

Reset Form

DISCLOSURE SUMMARY PAGE

70k

5

COMMITTEE NAME (Must be same as on Statement of Organization)
 Meyer for City Council

IMPORTANT: Indicate by # type of committee you are reporting for: 6
 (1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party
 (4) County Central Committee (5) County Candidate (6) City or Township School Board or Other
 Political Subdivision Candidate (8) County PAC (9) City or Township Board or Other Political
 Subdivision PAC (11) Local Ballot Issue

CANDIDATE COMMITTEES ONLY:
 Candidate Name Brian Meyer Political Party (if applicable)
 Office Sought 4th Ward City Council-DM District (if Senate or House)

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

For Office Use Only
 Comm. # 13688
 Logged In _____
 Scanned JM
 Computer DM
 Audited _____

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

ETHICS & CAMPAIGN
 DISCLOSURE BOARD
 JAN 5 2007
 PM 1:40
 FILED

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.

B Meyer SIGNATURE OF PERSON FILING REPORT 255 3974 TELEPHONE 1/3/07 DATE SIGNED

I AM FILING A Jan 4, 2007 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
1/9/07

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

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.)\$ 2,931.17

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)..... \$ 18,615.46

Schedule F: Loans Received total (Attach Schedule F)..... _____

Schedule H: Total Sales of Campaign Property (Attach Schedule H) _____

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL.....\$ 21,546.63

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)..... 15,566.11

Schedule F: Loan Repayments total (Attach Schedule F)..... 0

CASH ON HAND at the end of this reporting period (if final report balance must be zero) (Attach DR-3).....\$ 5,980.52

**UNPAID BILLS (From Schedule D - Attach Schedule D)\$ 2,226.00

**IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)\$ _____

**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)\$ _____

CONSULTANT BREAKDOWN (Schedule G Attached?) _____ YES _____ 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

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)
Meyer for City Council

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
12-4-06	ID# CK#	Tom Schlotfeldt 2773 NW 159th St Clive IA 50325		\$ 250-	<input type="checkbox"/>
12-4-06	ID# CK#	Marshall Linn 3736 John Lynde Rd Des Moines IA 50312		250-	<input type="checkbox"/>
12-4-06	ID# CK#	John Kline 2171 Grand Ave West Des Moines IA 50265		500-	<input type="checkbox"/>
12-4-06	ID# CK#	Randal Walker 2171 Grand Ave West Des Moines IA 50265		500-	<input type="checkbox"/>
12-4-06	ID# CK#	Craig Falber 1713 Thornwood Rd West Des Moines IA 50265		250-	<input type="checkbox"/>
12-4-06	ID# CK#	Steve Ferguson 12640 NW 85th Ave Grimes IA 50111		250-	<input type="checkbox"/>
12-4-06	ID# CK#	Jeffrey Claeys 529-53rd Place West Des Moines IA 50266		250-	<input type="checkbox"/>
12-4-06	ID# CK#	Stren Hauschilt 1316 7th Ave SE Atlanta IA 50009		250-	<input type="checkbox"/>
12-4-06	ID# 63283 CK# 3089	Master Builders of IA PAC 221 Park St Des Moines IA 50306		1,500-	<input type="checkbox"/>
12-4-06	ID# CK#	Leon Shearer 31634 Silverado Lane Waukee IA 50263		250-	<input type="checkbox"/>
SUB-TOTAL				\$ 4,250-	
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)
Meyer for City Council

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12-4-06	ID# CK#	Julie Muckler 7001 West own Parkway West Des Moines IA 50266		\$ 25-	<input checked="" type="checkbox"/>
12-4-06	ID# CK#	Julie Pothoff 1090 4 th St Des Moines IA 50311		50-	<input checked="" type="checkbox"/>
12-4-06	ID# CK#	Bill Roach 2717 Scenic Place West Des Moines IA 50265		40-	<input checked="" type="checkbox"/>
12-4-06	ID# CK#	Ray Blase 913 NE 34 th St Ankeny IA 50021		100-	<input checked="" type="checkbox"/>
12-4-06	ID# CK#	Eric Taber 1619 Thornwood Road West Des Moines IA 50265		100-	<input checked="" type="checkbox"/>
12-4-06	ID# CK#	Thomas J. Miller 213 38 th St Des Moines IA 50312		100-	<input checked="" type="checkbox"/>
12-4-06	ID# CK#	Donald Stanley 9725 Aurora Ave Urbandale IA 50322		100-	<input checked="" type="checkbox"/>
12-4-06	ID# CK#	Thomas H. Miller 428 38 th St Des Moines IA 50312		100-	<input checked="" type="checkbox"/>
12-4-06	ID# CK#	Tam Ormiston 4104 Greenwood Drive Des Moines IA 50312		40-	<input checked="" type="checkbox"/>
12-4-06	ID# CK#	Paul Kraus 4126 Maryland Pike Des Moines IA 50310		25-	<input checked="" type="checkbox"/>

SUB-TOTAL
 \$ 680.00

TOTAL (if last page of this schedule)
 \$

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For Instructions, See Back of Form

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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)
Meyer for City Council

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12-4-06	ID# CK#	Robert Brammer 1717 Mar Ella Trail Des Moines IA 50310		\$ 25-	<input checked="" type="checkbox"/>
12-7-06	ID# CK#	Linda McCarthy 5201 SE 33rd St Des Moines IA 50320		100-	<input type="checkbox"/>
12-7-06	ID# CK#	Linda McCarthy 5201 SE 33rd St Des Moines IA 50320		100-	<input type="checkbox"/>
12-7-06	ID# CK#	Michael Simonsen 3300 Elmwood Des Moines IA 50312		500-	<input type="checkbox"/>
12-6-06	ID# CK#	Penny Snyder 983 S. 50th Place West Des Moines IA 50265		500-	<input type="checkbox"/>
12-6-06	ID# CK#	Brian Green 15438 Winston Ave Urbandale IA 50323		500-	<input type="checkbox"/>
12-6-06	ID# CK#	Phillip Stover 3321 Ashworth Rd Waukee IA 50263		500-	<input type="checkbox"/>
12-6-06	ID# CK#	Amy Stanbrough 6334 Beechtree Dr West Des Moines IA 50266		500-	<input type="checkbox"/>
12-8-06	ID# CK#	Michael Tousley 421 S 49th St West Des Moines IA 50265		250-	<input type="checkbox"/>
12-14-06	ID# CK#	David Carlson PO Box 5155 Des Moines IA 50306		1,000-	<input type="checkbox"/>
SUB-TOTAL				\$ 3975.	
TOTAL (if last page of this schedule)				\$	

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For Instructions, See Back of Form

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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)
Meyer for City Council

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12-14-06	ID# CK#	Matthew Lundberg 6508 NW 97th St Johnston IA 50131		\$ 250-	<input type="checkbox"/>
12-14-06	ID# CK#	John Lundberg 7035 Coburn Lane Johnston IA 50131		250-	<input type="checkbox"/>
12-15-06	ID# CK#	Mel Pins 210 E Burdy Ave Des Moines IA 50315		100-	<input type="checkbox"/>
12-17-06	ID# CK#	Miriam Tyson Des Moines		50-	<input type="checkbox"/>
12-17-06	ID# CK#	Anne Holder 9750 E Lee Ave Dr Palmer AK 99645	Mother	500-	<input type="checkbox"/>
12-18-06	ID# CK#	James Cowrie 141-37th St Des Moines IA 50312		250-	<input type="checkbox"/>
12-18-06	ID# CK#	Mark Schouten 550 Legacy Pkwy Unit 42 Norwalk IA 50211		50-	<input type="checkbox"/>
12-19-06	ID# CK#	Gerald Kirke 5465 Mills Civic Pkwy, Suite 400 West Des Moines IA 50266		1,000-	<input type="checkbox"/>
12-19-06	ID# CK#	William Krapp 4949 Westown Pkwy Suite 200 West Des Moines IA 50266		1,000-	<input type="checkbox"/>
12-20-06	ID# 6017 CK# 3187	✓ Central IA Building + Construction Trade PO Box 7310 Des Moines IA 50309		1,000-	<input type="checkbox"/>

SUB-TOTAL

\$ 4,450.

TOTAL (if last page of this schedule)

\$

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

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(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)
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12-21-06	ID# 6323 CK# 3092	✓ Master Builders of IA PAC 221 Park St Des Moines IA 50306		\$1,000-	<input type="checkbox"/>
12-21-06	ID# 4716 CK# 2005	✓ IBEW Local 347 PAC 850-18th St Des Moines IA 50314		1,000-	<input type="checkbox"/>
12-22-06	ID# CK#	Steve Gilloff 1709 S 42nd St West Des Moines IA 50265		500-	<input type="checkbox"/>
12-22-06	ID# 6089 CK# 384	✓ Operating Engineers local # 234 4880 Hubbell Des Moines IA 50317		1,000-	<input type="checkbox"/>
12-27-06	ID# CK#	William Kline 754 Burr Oaks Dr West Des Moines IA 50266		100-	<input type="checkbox"/>
12-28-06	ID# CK#	Tom Lynner 2931 Druid Hill Dr Des Moines IA 50315		200-	<input type="checkbox"/>
12-28-06	ID# CK# 0150	The Clinton Group 1350 Connecticut Ave NW Ste 1102 Washington DC 20036		1,135.46	<input type="checkbox"/>
12-28-06	ID# CK#	Linda Galwin 3012 Wilcott Ave Des Moines IA 50321		100-	<input type="checkbox"/>
12-28-06	ID# CK#	Dawn Helm-Edwards 433 SE Marion Des Moines IA 50315		50-	<input type="checkbox"/>
12-28-06	ID# CK#	Mary Braun 7701 Harbach Blvd CINE IA 50325		50-	<input type="checkbox"/>
SUB-TOTAL				\$5135.46	
TOTAL (if last page of this schedule)				\$	

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For Instructions, See Back of Form

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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)
Meyer for City Council

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.

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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
12-28-06	ID# CK#	Catrina Gomez 2339 Est Phillip St Des Moines IA 50320		\$ 25-	<input type="checkbox"/>
12-28-06	ID# CK#	Lea Fleming 2854 E Dicht Ave Des Moines IA 50320		25-	<input type="checkbox"/>
12-28-06	ID# CK#	Debra Dierentfeld 7101 Prairie Ave Urbandale IA 50322		25-	<input type="checkbox"/>
12-28-06	ID# CK#	Monty Kinseth 150 S Prairie View Dr. Unit 404 West Des Moines IA 50266		25-	<input type="checkbox"/>
12-28-06	ID# CK#	Katherine Galwin 3012 Wolcott Des Moines IA 50321		25-	<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				\$ 125.	
TOTAL (if last page of this schedule)				\$ 18,615.46	

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Reset Form

EXPENDITURES – MONEY SPENT FROM COMMITTEE ACCOUNT

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input checked="" 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)
Meyer for City Council

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
12-4-06	ID# CK#	Postmaster 2nd Ave Des Moines	Stamps	\$ 480.00
12-5-06	ID# CK#	Postmaster 2nd Ave Des Moines	postage	120.00
12-5-06	ID# CK#	The Clinton Group 1350 Connecticut Ave NW Washington, DC 20036	Wine transfer purchase of voter contact calls	1,400.00
12-6-06	ID# CK#	Mail Services 4600 121st St Hubbard IA 50323	presort standard mail + postage	1,366.71
12-8-06	ID# CK#	Postmaster 2nd Ave Des Moines	postage	750.00
12-12-06	ID# CK#	Carter Printing 1739 E Grand Ave Des Moines IA	post cards + signs	5,249.12
12-19-06	ID# CK#	Postmaster 2nd Ave Des Moines IA	postage	585.00
12-19-06	ID# CK#	Postmaster 2nd Ave Des Moines IA	postage	390.00
SUB-TOTAL				\$ 10,340.83
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).)

Reset Form

EXPENDITURES – MONEY SPENT FROM COMMITTEE ACCOUNT

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.

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

COMMITTEE NAME (Must be same as on Statement of Organization)
Meyer for City Council

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
12-26-06	ID# CK#	Des Moines Stamp	Stamp	\$ 40.28
12-26-06	ID# CK#	Mail Services 4100 121st St Urbandale IA 50323	Mailings	3,000.00
12-26-06	ID# CK#	Postmaster 2nd Arr Des Moines IA	postage	390.00
12-27-06	ID# CK#	Postmaster 2nd Arr Des Moines IA	postage	825.00
12-29-07	ID# CK#	Postmaster 2nd Arr Des Moines IA	postage	720.00
12-29-07	ID# CK#	Alexander Grigovich 4316 Medina Dr. Norwalk, IA 50211	consulting fee	250.00
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$ 5,225.28
TOTAL (if last page of this schedule)				\$ 15,566.11

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

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

COMMITTEE NAME (Must be same as on Statement of Organization)
Meyer for City Council

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

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.

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

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*
12-28-06	Carter Printing 1739 E. Grand Ave Des Moines IA 50316	post cards	\$ 2,226-
SUB-TOTAL			\$ 2,226-
TOTAL DEBTS OWED BY COMMITTEE AT THE END OF THIS REPORTING PERIOD			\$ 2,226-

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

Page 1 of 1
(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.

Reset Form

SCHEDULE G (Rev. 02/96)	BREAKDOWN OF MONETARY EXPENDITURES BY CONSULTANT
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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

Meyer for Mayor

PART II- ITEMIZED BREAKDOWN OF UNREIMBURSED EXPENSES PAID BY CONSULTANT TO OTHERS IN PERFORMING SERVICES OF CONTRACT (These expenses should NOT be reported on Schedule B, as they are direct payment from the consultant.)

PART I - NAME AND ADDRESS OF CONSULTANT

Name of Consultant		
Alexander Grgurich		
Mailing Address		
4316 Medina Dr		
City	State	Zip Code
Norwalk, IA		50211

CONTRACT PERIOD (MM/DD/YR)	TOTAL ANTICIPATED COMPENSATION FOR PERFORMANCE
From 12/1/2006	\$ 250.00
To 12/31/2006	

DATE EXPENDED (MM/DD/YR)	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE	AMOUNT EXPENDED
			\$

ESTIMATES OF PERFORMANCE

SUB-TOTAL	\$
TOTAL (If last page of this schedule)	\$