th Ruthven Ia 51358		\$100	<input type="checkbox"/>
8-15-06	ID# CK#	Edward Noonan 3486 430st Ayrshire Ia 50515	self	471.60	<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

\$ 571.60

TOTAL (if last page of this schedule)

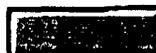
\$ 571.60

\* 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.

Page \_\_\_\_\_ of \_\_\_\_\_  
(for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

**DISCLOSURE SUMMARY PAGE**



FORM  
**DR-2**  
(Rev. 12/2005)

DISCLOSURE  
REPORT

