

Black Hawk

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

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

IA ETHICS & CAMPAIGN DISCLOSURE BOARD
Reset Form
OCT 18 2006 FILED

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: Frank MagSamen Political Party (if applicable): Democrat
Office Sought: BHP Supervisor District (if Senate or House): _____

FORM DR-2 DISCLOSURE REPORT (rev. 12/2005)

For Office Use Only
Comm. # _____
Logged In _____
Scanned _____
Computer _____
Audited _____

File with:
Iowa Ethics and Campaign Disclosure Board
510 E. 12th, Ste. 1A
Des Moines, Iowa 50319
Fax: 515-281-3701

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.

Thomas Western SIGNATURE OF PERSON FILING REPORT
319-234-1321 TELEPHONE
Oct 18 2006 DATE SIGNED

I AM FILING A Oct 19 2006 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
NOV. 7 2005

County & Local Committees, enter County in which Election is held
Black Hawk

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.)	\$	<u>884³⁷</u>
ADD TOTAL MONEY TAKEN IN THIS PERIOD		
Schedule A: Cash Contributions total (Attach Schedule A) (**also see in-kind below)		<u>3505⁰⁰</u>
Schedule F: Loans Received total (Attach Schedule F)		<u>- 0 -</u>
Schedule H: Total Sales of Campaign Property (Attach Schedule H)		<u>- 0 -</u>
(Schedule H applies to Candidates' Committees Only)		
SUB-TOTAL	\$	<u>4389³⁷</u>
SUBTRACT TOTAL MONEY SPENT THIS PERIOD		
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)		<u>728⁸⁹</u>
Schedule F: Loan Repayments total (Attach Schedule F)		<u>- 0 -</u>
CASH ON HAND at the end of this reporting period (if final report balance must be zero) (Attach DR-3)	\$	<u>3660⁴⁸</u>
**UNPAID BILLS (From Schedule D - Attach Schedule D)	\$	<u>791⁶⁸</u>
**IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)	\$	<u>303¹⁰</u>
**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)	\$	_____
CONSULTANT BREAKDOWN (Schedule G Attached?)		YES <input checked="" type="checkbox"/> 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

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)
Magsamen 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.

CAUTION: Section 68B.32A(6), Iowa Code, 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
07-17-06	ID# CK# 4972	Raymond Moore 1803 Carriage Hill, Wilcox		\$ 50	<input type="checkbox"/>
07-18-06	ID# CK# 5317	Ray Walter 100 Woodstock, Wilcox		50	<input type="checkbox"/>
07-15-06	ID# CK# 3574	John McCoy 165 Woodstock, Wilcox		25	<input type="checkbox"/>
07-27-06	ID# CK# 5914	Robert Greenwood 3553 Mansfield Dr, Wilcox		100	<input type="checkbox"/>
06-24-06	ID# CK# 2643	Werner Sebel 108 Commercial, Wilcox		50	<input type="checkbox"/>
07-26-06	ID# CK# 1637	Diane Waychoff 668 Sheridan, Wilcox		100	<input type="checkbox"/>
07-28-06	ID# CK# 3801	Wayne Soder 2124 Kimball, Wilcox		50	<input type="checkbox"/>
08-02-06	ID# CK# 2127	P. J. Porter 325 Columbia Ave, Wilcox		100	<input type="checkbox"/>
07-30-06	ID# CK# 1322	Sarah Craft 10 Bruce Ln, Lehigh City		100	<input type="checkbox"/>
07-03-06	ID# CK# 4509	Rochelle Brown 333 Lillian Ln, Wilcox		50	<input type="checkbox"/>
SUB-TOTAL				\$ 675	
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

Reset 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)

Magsamen 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.

CAUTION: Section 68B.32A(6), Iowa Code, 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
08-05-06	ID# CK# 11325	Robert Fahn PO Box 358, Wilcox		\$ 100	<input type="checkbox"/>
08-03-06	ID# CK# 2053	Laura Harms 144 Woodstock, Wilcox		100	<input type="checkbox"/>
	ID# CK# cash	Unitemized Contributor		20	<input type="checkbox"/>
08-15-06	ID# CK# 5163	Theodore Lederman 1758 Pinehurst, Wilcox		50	<input type="checkbox"/>
08-02-06	ID# CK# 1469	Patricia Sass 2551 Kate St, Wilcox		25	<input type="checkbox"/>
09-16-06	ID# CK# 3133	William Dotzler 2837 Cedar Terrace Dr, Wilcox		50	<input type="checkbox"/>
08-18-06	ID# CK# 1309	Kelly Bush 1109 Colorado St, Wilcox		50	<input type="checkbox"/>
	ID# CK# cash	Dennis Garthoff 158 Woodstock, Wilcox		100	<input type="checkbox"/>
08-28-06	ID# CK# 3004	Melvin Gardner 2524 Sheridan, Cedar Falls		20	<input type="checkbox"/>
08-21-06	ID# CK# 12570	Jancee Ceyers PO Box 138, Shelburne		50	<input type="checkbox"/>
SUB-TOTAL				\$ 565	
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

Reset 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)
Magsamen 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.

CAUTION: Section 68B.32A(6), Iowa Code, 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
09-02-06	ID# CK# 7408	Audrey Swias 1420 Jersey Ln, Wilcox		\$ 75	<input type="checkbox"/>
09-11-06	ID# CK# 2118	Milton Roth PO Box 1380 Wilcox		50	<input type="checkbox"/>
	ID# CK# cash	Unitemized contributor		20	<input type="checkbox"/>
	ID# CK# cash	Unitemized contributor		15	<input type="checkbox"/>
09-18-06	ID# CK# 7318	David Duncan 3932 Knoll Ridge Dr, Cedar Falls		50	<input type="checkbox"/>
09-15-06	ID# CK# 1908	Eric Johnson PO Box 178, Wilcox		50	<input type="checkbox"/>
09-22-06	ID# CK# 2789	Barbara Bergman 2202 Yorkshire Dr, Cedar Falls		50	<input type="checkbox"/>
09-27-06	ID# CK# 1715	Timothy Pellack 547 Brentwood, Wilcox		25	<input type="checkbox"/>
09-22-06	ID# CK# 2302	Patricia Roof 103 Ivanhoe, Wilcox		100	<input type="checkbox"/>
09-22-06	ID# C00C00885 CK# 3830	International Union of Painters Allied Trades 1750 New York Ave, NW, Washington, DC 20006		500	<input type="checkbox"/>
SUB-TOTAL				\$ 935	
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

Reset 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)
Magsamen 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.

CAUTION: Section 68B.32A(6), Iowa Code, 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
10-04-06	ID# CK# 7356	Steven Abbott 369 California St, Wilcox		\$ 150	<input type="checkbox"/>
10-04-06	ID# CK# 6219	Kathy Ferguson 1150 Columbus Dr, Wilcox		100	<input type="checkbox"/>
10-04-06	ID# CK# 1306	Paypayers Unlimited, Inc. 6320 Manchester Ave Suite 428 Kansas City, MO 64133		250	<input type="checkbox"/>
10-04-06	ID# CK# 2803	Barbara Bergman 2202 Yorkshire Dr, Cedar Falls		30	<input checked="" type="checkbox"/>
10-14-06	ID# CK# 4464	Marilyn Stogdell 603-2nd St NE PO Box 15 Fairbank		25	<input checked="" type="checkbox"/>
10-14-06	ID# CK# 3536	Beverly S. Brumbaugh 10574 La Porte Rd La Porte City		25	<input checked="" type="checkbox"/>
10-14-06	ID# CK# 1081	Debbie Schaefer 3506 Merritt Rd Marshalltown	Daughter	25	<input checked="" type="checkbox"/>
10-14-06	ID# CK# 5129	Matthew Van Ee 1510 Sager Wilcox		25	<input checked="" type="checkbox"/>
10-14-06	ID# CK# 6475	De Lon Bobeli 502 Kumbael Cir, Wilcox		25	<input checked="" type="checkbox"/>
10-14-06	ID# CK# 5145	Unitemized Contributor		20	<input checked="" type="checkbox"/>
SUB-TOTAL				\$ 675	
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

Reset 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)

Magsamen 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.

CAUTION: Section 68B.32A(6), Iowa Code, 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
10-14-06	ID# CK# 4920	Unitemized Contributor		\$ 20	<input checked="" type="checkbox"/>
10-14-06	ID# CK# 2714	Unitemized Contributor		15	<input checked="" type="checkbox"/>
10-14-06	ID# CK# 5393	Unitemized Contributor		20	<input checked="" type="checkbox"/>
10-14-06	ID# CK# cash	Mike Keelik 404 Miner, Evansdale		100	<input checked="" type="checkbox"/>
10-14-06	ID# CK# cash	Tom Westmaier 375 Sheridan Rd, W'bro		150	<input checked="" type="checkbox"/>
10-14-06	ID# CK# cash	Janice Little 231 River Forest Rd, Evansdale		100	<input checked="" type="checkbox"/>
10-14-06	ID# CK# cash	Unitemized Contributor		250	<input checked="" type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

\$ 655

TOTAL (if last page of this schedule)

\$ 3505

* 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

Reset 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)
Magsamen 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
9-27-06	ID# CK# 1006	The Bench Company	Magnetic Stickers	\$ 40
09-06	ID# CK#	Wells Fargo Bank	Checks	19.95
06-01-06	ID# CK# 1026	Craft Cochran	T-shirts	43.52
10-07-06	ID# CK# 1027	Community Center Cedar Falls	Fundraiser	100
	ID# CK# 1028	Void		
10-07-06	ID# CK# 1029	Cedar Falls Times Newspaper	Advertisement	294
10-10-06	ID# CK# 1030	Wal-Mart	Fundraiser Food	65.99
10-11-06	ID# CK# 1031	Wal-Mart	Fundraiser Food	12.81
SUB-TOTAL				\$ 576.27
TOTAL (if last page of this schedule)				\$

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

Reset 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)

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
10-10-06	ID# CK# 1032	Factory card outlet	Fundraiser Paper products	\$ 17.00
10-10-06	ID# CK# 1033	HyVee Wine & Spirits	Fundraiser Beer	53.50
10-16-06	ID# CK# 1034	Janice Little	Reimbursement Food for Fundraiser	82.12
	ID# CK#			

SUB-TOTAL \$ 152 62
 TOTAL (if last page of this schedule) \$ 728 89

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)

Magsamen for Supervisor

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

Reset Form

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

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

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.

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*
05-10-06	Frank Magsamen	Waterloo Post Office Postage	\$ 24.00
04-22-06	Frank Magsamen	Staples Supplies & postage	94.50
09-11-06	Frank Magsamen	Staples Printing	29.40
04-30-06	Frank Magsamen	Food Pride Postage	24.00
08-23-06	Frank Magsamen	El Centro Latino American fund raiser	100.00
04-01-06	Frank Magsamen	Staples Supplies	13.00
10-10-06	Frank Magsamen	Staples ink	80.51
SUB-TOTAL			\$ 365. ¹¹
TOTAL DEBTS OWED BY COMMITTEE AT THE END OF THIS REPORTING PERIOD			\$

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

Page 1 of 2
(for Schedule D)

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

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

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

Reset Form

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

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

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.

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*
10-13-06	Frank Magsamen	Waterloo Post Office Postage	\$ 9.60
10-11-06	Frank Magsamen	Waterloo Post Office Postage	63.00
09-09-06	Frank Magsamen	Wal-Mart food for Fundraiser	59.67 60.00
09-14-06	Frank Magsamen	Waterloo Post Office Postage	39.00
09-07-06	Frank Magsamen	Waterloo Post Office Postage	39.00
09-29-06	Frank Magsamen	Waterloo Post Office Postage	144.00
10-04-06	Frank Magsamen	Waterloo Post Office Postage	72.00
SUB-TOTAL			\$ 426.27
TOTAL DEBTS OWED BY COMMITTEE AT THE END OF THIS REPORTING PERIOD			\$ 791.68

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

Page 2 of 2
 (for Schedule D)

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

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

Reset Form

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
07-14-06	Janice Little 231 River Forest Rd Evansdale	-	Candy for Gilbertville Parade	\$ 19.81	<input type="checkbox"/>
09-24-06	Matt Van Ek 1516 Sagen, Wilco		Printer (computer) ink	7.35	<input type="checkbox"/>
10-14-06	Brian Shock Cedar Falls		Security @ Sundragon	150	<input checked="" type="checkbox"/>
10-09-06	Michael J. Dargan 188 Woodstock Wilco		Website Design & Maintenance	125.99	<input type="checkbox"/>
					<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				\$ 303 ¹⁵	
TOTAL (if last page of this schedule)				\$ 303 ¹⁵	

*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.