

Reset Form

DISCLOSURE SUMMARY PAGE

Webster

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

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

Adson for Supervisor

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

(1)Statewide/Legislative/Judge Standing for Retention/Recall (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: Donovan D. Adson

Political Party (if applicable): Democrat

Office Sought: County Supervisor

District (if Senate or House): _____

FILED
JUL 18 2006
PM 7.17.06

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.

SIGNATURE OF PERSON FILING REPORT: [Signature] TELEPHONE: 515-356-2393 DATE SIGNED: 7-17-06

I AM FILING A July 19th 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
11-07-06

County & Local Committees, enter County in which Election is held
Webster

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.)	\$ 299.25
ADD TOTAL MONEY TAKEN IN THIS PERIOD	
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)	265.00
Schedule F: Loans Received total (Attach Schedule F)	0.00
Schedule H: Total Sales of Campaign Property (Attach Schedule H)	0.00
<u>(Schedule H applies to Candidates' Committees Only)</u>	
SUB-TOTAL	\$ 664.25
SUBTRACT TOTAL MONEY SPENT THIS PERIOD	
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)	606.18
Schedule F: Loan Repayments total (Attach Schedule F)	0.00
CASH ON HAND at the end of this reporting period (if final report balance must be zero) (Attach DR-3)	\$ 58.07
**UNPAID BILLS (From Schedule D - Attach Schedule D)	\$ 440.38
**IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)	\$ _____
**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)	\$ 100.00
CONSULTANT BREAKDOWN (Schedule G Attached?)	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
CANDIDATE COMMITTEES ONLY:	
VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)	\$ 0.00

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
<input type="checkbox"/> 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)
Adson 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
5/18/06	ID# CK# 2205	Eleanor Ness 304 S. Lake Street Lake Mills, IA 50450	Aunt	\$100.00	<input type="checkbox"/>
5/20/06	ID# CK# 1026	Eric Rossow P.O. Box 183 Vincent, IA 50594	2nd Cousin	\$15.00	<input type="checkbox"/>
5/22/06	ID# CK# 1297	Kathleen Ellsworth P.O. Box 123 Vincent, IA	N/A	\$25.00	<input type="checkbox"/>
5/24/06	ID# CK# 5748	Randy & Erica Miller 107 S. 2nd Street Vincent, IA	N/A	\$50.00	<input type="checkbox"/>
6/26/06	ID# CK# 545	Gary & Pam Bygness 2410 - 235th St. Fort Dodge, IA 50501	N/A	\$25.00	<input type="checkbox"/>
6/27/06	ID# Cash CK#	Unitemized Contributions	N/A	\$50.00	<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
\$ 265.00
TOTAL (if last page of this schedule)
\$ 265.00

* 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)
Adson 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
6/1/06	ID# CK# 1001	Party Productions 1919 1st Ave. N. Fort Dodge, IA	Parade Decorations	\$ 12.24
6/3/06	ID# CK# 1002	Fareway 615 2nd Ave S Fort Dodge, IA	Parade Candy	91.20
6/14/06	ID# CK# 1003	New Cooperative 2626 1st Ave. S Fort Dodge, IA	Flyers	63.60
6/15/06	ID# Electronic CK# Transfere	Visa/Victory Store 5200 S.W. 30th St Davenport, IA 52802	Yard Signs	376.64
7/10/06	ID# CK# 1004	Visa/Victory Store 5200 S.W. 30th St Davenport, IA 52802	Car Magnets	62.50
	ID# CK#			
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$ 606.18
TOTAL (if last page of this schedule)				\$ 606.18

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).)

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SCHEDULE F (Rev. 07/03)	LOANS RECEIVED & REPAID
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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

NOTE: This schedule reports money loaned to the committee which is deposited in the committee account.

TOTAL UNPAID LOANS FROM LAST REPORTING PERIOD \$ 0.00

PART I - MONETARY LOANS RECEIVED THIS REPORTING PERIOD
(Original source of loan, such as a bank, must be shown if a third party is involved. Include loans from candidate's personal funds.)

PART II - MONETARY LOAN REPAYMENTS MADE THIS REPORTING PERIOD
(Loans forgiven must be reported on Schedule E -- In-kind Contributions.)

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, if Applicable)	RELATIONSHIP TO CANDIDATE (If Applicable*)	AMOUNT OF LOAN
6/15/06	Lyn Adson 204 Marshall Street Vincent, IA	Spouse	\$ 100.00

DATE PAID (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, if Applicable)	RELATIONSHIP TO CANDIDATE* (If Applicable)	AMOUNT REPAID
			\$

TOTAL (PART I) \$ 100.00

TOTAL CASH REPAYMENTS (PART II) \$ 0
From Schedule E -- TOTAL LOANS FORGIVEN \$ 0
TOTAL OUTSTANDING LOANS END OF REPORT PERIOD \$ 100.00

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