

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

DISCLOSURE SUMMARY PAGE

COMMITTEE NAME (Must be same as on Statement of Organization) **RECEIVED**
 Vote YES Committee **FAX JAN 17 2007**

IMPORTANT: Indicate by # type of committee you are reporting for: 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 Issue

CANDIDATE COMMITTEES ONLY:

Candidate Name _____ Political Party (if applicable) _____
 Office Sought _____ District (if Senate or House) _____

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. 12th St. IA
 Des Moines, Iowa 50319
 Fax: 515-281-3101

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.

Eileen B. Bergman
SIGNATURE OF PERSON FILING REPORT

641-753-3365
TELEPHONE

1-17-07
DATE SIGNED

I AM FILING A 01/19/07 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
09/12/06

County & Local Committees, enter County in
 which Election is held
Marshall

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.)	\$	25,145.82
ADD TOTAL MONEY TAKEN IN THIS PERIOD		
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)		4,700.00
Schedule F: Loans Received total (Attach Schedule F)		0.00
Schedule H: Total Sales of Campaign Property (Attach Schedule H)		0.00
<u>(Schedule H applies to Candidates' Committees Only)</u>		
SUB-TOTAL	\$	29,845.82
SUBTRACT TOTAL MONEY SPENT THIS PERIOD		
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)		29,345.82
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)	\$	500.00
**UNPAID BILLS (From Schedule D - Attach Schedule D)	\$	0.00
**IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)	\$	4,170.00
**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.		

For Instructions, See Back of Form

Reset Form

SCHEDULE	
A	MONETARY RECEIPTS
(Rev. 07/03)	
<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)
 Vote YES Committee

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
09/05/06	ID# CK#	Rod & Anna Dempewolf 2201 Bittersweet Road Marshalltown, IA 50158		\$50.00	<input type="checkbox"/>
09/05/06	ID# CK#	Russell Watt 808 Patterson Lane Marshalltown, IA 50158		50.00	<input type="checkbox"/>
09/06/06	ID# CK#	Carol Hibbs 400 Donmartin Drive Conrad, IA 50621		7.00	<input type="checkbox"/>
09/06/06	ID# CK#	R S Stover Company 3809 South Center Street Marshalltown, IA 50158		200.00	<input type="checkbox"/>
09/07/06	ID# CK#	James Goodman 302 Masonic Temple Building Marshalltown, IA 50158		100.00	<input type="checkbox"/>
09/07/06	ID# CK#	Jim & Patty Bowman 1503 Brentwood Terrace Marshalltown, IA 50158		20.00	<input type="checkbox"/>
09/07/06	ID# CK#	Bowman & Miller, P. C. 24 East Main Street Marshalltown, IA 50158		50.00	<input type="checkbox"/>
09/08/06	ID# CK#	Lew Miller P. O. Box 495 Marshalltown, IA 50158		100.00	<input type="checkbox"/>
09/08/06	ID# CK#	Jim Lowrance 1502 South 12th Street Marshalltown, IA 50158		100.00	<input type="checkbox"/>
09/11/06	ID# CK#	Koehler Insurance, Inc. 26 South 1st Avenue Marshalltown, IA 50158		100.00	<input type="checkbox"/>

SUB-TOTAL

\$ 900.00
\$

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



SCHEDULE	
A	MONETARY RECEIPTS
(Rev. 07/03)	
<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)
 Vote YES Committee

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
09/11/06	ID# CK#	Rachel Mason 514 East Olive Street, Apt. #111 Marshalltown, IA 50158		\$200.00	<input type="checkbox"/>
09/11/06	ID# CK#	Eyecare Associates 501 East Main Street Marshalltown, IA 50158		\$100.00	<input type="checkbox"/>
09/15/06	ID# CK#	Farmers Savings Bank 205 West Main Street Marshalltown, IA 50158		\$100.00	<input type="checkbox"/>
09/15/06	ID# CK#	Barb Beichley 1029 - 215th Street Gladbrook, IA 50635		200.00	<input type="checkbox"/>
09/19/06	ID# CK#	Mollie Teckenburg 601 Ash Street, Box 153 Union, IA 50258		200.00	<input type="checkbox"/>
09/19/06	ID# CK#	Cooper Manufacturing Company 410 South First Avenue Marshalltown, IA 50158		\$100.00	<input type="checkbox"/>
09/19/06	ID# CK#	Paul Beals 1904 Blossom Lane Marshalltown, IA 50158		25.00	<input type="checkbox"/>
09/28/06	ID# CK#	Green Products Company P. O. Box 756 Conrad, IA 50621		250.00	<input type="checkbox"/>
10/09/06	ID# CK#	Paul E. Hoversten 1907 Washington Iowa Falls, IA 50126		00.00	<input type="checkbox"/>
12/05/06	ID# CK#	Steven C. or Virginia A. Stockdale 752 Lemon Avenue Iowa Falls, IA 50126		250.00	<input type="checkbox"/>

SUB-TOTAL

\$	3050.00
\$	

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

Reset Form

SCHEDULE	
A	MONETARY RECEIPTS
(Rev. 07/03)	
<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)

Vote YES Committee

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
12/05/06	ID# CK#	Jennings Real Estate & Insurance Corp. 503 Washington Iowa Falls, IA 50126		\$500.00	<input type="checkbox"/>
12/05/06	ID# CK#	Duane Lloyd and Phyllis Lloyd 15051 KK Avenue Iowa Falls, IA 50126		200.00	<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"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
SUB-TOTAL				\$ 750.00	
TOTAL (if last page of this schedule)				\$ 4700.00	

* 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

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)
 Vote YES Committee

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
09/05/06	ID# CK# 1019	Marshalltown Post Office Marshalltown, IA 50158	Postage for Mailing	\$ 24.15
09/05/06	ID# CK# 1020	Victory Enterprises 5200 S. W. 30th Street, Ste. 7 Davenport, IA 52802	Radio Advertising	3485.00
09/05/06	ID# CK# 1021	Cindy Schulte 2761 Fairman Avenue Melbourne, IA 50162	Reimbursement for Postage	39.00
09/06/06	ID# CK# 1022	Pizza Ranch 109 West Center Street Conrad, IA 50621	Refreshments for Committee Meeting	70.50
09/07/06	ID# CK# 1023	L & L Murphy Consulting 531 6th Street, N.W. Oelwein, IA 50662	Campaign Consulting	2500.00
09/07/06	ID# CK# 1024	Victory Enterprises 5200 S. W. 30th Street, Ste. 7 Davenport, IA 52802	Creation of Television Ads	3476.70
07/11/06	ID# CK# Withdraw	Wells Fargo Bank 102 South Center Street Marshalltown, IA 50158	Check Printing Fees	19.95
09/18/06	ID# CK# 1025	Hy Vee 632 South Oak Street Iowa Falls, IA 50126	Refreshments for Committee Meeting	21.40
SUB-TOTAL				\$ 9636.70
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 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 88A.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)

Vote YES Committee

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
09/29/06	ID# CK# 1026	Victory Enterprises 5200 S. W. 30th Street, Ste. 7 Davenport, IA 52802	Creation & Production of Radio Ads	\$ 500.00
09/29/06	ID# CK# 1027	L & L Murphy Consulting 531 6th Street, N.W. Oelwein, IA 50662	Reimbursement for Campaign Ads & Secretary of State Billings	703.54
09/29/06	ID# CK# 1028	Times Republican P. O. Box 1300 Marshalltown, IA 50158	Newspaper Advertising	1519.20
09/29/06	ID# CK# 1029	The Record Newspaper P. O. Box 190 Conrad, IA 50621	Newspaper Advertising	135.00
09/29/06	ID# CK# 1030	Marshall County Sun 108 West Main Street Marshalltown, IA 50158	Newspaper Advertising	135.00
09/29/06	ID# CK# 1031	L & L Murphy Consulting 531 6th Street, N.W. Oelwein, IA 50662	Campaign Consulting	2500.00
09/29/06	ID# CK# 1032	Strategic Media 1111 West San Marman Drive Waterloo, IA 50704	Yard Signs, Mailers, Logo Development, & Newspaper Ad Design	10021.80
09/29/06	ID# CK# Withdraw	Wells Fargo Bank 102 South Center Street Marshalltown, IA 50158	Maintenance Fee	2.68
SUB-TOTAL				\$ 15,517.22
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)
Vote YES Committee

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
10/24/06	ID# CK# 1033	Hy Vee 802 South Center Street Marshalltown, IA 50158	Refreshments for Committee Meeting	\$ 94.87
10/24/06	ID# CK# 1034	Staples 27 West Berle Road Marshalltown, IA 50158	Stationery, Envelopes, Postage	70.00
10/29/06	ID# CK# 1035	South Hardin Signal Review P. O. Box 457 Hubbard, IA 50122	Newspaper Advertising	182.25
10/29/06	ID# CK# 1036	Herald Register Publish. Co. 813 Fifth Avenue Grinnell, IA 50112	Newspaper Advertising	194.40
10/29/06	ID# CK# 1037	Tama/Grundy Publishing P. O. Box 309 Marshalltown, IA 50158	Newspaper Advertising	145.80
10/29/06	ID# CK# 1038	L & L Murphy Consulting 531 6th Street, N.W. Oelwein, IA 50662	Campaign Consulting	2500.00
10/31/06	ID# CK# Withdraw	Wells Fargo Bank 102 South Center Street Marshalltown, IA 50158	Maintenance Fee	2.68
11/30/06	ID# CK# Withdraw	Wells Fargo Bank 102 South Center Street Marshalltown, IA 50158	Maintenance Fee	1.90
SUB-TOTAL				\$ 3191.90
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)

Vote YES Committee

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
12/12/06	ID# CK# 1039	KIFG Radio P. O. Box 640 Iowa Falls, IA 50126	Radio Advertising	\$ 1000.00
	ID# CK#			
SUB-TOTAL				\$ 1000.00
TOTAL (if last page of this schedule)				\$ 29345.82

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 detailed 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)
 Vote YES Committee

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
09/04-11/06	Independent Insurance P. O. Box 248 Marshalltown, IA 50158		Advertising	\$ 4,170.00	<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"/>
					<input type="checkbox"/>
SUB-TOTAL				\$ 4,170.00	
TOTAL (if last page of this schedule)				\$ 4,170.00	

*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.