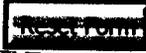


**DISCLOSURE SUMMARY PAGE RECEIVED**



**COMMITTEE NAME** (Must be same as on Statement of Organization)  
URBANDALE COMMUNITY CENTER COMMITTEE

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: N/A Political Party (if applicable): N/A  
 Office Sought: N/A District (if Senate or House): N/A

**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<sup>th</sup>, Ste. 1A  
 Des Moines, Iowa 50319  
 Fax: 515-281-3701

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.

Paul A. Peck 515-270-2773 2/12/07  
 SIGNATURE OF PERSON FILING REPORT TELEPHONE DATE SIGNED

I AM FILING A 2/12/07 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  
2/20/07  
 County & Local Committees, enter County in which Election is held  
POLK COUNTY

**STATEMENT OF CASH ON HAND**

<b>CASH ON HAND</b> at the beginning of the reporting period. (Total of all funds held by the committee. This amount <b>MUST</b> 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.)	\$	<u>0</u>
<b>ADD TOTAL MONEY TAKEN IN THIS PERIOD</b>		
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)		<u>\$2,700.00</u>
Schedule F: Loans Received total (Attach Schedule F)		<u>0</u>
Schedule H: Total Sales of Campaign Property (Attach Schedule H)		<u>0</u>
<b>(Schedule H applies to Candidates' Committees Only)</b>		
<b>SUB-TOTAL</b>	\$	<u>2,700.00</u>
<b>SUBTRACT TOTAL MONEY SPENT THIS PERIOD</b>		
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)		<u>644.49</u>
Schedule F: Loan Repayments total (Attach Schedule F)		<u>0</u>
<b>CASH ON HAND</b> at the end of this reporting period (if final report balance must be zero) (Attach DR-3)	\$	<u>2,055.51</u>
<b>**UNPAID BILLS</b> (From Schedule D - Attach Schedule D)	\$	<u>0</u>
<b>**IN KIND CONTRIBUTIONS</b> (From Schedule E - Attach Schedule E)	\$	<u>194.77</u>
<b>**OUTSTANDING LOANS</b> (From Schedule F - Attach Schedule F)	\$	<u>0</u>
<b>CONSULTANT BREAKDOWN</b> (Schedule G Attached?)	YES	NO <u>N/A</u>
<b>CANDIDATE COMMITTEES ONLY:</b>		
<b>VALUE OF CAMPAIGN PROPERTY</b> (From Schedule H - Attach Schedule H)	\$	<u>N/A</u>
<b>STATE COMMITTEES:</b> Submit a reconciled campaign account bank statement in January of each year.		

For Instructions, See Back of Form



SCHEDULE <b>A</b> (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)

URBANDALE COMMUNITY CENTER 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
12/19/06	ID# CK#	BRUCE BEANRAD 4708 83RD ST. URBANDALE, IA. 50322	N/A	\$50.00	<input type="checkbox"/>
12/19/06	ID# CK#	CHARLES GOODMAN	N/A	\$100.00	<input type="checkbox"/>
12/21/06	ID# CK#	ERIC MULLER 4128 124TH ST URBANDALE, IA. 50322	N/A	\$100.00	<input type="checkbox"/>
12/28/06	ID# CK#	MATT CARVER 4505 77TH ST. URBANDALE, IA. 50322	N/A	\$50.00	<input type="checkbox"/>
12/28/06	ID# CK#	MARY POUSSON 6840 MILL POND DRIVE URBANDALE, IA. 50322	N/A	\$835.00	<input type="checkbox"/>
12/28/06	ID# CK#	TIM CARVER 9906 HAMMONTAGE DR. URBANDALE, IA. 50322	N/A	\$25.00	<input type="checkbox"/>
12/28/06	ID# CK#	JOHN FORBES 12816 CASINOY-LANE URBANDALE, IA. 50323	N/A	\$50.00	<input type="checkbox"/>
12/28/06	ID# CK#	MIKE SAOLEN 9927 HAMMONTAGE DR. URBANDALE, IA. 50322	N/A	\$25.00	<input type="checkbox"/>
12/29/06	ID# CK#	MIKE CARVER 4417 96TH ST. URBANDALE, IA. 50322	N/A	\$50.00	<input type="checkbox"/>
12/30/06	ID# CK#	KAY READINGER 4324 62ND ST. URBANDALE, IA. 50322	N/A	\$25.00	<input type="checkbox"/>
SUB-TOTAL				\$558.50	
TOTAL (if last page of this schedule)				\$ CONT	

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For Instructions, See Back of Form

Reset Form

SCHEDULE <b>A</b> (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)  
*URBANDALE COMMUNITY CENTER 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.

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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
12/31/06	ID# CK#	STEVIE SCHUMER 4305 MARY LYNN DR. URBANDALE, IA. 50322	N/A	\$ 50 <sup>00</sup>	<input type="checkbox"/>
1/2/07	ID# CK#	KENNY WOOD 4116 81 <sup>ST</sup> ST. URBANDALE, IA. 50322	N/A	\$ 25 <sup>00</sup>	<input type="checkbox"/>
1/2/07	ID# CK#	JUDY CULLING 9620 HANCOCK ST DR. URBANDALE, IA. 50322	N/A	\$ 50 <sup>00</sup>	<input type="checkbox"/>
1/3/07	ID# CK#	R.L. KULLMADSEN 3208 MARINE DR. URBANDALE, IA. 50322	N/A	\$ 100 <sup>00</sup>	<input type="checkbox"/>
1/11/07	ID# CK#	THE OAK DEVELOPMENT CO. 2170 GRAND AVE. WEST DES MOINES, IA. 50265	N/A	\$ 100 <sup>00</sup>	<input type="checkbox"/>
1/11/07	ID# CK#	DAVID KLINE 3618 148 <sup>TH</sup> ST. URBANDALE, IA. 50327	N/A	\$ 100 <sup>00</sup>	<input type="checkbox"/>
1/11/07	ID# CK#	ANNIE BREWER 3113 5 <sup>TH</sup> DR. URBANDALE, IA. 50322	N/A	\$ 25 <sup>00</sup>	<input type="checkbox"/>
1/11/07	ID# CK#	LARRY TABLOSKI 4207 75 <sup>TH</sup> ST. URBANDALE, IA. 50322	N/A	\$ 25 <sup>00</sup>	<input type="checkbox"/>
1/11/07	ID# CK#	ED FINEYEN 1220 VANCE DR. URBANDALE, IA. 50322	N/A	\$ 25 <sup>00</sup>	<input type="checkbox"/>
1/11/07	ID# CK#	ELIZABETH WILSON & ASSOC 7901 MARY DR. URBANDALE, IA. 50322	N/A	\$ 25 <sup>00</sup>	<input type="checkbox"/>
SUB-TOTAL				\$ 525 <sup>00</sup>	
TOTAL (if last page of this schedule)				\$ 525 <sup>00</sup>	

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For Instructions, See Back of Form

Reset Form

SCHEDULE <b>A</b> (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)  
URBANOIS COMMITTEE CENT 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.

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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
1/8/07	ID# CK#	MICHAEL COPPEY 4100 PATRICIA DR URBANOIS, IA. 50322	N/A	\$ 25.00	<input type="checkbox"/>
1/9/07	ID# CK#	JANICE MAYER 4417 71ST ST URBANOIS, IA. 50322	N/A	\$ 25.00	<input type="checkbox"/>
1/9/07	ID# CK#	SHELIA TURKOWSKI 4224 98TH ST. URBANOIS, IA 50322	N/A	\$ 100.00	<input type="checkbox"/>
1/10/07	ID# CK#	CYNTHIA MUNDON 3902 77TH ST. URBANOIS, IA. 50322	N/A	\$ 25.00	<input type="checkbox"/>
1/10/07	ID# CK#	JILL KENT 4502 95TH ST. URBANOIS, IA. 50322	N/A	\$ 50.00	<input type="checkbox"/>
1/11/07	ID# CK#	MARK RYNEARSON 4401 BROADWAY DR. URBANOIS, IA. 50322	N/A	\$ 25.00	<input type="checkbox"/>
1/11/07	ID# CK#	PAUL THIERING 4217 10TH DR. URBANOIS, IA. 50322	N/A	\$ 50.00	<input type="checkbox"/>
1/12/07	ID# CK#	DAN FIELD 12707 VANDER DR. URBANOIS, IA. 50322	N/A	\$ 25.00	<input type="checkbox"/>
1/13/07	ID# CK#	TED RUTHERFORD 8208 PARKVIEW DR. URBANOIS, IA. 50322	N/A	\$ 25.00	<input type="checkbox"/>
1/14/07	ID# CK#	ARLENE DAVIS 4708 83RD ST. URBANOIS, IA	N/A	\$ 50.00	<input type="checkbox"/>
5777 SUB-TOTAL				\$ 400.00	
TOTAL (if last page of this schedule)				\$ 400.00	

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For Instructions, See Back of Form

Reset Form

**CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

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

COMMITTEE NAME (Must be same as on Statement of Organization)  
URBANOVÉ COMMUNITY COUNCIL 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.

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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
1/14/07	ID# CK#	MARK L LAB 9104 TRINITY DR. URBANOVÉ IA 50322	N/A	\$ 50.00	<input type="checkbox"/>
1/15/07	ID# CK#	KARL FOSTER 4417 GREENBARK DR. URBANOVÉ, IA 50322	N/A	\$ 25.00	<input type="checkbox"/>
1/16/07	ID# CK#	LORE MARKSON 4208 MARA LANE DR. URBANOVÉ, IA 50322	N/A	\$ 50.00	<input type="checkbox"/>
1/17/07	ID# CK#	MARK COOPER 7025 PRINCE AVE. URBANOVÉ, IA 50322	N/A	\$ 100.00	<input type="checkbox"/>
1/18/07	ID# CK#	ROBERT DAVIS 7932 ROCKLAW DR. DES MOINES, IA 50322	N/A	\$ 100.00	<input type="checkbox"/>
1/18/07	ID# CK#	THERESA VEEZ 6708 ROBERTSON DR. URBANOVÉ IA 50322	N/A	\$ 25.00	<input type="checkbox"/>
1/19/07	ID# CK#	LIL WILSON 9600 QUAIL RIDGE URBANOVÉ IA 50322	N/A	\$ 50.00	<input type="checkbox"/>
1/19/07	ID# CK#	BOB ANDREW 4719 43RD ST. URBANOVÉ IA 50322	N/A	\$ 100.00	<input type="checkbox"/>
1/20/07	ID# CK#	LISA KITCHNER 4429 99TH ST. URBANOVÉ, IA 50322	N/A	\$ 100.00	<input type="checkbox"/>
1/23/07	ID# CK#	KEN AMELSON 12822 TUBERLINE URBANOVÉ, IA 50322	N/A	\$ 50.00	<input type="checkbox"/>
SUB-TOTAL				\$ 650.00	
TOTAL (if last page of this schedule)				\$ CONT.	

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For Instructions, See Back of Form

Reset Form

SCHEDULE <b>A</b> (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)  
*LINDA GARDNER COMMUNITY DEVELOPMENT 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.

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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
1/21/07	ID# CK#	JANICE WILSON 4424 77th PLACE LINDAVILLE, IA. 50322	N/A	\$ 200 <sup>00</sup>	<input type="checkbox"/>
1/21/07	ID# CK#	JANE SANDRIN MEISNER 1002 E LAUREL DR. LINDAVILLE, IA. 50322	N/A	\$ 25 <sup>00</sup>	<input type="checkbox"/>
1/23/07	ID# CK#	PAUL SANDSON 4203 62nd ST. #1 LINDAVILLE, IA 50322	N/A	\$ 150 <sup>00</sup>	<input type="checkbox"/>
1/24/07	ID# CK#	SCOTT REED 9348 TOWNSEN CIRCLE LINDAVILLE, IA. 50322	N/A	\$ 50 <sup>00</sup>	<input type="checkbox"/>
1/31/07	ID# CK#	MARK & DEBORA SANDON 4117 77th ST. LINDAVILLE, IA. 50322	N/A	\$ 25 <sup>00</sup>	<input type="checkbox"/>
1/31/07	ID# CK#	PAUL SAND 3201 90th ST. LINDAVILLE, IA. 50322	N/A	\$ 25 <sup>00</sup>	<input type="checkbox"/>
1/31/07	ID# CK#	JIM JENSEN 8308 TOWNSEN DR. LINDAVILLE, IA 50322	N/A	\$ 200 <sup>00</sup>	<input type="checkbox"/>
1/29/07	ID# CK#	RANDY WARDLAF 3011 HERRON CIR. LINDAVILLE, IA. 50322	N/A	\$ 250 <sup>00</sup>	<input type="checkbox"/>
1/26/07	ID# CK#	JEFFREY KRUNNITZ 3712 14th ST. LINDAVILLE, IA. 50322	N/A	\$ 100 <sup>00</sup>	<input type="checkbox"/>
1/25/07	ID# CK#	BECKY SANDSON 9490 WILSON DR. LINDAVILLE, IA 50322	N/A	\$ 200 <sup>00</sup>	<input type="checkbox"/>
SUB-TOTAL				\$ 1,045	
TOTAL (if last page of this schedule)				\$ 1,045	

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For Instructions, See Back of Form

Reset Form

SCHEDULE <b>A</b> (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)  
*UNION PAC COMMUNITY CENTRAL 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.

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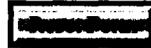
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DATE RECEIVED (MM/DD/YYR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
2/1/07	ID# CK#	JOAN IRVING 7912 Maple Av. URBANA, IA.	N/A	\$ 25 <sup>00</sup>	<input type="checkbox"/>
2/4/07	ID# CK#	STEN GARD 9108 Langford Av. URBANA, IA. 50522	N/A	\$ 25 <sup>00</sup>	<input type="checkbox"/>
2/1/07	ID# CK#	AN KUNCE 1501 42nd St. WEST DES MOINES, IA. 50265	N/A	\$ 30 <sup>00</sup>	<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 \$ 80<sup>00</sup>  
TOTAL (if last page of this schedule) \$ 2,700<sup>00</sup>

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FOR INSTRUCTIONS, SEE BACK OF FORM



**EXPENDITURES – MONEY SPENT FROM COMMITTEE ACCOUNT**

SCHEDULE <b>B</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)

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
12/28/06	ID# CK# 1501	MATT CARVEN 4505 77TH ST. WASHTON, IA. 50322	REIMBURSEMENT FOR STAMPS & ENVELOPES FOR MAILINGS	\$ 27.57
1/12/07	ID# CK# 1502	CUSTOM PREMIUM & MAILING 4701 121ST ST. WASHTON, IA. 50322	PAY FOR MARKETING BROCHURES	\$ 616.92
	ID# CK#			
SUB-TOTAL				\$ -
TOTAL (if last page of this schedule)				\$ 644.49

**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).)

