

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

DISCLOSURE SUMMARY PAGE

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

IMPORTANT: Indicate by # type of committee you are reporting for: 4
 (1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party
 (4) County Central Committee (5) County Candidate (6) State Candidate (7) School Board or Other
 Political Subdivision Candidate (8) County PAC (9) State PAC (10) School Board or Other Political
 Subdivision PAC (11) Local Ballot Issue

CANDIDATE COMMITTEES ONLY:
 Candidate Name: Tom Hockensmith
 Political Party (if applicable): Democrat
 Office Sought: Polk County Supervisor
 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, Ste. 1A
 Des Moines, Iowa 50319
 Fax: 515-281-3701

FILED
 JAN 10 2007
 1.6.07

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.

Wm. Kay Lewis SIGNATURE OF PERSON FILING REPORT 515 281 1804 TELEPHONE 1/6/07 DATE SIGNED

I AM FILING A 10/15/06 - 12/31/06 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
11/07/2006
 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.)	\$ 42,393.32
ADD TOTAL MONEY TAKEN IN THIS PERIOD	
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)	7,827.28
Schedule F: Loans Received total (Attach Schedule F)	0.00
Schedule H: Total Sales of Campaign Property (Attach Schedule H)	0.00
(Schedule H applies to Candidates' Committees Only)	
SUB-TOTAL	\$ 50,220.60
SUBTRACT TOTAL MONEY SPENT THIS PERIOD	
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)	27,461.34
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)	\$ 22,759.26
**UNPAID BILLS (From Schedule D - Attach Schedule D)	\$ 0.00
**IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)	\$ 329.83
**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

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

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

Hockensmith for Supervisor

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

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
10/17/2006	ID# CK#	Jon Woods 204 3rd Street NE Mitchellville, IA 50169		\$50.00	<input type="checkbox"/>
10/17/2006	ID# CK# 2363	All American PAC 607 14th Street NW Suite 800 Washington, DC 20005		250.00	<input type="checkbox"/>
10/17/2006	ID# CK# 1327	Laborers Local 177 PAC 2121 Delaware Des Moines, IA 50317		250.00	<input type="checkbox"/>
10/17/2006	ID# 6113 CK# 3220	AFSCME Council 71 PEOPLE 4320 NW 2nd Avenue Des Moines, IA 50313		5000.00	<input type="checkbox"/>
10/17/2006	ID# CK# 1016	United Staff Union of Iowa PAC 4320 NW 2nd Avenue Des Moines, IA 50313		250.00	<input type="checkbox"/>
10/24/2006	ID# CK#	Leo Spalding 5045 Copper Creek Drive Pleasant Hill, IA 50327-7062		50.00	<input checked="" type="checkbox"/>
10/24/2006	ID# CK#	Donald Coates 5967 Maple Tree Circle Johnston, IA 50131		50.00	<input checked="" type="checkbox"/>
10/24/2006	ID# CK#	Angela Stark 5035 Copper Creek Drive Pleasant Hill, IA 50327		25.00	<input checked="" type="checkbox"/>
10/24/2006	ID# CK#	Paulette Franklin 211 10th Ave NW Altoona, IA 50009		25.00	<input checked="" type="checkbox"/>
10/24/2006	ID# CK#	Timothy Hummel 1550 Crenshaw Court Pleasant Hill, IA 50327		25.00	<input checked="" type="checkbox"/>
SUB-TOTAL				\$ 5975.00	
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 (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)
Hockensmith for Supervisor

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10/24/2006	ID# CK#	Gary Palmer 7070 NE 64th Altoona, IA 50009		\$100.00	<input checked="" type="checkbox"/>
10/24/2006	ID# CK#	Susan Ugolini 6475 NE 80th Street Bondurant, IA 50035		100.00	<input checked="" type="checkbox"/>
10/24/2006	ID# CK#	Skip Conkling PO Box 308 Altoona, IA 50009		200.00	<input checked="" type="checkbox"/>
10/24/2006	ID# CK#	Michael Mc Manus 517 7th St NW Altoona, IA 50009		50.00	<input checked="" type="checkbox"/>
10/24/2006	ID# CK#	Dr. Dale Vande Haar 1427 Germania Drive Des Moines, IA 50311-2628		50.00	<input checked="" type="checkbox"/>
10/24/2006	ID# CK#	unitemized contributions		160.00	<input checked="" type="checkbox"/>
10/30/2006	ID# CK#	Iowa Democratic Party 5661 Fleur Drive Des Moines, IA 50321		250.00	<input type="checkbox"/>
11/02/2006	ID# CK#	Deborah Babb 1660 Copper Creek Court Pleasant Hill, IA 50327		100.00	<input type="checkbox"/>
11/02/2006	ID# CK#	Leslie Norman 2725 John Patterson Rd Des Moines, IA 50317		100.00	<input type="checkbox"/>
11/02/2006	ID# CK#	Margaret B. Swanson 2808 E 16th Street Apt 18 Des Moines, IA 50316		100.00	<input type="checkbox"/>
SUB-TOTAL				\$ 1210.00	
TOTAL (if last page of this schedule)				\$	

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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)
Hockensmith for Supervisor

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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
11/03/2006	ID# CK#	Jeda Blanchard 19 Lindsay Ct SW Altoona, IA 50009		\$50.00	<input checked="" type="checkbox"/>
11/03/2006	ID# CK#	John Fatino 1605 Searight Drive Des Moines, IA 50327		25.00	<input type="checkbox"/>
11/09/2006	ID# 6375 CK# 1065	Civil Servants Political Education League 2121 Delaware Des Moines, IA 50317		500.00	<input type="checkbox"/>
11/09/2006	ID# CK#	unitemized contributions		67.28	<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				\$ 642.28	
TOTAL (if last page of this schedule)				\$ 7827.28	

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FOR INSTRUCTIONS, SEE BACK OF FORM



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

COMMITTEE NAME (Must be same as on Statement of Organization)
Hockensmith 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
10/18/2006	ID# CK#	Stephanie Bjornson 601 Orchard Hills Drive #1005 Norwalk, IA 50211	reimbursement for parade candy and refreshments for campaign meeting	\$ 169.80
10/24/2006	ID# CK#	Mid American Energy PO Box 820 Davenport, IA 52808-8020	utilities 9/20/06-10/19/06	110.89
10/26/2006	ID# CK#	AFSCME Iowa Council 61 4320 NE 2nd Ave Des Moines, IA 50313	campaign staff salary 10/1/06-11/15/06	3270.00
10/29/2006	ID# CK#	Link Strategies 300 Walnut #5 Des Moines, IA 50309	consulting fee Oct/Nov 06 \$2000.00 photographer \$235.85, mailing 4833 @\$0.86 \$4156.3	
	ID# CK#		mailing 13915 @\$0.76 \$10575.40	16967.63
10/31/2006	ID# CK#	Carter Printing 1739 E Grand Des Moines, IA 50316	campaign cards for lit drop	824.68
10/31/2006	ID# CK#	Boswell for Congress PO Box 6220 Des Moines, IA 50309	return of donation	<250.00>
10/31/2006	ID# CK#	Community State Bank 1301 E Euclid Des Moines, IA 50306	service charge on acct	.08
SUB-TOTAL				\$ 21093.08
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



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)
 Hockensmith 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
10/31/2006	ID# CK#	Community State Bank 1301 E Euclid Des Moines, IA 50316	interest earned	\$ <11.53>
11/01/2006	ID# CK#	Wells Print & Digital Services PO Box 1744 Madison, WI 53701-1744	Website & E-mail hosting 8/1/06-1/31/07	240.00
11/01/2006	ID# CK#	Link Strategies 300 Walnut #5 Des Moines, IA 50309	mailing 5278 @ \$0.86	4359.08
11/02/2006	ID# CK#	Holly Sager 4018 E 24th Ct Des Moines, IA 50317	reimbursement for food and paper goods for volunteers	107.30
11/02/2006	ID# CK#	Dahls 3400 E 33rd Steet Des Moines, IA 50317	postage/stamps	15.60
11/02/2006	ID# CK#	The Union Shop PO Box 9867 Baltimore, MD 21286-9867	check printing	16.90
11/06/2006	ID# CK#	Holly Sager 4018 E 24th Ct Des Moines, IA 50317	reimbursement for food for volunteers	66.54
11/09/2006	ID# CK#	Qwest PO Box 91154 Seattle, WA 98111-9254	phone & internet service 10/28/06 - 11/27/06	97.60
SUB-TOTAL				\$ 5071.49
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



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 type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)
Hockensmith 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
11/09/2006	ID# CK#	Sleepy Hollow Sports Park 4051 Dean Ave Des Moines, IA 50317	food refreshements set up/clean up fee	\$ 812.15
11/11/2006	ID# CK#	Capitol City Mini Storage III 2222 Guthrie Ave Des Moines, IA 50317	deposit on rental unit \$25.00 rent on storage unit 11/11/06-12/11/06 \$38.16	63.16
11/25/2006	ID# CK#	Mid American Energy PO Box 8020 Davenport, IA 52808-8020	utilites 10/19/06 - 11/14/06	184.62
11/30/2006	ID# CK#	Community State Bank 1301 E Euclid Des Moines, IA 50316	service charge	.03
11/30/2006	ID# CK#	Community State Bank 1301 E Euclid Des Moines, IA 50316	interest earned	<6.31>
12/04/2006	ID# CK#	Capitol City Mini Storage III 2222 Guthrie Ave Des Moines, IA 50317	rent on storage unit 12/11/06- 1/11/07	38.16
12/06/2006	ID# CK#	Iowa Democratic Party 5661 Fleur Drive Des Moines, IA 50321	lost check #1262 van access	<250.00>
12/06/2006	ID# CK#	Iowa Democrtatic Party 5661 Fleur Drive Des Moines, IA 50321	replace lost check #1262 van access	250.00
SUB-TOTAL				\$ 1091.81
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)
Hockensmith 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
12/06/2006	ID# CK#	Joyce Hockensmith 3502 E 43rd Court Des Moines, IA 50317	postage and labels for Christmas card mailing	\$ 150.14
12/13/2006	ID# CK#	Qwest PO Box 91154 Seattle, WA 98111-9254	refund on deposit plus interest refund on service	<240.62>
12/14/2006	ID# CK#	Ruhl&Ruhl/Grayslake Eastwood LLC 1901 Avenue of the Stars Los Angeles, CA 90067	lost check #1240	<2400.00>
12/14/2006	ID# CK#	Grayslake Eastwood LLC 1901 Avenue of the Stars Los Angeles, CA 90067	replacement of lost ch#1240 campaign office rental	2400.00
12/28/2006	ID# CK#	Carter Printing 1739 E Grand Avenue Des Moines, IA 50316	Christmas cards/envelopes	533.18
12/29/2006	ID# CK#	Farm Bureau 5400 University W Des Moines, IA 50266	refund on liability insurance for campaign office	<271.00>
12/29/2006	ID# CK#	Community State Bank 1301 E Euclid Des Moines, IA 50316	interest earned	<4.90>
12/31/2006	ID# CK#	Capitol City Mini Storage III 2222 Guthrie Avenue Des Moines, IA 50317	rental on storage unit 1/11/07-2/11/07	38.16
SUB-TOTAL				\$ 204.96
TOTAL (if last page of this schedule)				\$ 27461.34

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 E (Rev. 06/97)	IN-KIND CONTRIBUTIONS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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

Reset 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
10/24/2006	Stanley Glawe 5061 Copper Creek Drive Pleasant Hill, IA 50327		fund raising luncheon Clay's Restaurant	\$ 164.91	<input checked="" type="checkbox"/>
10/24/2006	Brian Chittenden 516 3rd Ave NW Atftoona, IA 50009		fund raising luncheon Clay's Restaurant	164.92	<input checked="" 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				\$ 329.83	
TOTAL (if last page of this schedule)				\$ 329.83	

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