

FOR INSTRUCTIONS, SEE BACK OF 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)

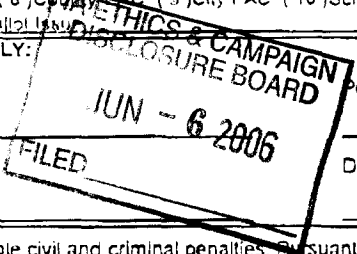
MEDIACOM COMMUNICATION CORPORATION

IMPORTANT: Indicate by # type of committee you are reporting for 1 2 3 4 5 6 7 8 9 10 11

(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 Initiative

CANDIDATE COMMITTEES ONLY:

Candidate Name _____ Political Party (if applicable) _____
Office Sought _____ 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 OF PERSON FILING REPORT *Debra M...*

TELEPHONE 515-440-3162

DATE SIGNED 6/6/06

AM FILING A MAY 5 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 NOVEMBER 8, 2005
County & Local Committees, enter County in which Election is held SEE ATTACHED

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)		1,007,500.00 ^{S/B} 1,081,500.00
Schedule F: Loans Received total (Attach Schedule F)		0.00
Schedule H: Total Sales of Campaign Property (Attach Schedule H)		0.00
<i>(Schedule H applies to Candidates' Committees Only)</i>		
SUB-TOTAL	\$	1,007,500.00
SUBTRACT TOTAL MONEY SPENT THIS PERIOD		
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)		1,007,500.00 ^{S/B} 1,081,500.00
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)	\$	0.00
*UNPAID BILLS (From Schedule D - Attach Schedule D)	\$	0.00
*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)	\$	657,750.00
*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.

Mediacom Communication Corporation

2205 Ingersoll Ave
Des Moines, IA 50312

IA ETHICS & CAMPAIGN
DISCLOSURE BOARD
JUN - 6 2006
FILED

	Cities	County
1	Lansing	Allamakee
2	Waukon	Allamakee
3	Vinton	Benton
4	Hudson	Blackhawk
5	Waterloo	Blackhawk
6	Parkersburg	Butler
7	Mason City	Cerro Gordo
8	Manchester	Delaware
9	Asbury	Dubuque
10	Dubuque	Dubuque
11	West Union	Fayette
12	Charles City	Floyd
13	Hampton	Franklin
14	Hamburg	Fremont
15	Sidney	Fremont
16	Tabor	Fremont
17	Ackley	Hardin
18	Iowa Falls	Hardin
19	Dunlap	Harrison
20	Cresco	Howard
21	Maquoketa	Jackson
22	Anamosa	Jones
23	Hiawatha	Linn
24	Marion	Linn
25	Glenwood	Mills
26	Clarinda	Page
27	Altoona	Polk
28	Windsor Heights	Polk
29	Nevada	Story
30	Carlisle	Warren
31	Norwalk	Warren

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)
MEDIACOM COMMUNICATION CORPORATION

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(8), 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	Y IF FOR FUND-RAISER INCOME
	ID# General Funds CK# TRANSFER	MEDIACOM COMMUNICATION CORP 100 CRYSTAL RUN ROAD NEW YORK NY 10941	NONE	\$1,081,500	<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"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL
 \$ 1,081,500
TOTAL (if last page of this schedule)
 \$ 1,081,500

* 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.

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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)
 MEDIACOM COMMUNICATION CORPORATION

DATE EXPENDED (MM/DD/YY)	CANDIDATE ID NUMBER (If applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
8/26/2005	ID# CK# TRANSFER	PROJECT TAXPAYER PROTECTION DES MOINES IA 50309	CAMPAIGN EXPENSES	\$ 1,000
8/26/2005	ID# CK# TRANSFER	PROJECT TAXPAYER PROTECTION DES MOINES IA 50309	CAMPAIGN EXPENSES	70,500
10/20/2005	ID# CK# TRANSFER	PROJECT TAXPAYER PROTECTION DES MOINES IA 50309	CAMPAIGN EXPENSES	2,500
9/15/2005	ID# CK# TRANSFER	PROJECT TAXPAYER PROTECTION CAMPAIGN DES MOINES IA 50309	CAMPAIGN EXPENSES	62,500
9/29/2005	ID# CK# TRANSFER	PROJECT TAXPAYER PROTECTION CAMPAIGN DES MOINES IA 50309	CAMPAIGN EXPENSES	45,000
10/12/2005	ID# CK# TRANSFER	PROJECT TAXPAYER PROTECTION CAMPAIGN DES MOINES IA 50309	CAMPAIGN EXPENSES	115,000
10/14/2005	ID# CK# TRANSFER	PROJECT TAXPAYER PROTECTION CAMPAIGN DES MOINES IA 50309	CAMPAIGN EXPENSES	250,000
10/18/2005	ID# CK# TRANSFER	PROJECT TAXPAYER PROTECTION CAMPAIGN DES MOINES IA 50309	CAMPAIGN EXPENSES	170,000
SUB-TOTAL				\$ 716,500.
TOTAL (If last page of this schedule)				\$ 716,500.

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).)

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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)
 MEDIACOM COMMUNICATION CORPORATION

DATE EXPENDED (MM/DD/YY)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
10/26/2005	ID# CK# TRANSFER	PROJECT TAXPAYER PROTECTION DES MOINES IA 50309	CAMPAIGN EXPENSES	\$ 50,000
10/27/2005	ID# CK# TRANSFER	PROJECT TAXPAYER PROTECTION DES MOINES IA 50309	CAMPAIGN EXPENSES	175,000
11/01/2005	ID# CK# TRANSFER	PROJECT TAXPAYER PROTECTION DES MOINES IA 50309	CAMPAIGN EXPENSES	125,000
11/19/2005	ID# CK# TRANSFER	PROJECT TAXPAYER PROTECTION CAMPAIGN DES MOINES IA 50309	CAMPAIGN EXPENSES	15,000
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$ 365,000
TOTAL (if last page of this schedule)				\$ 1,081,500

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 60A.402(3)(i).)

FOR INSTRUCTIONS, SEE BACK OF FORM

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

Reset Form

SCHEDULE E (Rev. 08/97)	IN-KIND CONTRIBUTIONS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

DATE RECEIVED (MM/DD/YYR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
11/08/2005	Mediacom Communications Corporation 100 Crystal Run Road Middleton, NY 10941		8544 video ads \$25 on 35 networks	\$ 213,600.00	<input type="checkbox"/>
11/08/2005	Mediacom Communications Corporation 100 Crystal Run Road Middleton, NY 10941		Law Media Group Sept-Oct-Nov	35,000.00	<input type="checkbox"/>
10/28/2005	Mediacom Communications Corporation 100 Crystal Run Road Middleton, NY 10941		16,366 :30 SEC ADS ON 25 NETWORKS	409,150.00	<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
SUB-TOTAL				\$	
TOTAL (if last page of this schedule)				\$	557,750.00

*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.