

Reset Form

DISCLOSURE SUMMARY PAGE

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 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 Donovan D. Adson	IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD	Political Party (if applicable) Democrat
Office Sought County Supervisor	OCT 18 2006 PM FILED 10-16-06	District (if Senate or House)

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]
SIGNATURE OF PERSON FILING REPORT

515-356-2393
TELEPHONE

10-16-06
DATE SIGNED

I AM FILING A October 19 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>11/07/06</u>
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.)\$ 58.07

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)..... 1,040.00

Schedule F: Loans Received total (Attach Schedule F)..... 100.00

Schedule H: Total Sales of Campaign Property (Attach Schedule H) 0.00

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL\$ 1,198.07

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)..... 619.35

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).....\$ 578.72

****UNPAID BILLS** (From Schedule D - Attach Schedule D)\$ 161.23

****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 NO

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
7/22/06	ID# CK# 1169	Ed or Betsy O'Leary 1604 N. 13th St. Fort Dodge, IA 50501	N/A	\$25.00	<input checked="" type="checkbox"/>
7/22/06	ID# CK# 6888	Shirlee Trent 2527 - 22nd Ave N. Fort Doge, IA 50501	N/A	\$25.00	<input checked="" type="checkbox"/>
7/22/06	ID# CK# 6327	Lois Dencklau 2021 N. 14th Ct. #4 Fort Dodge, IA 50501	N/A	\$25.00	<input checked="" type="checkbox"/>
7/22/06	ID# CK# 7108	Mr or Mrs Dan Brown 2809 10th Ave. N. Fort Dodge, IA 50501	N/A	\$50.00	<input checked="" type="checkbox"/>
7/22/06	ID# CK# 6442	Timothy or Glorianne Schott 1015 N 24th St Fort Dodge, IA 50501	N/A	\$50.00	<input checked="" type="checkbox"/>
7/22/06	ID# CK# 7528	Sandy Struecker 621 E Street Fort Dodge, IA 50501	N/A	\$25.00	<input checked="" type="checkbox"/>
7/22/06	ID# CK# 10413	J.E. Kloss 1338 3rd Ave. N.W. Fort Dodge, IA 50501	N/A	\$15.00	<input checked="" type="checkbox"/>
7/22/06	ID# CK# 14755	Art Lund 118 N 7th St Fort Dodge, IA 50501	N/A	\$15.00	<input checked="" type="checkbox"/>
7/22/06	ID# CK# 4545	Helen Miller 1936 15th Ave. N. Fort Dodge, IA 50501	N/A	\$50.00	<input checked="" type="checkbox"/>
7/22/06	ID# CK# 6808	Carol Messerly 2277 4th Ave. N. Fort Dodge, IA 50501	N/A	\$25.00	<input checked="" type="checkbox"/>

SUB-TOTAL	\$ 305.00
TOTAL (if last page of this schedule)	\$

* 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 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

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7/25/06	ID# CK# 5244	Donald or Clara Krog 1243 Vasse Ave. Vincent, IA 50594	N/A	\$25.00	<input type="checkbox"/>
8/15/06	ID# CK# 3357	Richard Inman 1128 Summit Ave. Fort Dodge, IA 50501	N/A	\$50.00	<input type="checkbox"/>
8/02/06	ID# CK# 7341	Donald or Rose Messerly 602 Folger Street Duncombe, IA 50532	N/A	\$15.00	<input type="checkbox"/>
9/6/06	ID# CK# 1690	Allen D. Dencklau 111 Marshall St. Vincent, IA 50594	N/A	\$100.00	<input type="checkbox"/>
9/12/06	ID# CK# 6916	Daryl or Joann Beall 1928 N 22nd St Fort Dodge, IA 50501	N/A	\$50.00	<input type="checkbox"/>
9/14/06	ID# CK# 1604	Matt Estlund 2363 Vasse Ave. Duncombe, IA 50532	N/A	\$100.00	<input type="checkbox"/>
9/20/06	ID# CK# 4501	Merlin or Evelyn Dencklau 211 Arthur Vincent, IA 50594	Uncle & Aunt	\$10.00	<input type="checkbox"/>
9/21/06	ID# CK# 5030	Steven or Nancy Schmalenberger 3164 120th Street Vincent, IA 50594	N/A	\$25.00	<input type="checkbox"/>
9/25/06	ID# CK# Cash	Wayne & Ruth Engels 106 S. 3rd Vincent, IA 50594	N/A	\$40.00	<input type="checkbox"/>
9/26/06	ID# CK# Cash	Jane Burleson 207 Central Ave. Fort Dodge, IA 50501	N/A	\$20.00	<input type="checkbox"/>
SUB-TOTAL				\$ 435.00	
TOTAL (if last page of this schedule)				\$	

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For Instructions, See Back of Form



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.

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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
10/4/06	ID# CK# 3665	Elaine Poundstone 204 Marshall Street Vincent, Ia 50594	Mother In Law	\$100.00	<input type="checkbox"/>
10/6/06	ID# CK# 3484	Philip & Jane Turner 1604 N. 29th St. Fort Dodge, IA 50501	N/A	\$25.00	<input type="checkbox"/>
10/6/06	ID# CK# Cash	Unitemized Contributions	N/A	\$75.00	<input type="checkbox"/>
10/13/06	ID# CK# 1988	Janet or Dale Hearn 338 G St. Fort Dodge, IA 50501	N/A	\$100.00	<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				\$ 300.00	
TOTAL (if last page of this schedule)				\$ 1040.00	

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FOR INSTRUCTIONS, SEE BACK OF FORM

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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.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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
8/2/06	ID# CK# 1005	The Messenger 713 Central Avenue Fort Dodge, IA 50501	Campaign Advertising	\$ 331.70
8/16/06	ID# CK# 1006	Jifi Print 2200 Central Ave. Fort Dodge, IA 50501	Invitations & Postage for Fundraiser	\$81.65
9/27/06	ID# CK# 1007	Double M Signs 18 South 3rd Street Fort Dodge, IA 50501	Yard Signs	\$100.00
10/3/06	ID# CK# 1008	New Cooperative 2626 1st Ave. S Fort Dodge, IA 50501	Flyers	\$106.00
	ID# CK#			
SUB-TOTAL				\$ 619.35
TOTAL (if last page of this schedule)				\$ 619.35

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)
 Adson for Supervisor

SCHEDULE D (Rev. 08/98)	INCURRED INDEBTEDNESS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

NOTE: Debts previously reported that remain unpaid must be included on this Schedule, as well as any new obligations incurred in this period.

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An "incurred debt" is a debt for goods or services ordered or received, but not paid for by the end of the reporting period., regardless of whether an invoice has been received.

**DEBTS/OBLIGATIONS REMAINING THIS REPORTING PERIOD
 (DO NOT INCLUDE LOANS -- SHOW LOANS ON SCHEDULE F)**

DATE INCURRED (MM/DD/YR)	NAME AND ADDRESS OF PERSON TO WHOM DEBT OR OBLIGATION IS OWED	DESCRIPTION OF GOODS OR SERVICES PROVIDED OR PURCHASED	BALANCE OWED AT CLOSE OF REPORTING PERIOD*
7/3/06	Donovan Adson 204 Marshall Street Vincent, IA 50594	Parade Candy/Fareway	\$ 27.03
10/6/06	New Cooperative 2626 1st Ave. S Fort Dodge, IA 50501	Flyers (est.)	70.00
10/14/06	Double M Signs 18 S. 3rd Street Fort Dodge, IA 50501	Yard Signs (est.)	64.20
SUB-TOTAL			\$ 161.23
TOTAL DEBTS OWED BY COMMITTEE AT THE END OF THIS REPORTING PERIOD			\$ 161.23

*If actual figure is unknown, show "estimated" beside the figure.

CANDIDATE COMMITTEES NOTE:
 *Incurred indebtedness also includes each person/entity with whom the candidate's committee has entered into a contract during the reporting period for future or continuing performance. Enter the name of the consultant who provides or procures services for items such as advertising, fund-raising, polling, managing, or organizing services. Report on Schedule G the nature of performance and the estimated performance reasonably expected of the consultant.

FOR INSTRUCTIONS, SEE BACK OF FORM

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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 \$ 100.00

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.)

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

TOTAL (PART I) \$ _____

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

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

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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