Plymouth

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

[redacted]

FORM DR-2 (Rev. 12/2006)	DISCLOSURE REPORT

For Office Use Only
Comm. # 17315
Logged In
Scanned
Computer Pm
Audited

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

Kass For County 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: Don Kass
Political Party (if applicable): Republican
Office Sought: Plymouth County Dist. 3 Supervisor
District (if Senate or House): 3

MAY 16 2006

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.

Don Kass — 712 786 2191 — 5/14/06

SIGNATURE OF PERSON FILING REPORT — TELEPHONE — DATE SIGNED

I AM FILING A May 19th (report date) REPORT FOR (1) ELECTION /(2)NON-ELECTION YEAR.
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: Plymouth

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
ADD TOTAL MONEY TAKEN IN THIS PERIOD	
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)	$290
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 $	$290.00
SUBTRACT TOTAL MONEY SPENT THIS PERIOD	
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)	0
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) (Attach DR-3) $	$290.00

**UNPAID BILLS (From Schedule D - Attach Schedule D) $	
*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E) $	820.00
**OUTSTANDING LOANS (From Schedule F - Attach Schedule F) $	

515 281 3701

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CONTRIBUTIONS – MONEY TAKEN IN
(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
☐ CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME *(Must be same as on Statement of Organization)*
Kass For County 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.

CAUTION: Section 68B.32A(6), Iowa Code, 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
4/13/06	ID# CK#	Joe Kass 412 Indian St Cherokee, IA	Father	$ 200.00	
4/28/06	ID# CK#	Richard Homan 47578 200th St Remsen, IA 51050	None	50.00	
5/11/06	ID# CK#	Terry Maass 608 Marion St Remsen, IA 51050	None	40.00	
	ID# CK#				
	ID# CK#				
	ID# CK#				
	ID# CK#				
	ID# CK#				
	ID# CK#				
	ID# CK#				
			SUB-TOTAL	$	
			TOTAL *(If last page of this schedule)*	$	

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the

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COMMITTEE NAME (Must be same as on Statement of Organization)
Kass For County Supervisor

[redacted]

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
4/10	Don Kass Renssen 48138 190th St IA	Self	Campaign Stickers	$ 89	☐
5/8	Don Kass	Self	Signs	308	☐
5/9	Don Kass	Self	Pencils (1000)	379	☐
4/11	Don Kass	Self	Voter List	44	☐
					☐
					☐
					☐
					☐
					☐
					☐

SUB-TOTAL $ 820

TOTAL (If last page of this schedule) $

*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.

Page _____ of _____ (for Schedule E)