

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 _____	

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

Iowa Competitive Telecommunications Coalition

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

(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) _____

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 _____ TELEPHONE _____ DATE SIGNED _____

I AM FILING A _____ REPORT FOR (1) ELECTION (2) NON-ELECTION YEAR.
 (report date) Indicate by #

CHECK IF AMENDMENT TO REPORT DATED 2/20/2006

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 <u>11/07/2005</u>
County & Local Committees, enter County in which Election is held

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)	_____
Schedule F: Loans Received total (Attach Schedule F)	_____
Schedule H: Total Sales of Campaign Property (Attach Schedule H)	_____
<u>(Schedule H applies to Candidates' Committees Only)</u>	
SUB-TOTAL	\$ _____
SUBTRACT TOTAL MONEY SPENT THIS PERIOD	
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)	_____
Schedule F: Loan Repayments total (Attach Schedule F)	_____
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)	\$ _____
**IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)	\$ 25,201.20 <u>25,563.24</u>
**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)	\$ _____
CONSULTANT BREAKDOWN (Schedule G Attached?)	<input checked="" type="checkbox"/> YES <input 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.

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

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Iowa Competitive Telecommunications Coalition



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
11/2/2005	State Public Policy Group 200 - 10th St, 5th Floor Des Moines, IA 50309		Meeting Room Donation	\$ 20.00	<input type="checkbox"/>
11/28/2005	State Public Policy Group		Copies	20.60	<input type="checkbox"/>
11/30/2005	State Public Policy Group		Long Distance Calls	10.66	<input type="checkbox"/>
10-11/2005	State Public Policy Group		Website Usage	150.00	<input type="checkbox"/>
12/31/2005	Qwest 925 High Street Des Moines, IA 50309		Consultant Fees	25,000.00	<input type="checkbox"/>
11-2-2005	SPPG		Travel, Lodging, Meals	362.03	<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
SUB-TOTAL				\$	
TOTAL (if last page of this schedule)				\$	
				25,201.26	
				25,563.29	

*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.



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)

Iowa Competitive Telecommunications Coalition

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 State Public Policy Group		
Mailing Address 200 - 10th St, 5th Floor		
City Des Moines, IA	State IA	Zip Code 50309

CONTRACT PERIOD (MM/DD/YR) From <u>October 2005</u> To <u>December 2005</u>	TOTAL ANTICIPATED COMPENSATION FOR PERFORMANCE \$ <u>25,000.00</u>
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ESTIMATES OF PERFORMANCE

DATE EXPENDED (MM/DD/YR)	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE	AMOUNT EXPENDED
10/25 & 11/2	Carter Printing 1739 E. Grand Ave. Des Moines, IA 50316	Signs	2,083.31 2,083.31 typo
11/02/2005	MOVE TO SCHEDULE E	Travel/Lodging/ Meals	352.05
11/6/2005	Mark Lambert 1104 Phillips Street Polk City, IA 50226	Payment of Issue Spokesperson	2,000.00

SUB-TOTAL	\$
TOTAL (if last page of this schedule)	\$ <u>4,445.34</u>

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(For Schedule G)

4,083.31