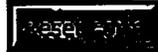


File with:
Iowa Ethics and Campaign
Disclosure Board
510 E. 12th Ste. 1A
Des Moines, Iowa 50319
Fax: 515-281-4073



FAX (515) 281-4073

(6 Pages)

FOR INSTRUCTIONS, SEE BACK OF FORM
DISCLOSURE SUMMARY PAGE

IOWA ETHICS AND
CAMPAIGN DISCLOSURE BOARD

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

Committee to elect Keane for Supervisor

2008 MAY 19 PM 4:28

FORM DR-2 (Rev. 07/2007)	DISCLOSURE REPORT
For Office Use Only	
Comm. # _____	Logged In _____
Scanned _____	Computer _____
Audited _____	

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 <u>Mike Keane</u>	Political Party (if applicable) <u>Republican</u>
Office Sought <u>Woodbury County Board of Supervisors</u>	District (if Senate or House)

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

Robert W. Sanderson, Treasurer
SIGNATURE OF PERSON FILING REPORT

(712) 255-3450
TELEPHONE

May 15th, 2008
DATE SIGNED

I AM FILING A May 19th, 2008 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>Primary 6/10/2008</u>
County & Local Committees, enter County in which Election is held <u>Woodbury</u>

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.)	\$ 0.00
ADD TOTAL MONEY TAKEN IN THIS PERIOD	
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)	2,505.00
Schedule F: Loans Received total (Attach Schedule F)	0.00
Schedule H: Total Sales of Campaign Property (Attach Schedule H)	0.00
(Schedule H applies to Candidates' Committees Only)	
SUB-TOTAL	\$ 2,505.00
SUBTRACT TOTAL MONEY SPENT THIS PERIOD	
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)	1,701.06
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)	\$ 803.94
**UNPAID BILLS (From Schedule D - Attach Schedule D)	\$ 0.00
*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)	\$ 453.06
**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)	\$ 0.00
CONSULTANT BREAKDOWN (Schedule G Attached?)	YES <input checked="" type="checkbox"/> 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

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

SCHEDULE A (Rev. 07/09)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)
Committee to elect Keane 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(8), 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/YY)	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
3/28/08	ID# CK#	Robert Houlihan 4240 Hickory Lane Sioux City, IA 51106		\$ 100.00	<input type="checkbox"/>
4/7/08	ID# CK#	Bob Batchelder PO Box 431 Sioux City, IA 51102		200.00	<input type="checkbox"/>
4/7/08	ID# CK#	Brian Weaver 1927 Rock Branch Road Anthon, IA 51004		100.00	<input type="checkbox"/>
4/7/08	ID# CK#	Dr. K M Keane 3704 So. Brian Path Sioux City, IA 51104	Father	250.00	<input type="checkbox"/>
4/7/08	ID# CK#	Royce Ranniger 3824 S 4 th LINDA WAY Sioux City, IA 51104		50.00	<input type="checkbox"/>
4/8/08	ID# CK#	Steve Ballard 423 Baskington Rd Sergeant Bluff, IA 51054		50.00	<input type="checkbox"/>
4/10/08	ID# CK#	Larry Walsh 2321 St. Anthony's Place Sioux City, IA 51108		100.00	<input type="checkbox"/>
4/11/08	ID# CK#	Mary Keane 2401 Apache Drive Sioux City, IA 51104	Sister-in-law	30.00	<input type="checkbox"/>
4/12/08	ID# CK#	James Keane 2401 Apache Drive Sioux City, IA 51104	Brother	50.00	<input type="checkbox"/>
4/12/08	ID# CK#	Barbara Edmonds 2704 E 52 nd St Sioux Falls, S.D. 57103	Sister	50.00	<input type="checkbox"/>
SUB-TOTAL				\$ 980.00	
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

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

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

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

Committee to elect Keane 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
4/12/08	ID# CK#	Theresa Kisinger 2930 Nebraska St Sioux City, IA 5104	Sister	\$ 50.00	<input type="checkbox"/>
4/21/08	ID# CK#	Susan Johnson 11217 Woodman Lane NE Albuquerque, NM 87111	Sister	100.00	<input type="checkbox"/>
4/21/08	ID# CK#	Michael J. Jung 15 Red Bridge Dr. Sioux City, IA 5104		100.00	<input type="checkbox"/>
4/21/08	ID# CK#	Dan Myers 3810 Martins Yard Sioux City, IA 5104		50.00	<input type="checkbox"/>
4/24/08	ID# CK#	Caronda Hotalciss 3432 Pierce St Sioux City, IA 5104		50.00	<input type="checkbox"/>
4/21/08	ID# CK#	Mary Jean Mugar 2774 Kindace Ave Henderson, NV. 89044	Sister	50.00	<input type="checkbox"/>
4/24/08	ID# CK#	Colleen Chicoine 3111 Pierce St. Sioux City, IA 5104		50.00	<input type="checkbox"/>
4/24/08	ID# CK#	Livnea Keave 3811 Martins Yard Sioux City, IA 5104	Sister-in-law	75.00	<input type="checkbox"/>
4/25/08	ID# CK#	Robert Rice 5004 Ravine Park Lane Sioux City, IA 5104		100.00	<input type="checkbox"/>
4/29/08	ID# CK#	Joleen Billings 2018 Strawberry Lane Sioux City, IA 5104		100.00	<input type="checkbox"/>
SUB-TOTAL				\$ 725.00	
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)
Committee to elect Keane 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/YYR)	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
4/29/08	ID# CK#	Reinhold Hoffmann 1902 Jackson Sioux City, IA 51104		\$ 0.00	<input type="checkbox"/>
4/29/08	ID# CK#	Warren Nelson 40 Ridgeway Road Sioux City, Ia 51104		50.00	<input type="checkbox"/>
5/5/08	ID# CK#	Joe Puetz 2027 Ravens Ct. Sioux City, IA 51104		50.00	<input type="checkbox"/>
5/10/08	ID# CK#	John Keane 325 W. 7th St. Sioux City, IA 51103	Brother	50.00	<input type="checkbox"/>
5/5/08	ID# CK#	Bob Knowler 4001 Old Lakeport Rd Sioux City, Ia 51106		100.00	<input type="checkbox"/>
UNT	ID# CK#	* 25.00 or Less		500.00	<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				\$ 800.00	
TOTAL (if last page of this schedule)				\$ 2505.00	

* 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

EXPENDITURES – MONEY SPENT FROM COMMITTEE ACCOUNT

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

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)
Committee to elect Keane 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
5/1/08	ID# CK# 30000	Sioux City Journal 515 PAVONIA ST. Sioux City, IA 51103	newspaper Ad	\$ 200.00
5/5/08	ID# CK#	Record Printing 1117 Villa Avenue Sioux City, IA 51103	Political Flyers	289.43
5/14/08	ID# CK#	Leroy Hanson Co. 1153 The View Ave. Sioux City, IA 51103	Yard Signs	890.93
VAR	ID# CK#	Wells Fargo Bank, NA 666 Walnut Street Des Moines, IA 50309	Service Charges & Check Printing	20.70
	ID# CK#			
SUB-TOTAL				\$ 1,701.06
TOTAL (if last page of this schedule)				\$ 1,701.06

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)(f).)

FOR INSTRUCTIONS, SEE BACK OF FORM

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

Committee to elect Keane for Supervisor

SCHEDULE E (Rev. 06/97)	IN-KIND CONTRIBUTIONS
	<input type="checkbox"/> 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
4/18/08	Milce Keane 4707 Country Club Blvd. Sioux City IA 51104	Self	P.O. Box, Stamps envelopes & Paper	\$ 153.00	<input type="checkbox"/>
4/15/08	Todd Wieck 2750 So. Martha St. Sioux City, IA 51106	N/A	Website Design	300.00	<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 \$ 453.00
 TOTAL (if last page of this schedule) \$ 453.00

*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.