Iowa Ethics & Campaign Disclosure Board
Required by Iowa Code Section 68B.35, 68B.3(2), and rules in 351 - Chapter 7.

Personal Financial Disclosure Statement

Part A. Contact Information, Designated Position in the Executive Branch.

Name: Dan Dr. Kinney

State Agency: Community Colleges
Division, if applicable: Iowa Western Community College - IWCC
Position: President

This statement is for the covered year of 2018.
The covered year is the year prior to the year the statement is due.

Part B. Other Business, Occupation, or Profession.
Iowa Code section 68B.35 requires you to disclose each business, occupation, or profession in which you were engaged during the covered year and the nature of that business, occupation, or profession, unless already apparent.

Name of Business: Iowa Western Community College
Nature of Business: Education
Position: President

Part C. Income sources of more than $1,000.
You are required to disclose by category every source of income not already disclosed in Part A or B that produced more than $1,000 in gross income in the covered year.

You are not required to disclose the amount of income, just the type of income and source.

You are not required to disclose income received solely by your spouse or other family members.

You shall disclose any source of income in excess of $1,000 if the gross income is subject to federal or state income tax during the covered year.
1. Securities.
List the name of the entity in which you held stocks, bonds, mutual funds or other types of securities that generated over $1,000 in gross income for the covered year.

<table>
<thead>
<tr>
<th>Name of entity</th>
<th>Type of Security</th>
</tr>
</thead>
<tbody>
<tr>
<td>TIAA</td>
<td>Mutual Funds</td>
</tr>
<tr>
<td>Edward Jones</td>
<td>Bonds</td>
</tr>
</tbody>
</table>

2. Instruments of Financial Institution.
List the name of the financial institution in which you held financial instruments that generated gross income in excess of $1,000 for the covered year and enter the type of income from the financial institution (e.g. interest earned on a certificate of deposit or savings account).

<table>
<thead>
<tr>
<th>Name of financial institution</th>
<th>Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>none</td>
<td>money</td>
</tr>
</tbody>
</table>

[X] None in this category.

3. Trusts.
List the name of the trust that generated gross income in excess of $1,000 for the covered year as well as the name of the trustor and type of trust.

[X] None in this category.

4. Real Estate.
List the type of real estate (e.g. agricultural, commercial, residential) that generated gross income in excess of $1,000 for the covered year and the source of the income (e.g. rent, sale, mortgage).

[X] None in this category.

5. Retirement Systems
List the name of the retirement system from you received gross income in excess of $1,000 for the covered year.

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List the name of the retirement system from you received gross income in excess of $1,000 for the covered year.

Name
United States Army
Social Security
6. Other Sources of Income.

List the type and source of any other gross income in excess of $1,000 not already disclosed on this statement.

[X] None in this category.

Part D. Commissions from the sale of goods or services to a political division of the State.

Iowa Code section 68B.3 requires executive branch officials and employees who sell goods or services to a political subdivision of the state during the covered year to disclose whether income has been received from commissions from these sales.

If you received a commission from the sale of goods or services to a political subdivision of the state during the covered year, list a description of the goods or services and the name of the purchasing political subdivision.

[X] None in this category.

Signature

I affirm this statement is complete and accurate to the best of my knowledge. I understand I may be subject to civil and criminal penalties for failing to file a complete and accurate statement or for failing to file this statement by the required due date.

_________________________  __________________________
Dan Dr. Kinney                      Date:  4/12/2019
(electronic signature of person filing statement)