

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.

IA ETHICS AND CAMPAIGN DISCLOSURE BOARD
 2010 OCT 20 AM 8:52
 USPS 10/18

Reset Form

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

Committee to Elect Loren Knauss

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 Loren Knauss | Political Party (if applicable) Republican |
| Office Sought County Supervisor | District (if Senate or House) |

| | |
|------------------------------------|-------------------|
| FORM DR-2 (Rev. 12/2009) | DISCLOSURE REPORT |
| For Office Use Only | |
| Comm. # _____ | Logged In _____ |
| Scanned _____ | 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

712 332-5942
 TELEPHONE

10-17-10
 DATE SIGNED

I AM FILING A October 19, 2010 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.) | \$ | <u>0</u> |
| ADD TOTAL MONEY TAKEN IN THIS PERIOD | | |
| Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below) | | <u>0</u> |
| Schedule F: Loans Received total (Attach Schedule F) | | <u>0</u> |
| Schedule H: Total Sales of Campaign Property (Attach Schedule H) | | <u>0</u> |
| (Schedule H applies to Candidates' Committees Only) | | |
| SUB-TOTAL | \$ | <u>0</u> |
| SUBTRACT TOTAL MONEY SPENT THIS PERIOD | | |
| Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below) | | <u>0</u> |
| Schedule F: Loan Repayments total (Attach Schedule F) | | <u>0</u> |
| CASH ON HAND at the end of this reporting period (if final report balance must be zero) | \$ | <u>0</u> |
| **UNPAID BILLS (From Schedule D - Attach Schedule D) | \$ | <u>0</u> |
| **IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E) | \$ | <u>1,258</u> |
| **OUTSTANDING LOANS (From Schedule F - Attach Schedule F) | \$ | <u>0</u> |
| CONSULTANT BREAKDOWN (Schedule G Attached?) | YES | <u>X</u> NO |
| CANDIDATE COMMITTEES ONLY: | | |
| VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H) | \$ | <u>0</u> |

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

| | |
|---|--------------------------|
| SCHEDULE E (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)
Committee to Elect Loren Knauss

Reset 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 |
|--------------------------|---|---|---|-----------------------------|-----------------------------------|
| 9-10-10 | Loren KNAUSS 2200 Avenue F Council Bluffs, IA 51501 | Me... | Candy, tape parade supplies, fuel, sign usage | \$ 75 ⁰⁰ | <input type="checkbox"/> |
| 9-11-10 | Loren KNAUSS 2200 Avenue F Council Bluffs, IA 51501 | Me... | Postcards, labels supplies, stamps | \$ 1,100 ⁰⁰ | <input type="checkbox"/> |
| 10-08-10 | Loren KNAUSS 2200 Avenue F Council Bluffs, IA 51501 | Me... | Ads, supplies | \$ 83 ⁰⁰ | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> |

SUB-TOTAL \$ 1,258
TOTAL (if last page of this schedule) \$ 1,258

*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.