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

[redacted]

IA ETHICS AND CAMPAIGN DISCLOSURE BD.
2008 JUL 17 AM 11:02

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

COMMITTEE NAME *(Must be same as on Statement of Organization)*
Michael Niffenegger County 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: Michael Niffenegger
Political Party (If applicable): Democrat
Office Sought: County Supervisor
District (If Senate or House):

FORM **DR-2** (Rev. 07/2007) — 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

SIGNATURE OF PERSON FILING REPORT: [signature] — TELEPHONE: 319-656-2257 — DATE SIGNED: 7-12-08

I AM FILING A July 19th 2008 (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

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)	764 26
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 $	764 26
SUBTRACT TOTAL MONEY SPENT THIS PERIOD	
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)	764 26
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) $	0
**UNPAID BILLS (From Schedule D - Attach Schedule D) $	0
*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E) $	
**OUTSTANDING LOANS (From Schedule F - Attach Schedule F) $	
CONSULTANT BREAKDOWN (Schedule G Attached?)	___ YES ✓ NO
CANDIDATE COMMITTEES ONLY:	
VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H) $	

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

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

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)*
michael Niffenegger County 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
3-12-08	ID# Credit CK# Card	Ross Industries Liberty, NY	signs	$642.01
6-5-08	ID# CK# 4357	Three Chicks Pub. 230 8th Ave. Wellman IA 52356	advertising	93.75
7-8-08	ID# CK# 4383	Three Chicks Pub. 230 8th Ave. Wellman, IA 52356	advertising	28.50
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
			SUB-TOTAL	$764.26
			TOTAL *(If last page of this schedule)*	$764.26

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)
Michael Nittenegger 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
4-4-08	JAMES F SLOCKETT PO Box 304 MARENGO IA 52301	—	—	$ 100.00	☐
4 13 08	Michael Nittenegger	self	—	664.26	☐
					☐
					☐
					☐
					☐
					☐
					☐
					☐
					☐

SUB-TOTAL $ 764.26

TOTAL (If last page of this schedule) $ 764.26

*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 1 of 1 (for Schedule E)