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DISCLOSURE SUMMARY PAGE

FORM DR-2 (Rev. 12/2005)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	-----
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File with: Iowa Ethics and Campaign Disclosure Board 510 E. 12 th , Ste. 1A Des Moines, Iowa 50319 Fax: 515-281-3701	

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 <u>N/A</u>	Political Party (if applicable) <u>N/A</u>
Office Sought <u>N/A</u>	District (if Senate or House) <u>N/A</u>

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 Paul A. Peck 515-281-2033 4/12/07
SIGNATURE OF PERSON FILING REPORT TELEPHONE DATE SIGNED

I AM FILING A 4/12/07 REPORT FOR (1) ELECTION ((2) NON-ELECTION YEAR.
(report date) Indicate by # 1

CHECK IF AMENDMENT TO REPORT DATED 2/12/07

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>2/2007</u>
County & Local Committees, enter County in which Election is held <u>Polk County</u>

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.)\$ _____

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below).....\$ 3,258⁵²

Schedule F: Loans Received total (Attach Schedule F).....\$ 0

Schedule H: Total Sales of Campaign Property (Attach Schedule H).....\$ 0

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL.....\$ 3,258⁵²

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below).....\$ 644⁴⁹

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).....\$ 2614⁰¹

**UNPAID BILLS (From Schedule D - Attach Schedule D).....\$ 0

**IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E).....\$ 194⁷³

**OUTSTANDING LOANS (From Schedule F - Attach Schedule F).....\$ 0

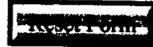
CONSULTANT BREAKDOWN (Schedule G Attached?) YES NO N/A

CANDIDATE COMMITTEES ONLY:

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H) \$ N/A

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)

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

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 BERNARD 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. 50323	N/A	\$ 100 ⁰⁰	<input type="checkbox"/>
12/28/06	ID# CK#	MATT CLARVER 4505 77TH ST. URBANDALE, IA. 50322	N/A	\$ 50 ⁰⁰	<input type="checkbox"/>
12/28/06	ID# CK#	MARY POWSON 6840 MILL POND DRIVE URBANDALE, IA. 50322	N/A	\$ 83 ⁵⁰	<input type="checkbox"/>
12/28/06	ID# CK#	TIM CLARVER 9906 HAMMONTAGE DR. URBANDALE, IA. 50322	N/A	\$ 25 ⁰⁰	<input type="checkbox"/>
12/28/06	ID# CK#	JOHN FORBES 12816 CAMDENY-LANE URBANDALE, IA. 50323	N/A	\$ 50 ⁰⁰	<input type="checkbox"/>
12/28/06	ID# CK#	MIKE SAOLEA 9927 HAMMONTAGE DR. URBANDALE, IA. 50322	N/A	\$ 25 ⁰⁰	<input type="checkbox"/>
12/29/06	ID# CK#	MIKE CLARVER 4417 96TH CT. 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	

* 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)
 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.

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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#	STEVE SCHUBERT 4305 MARY LANN DR. URBANDALE, IA. 50322	N/A	\$ 50 ⁰⁰	<input type="checkbox"/>
1/2/07	ID# CK#	KENNY WOOD 4116 8155 ST. URBANDALE, IA. 50322	N/A	\$ 25 ⁰⁰	<input type="checkbox"/>
1/2/07	ID# CK#	JOHN GULLING 9620 HANCOCK ST DR. URBANDALE, IA. 50322	N/A	\$ 50 ⁰⁰	<input type="checkbox"/>
1/3/07	ID# CK#	R.L. KULLMORGEN 3208 MARVINE DR. URBANDALE, IA. 50322	N/A	\$ 100 ⁰⁰	<input type="checkbox"/>
1/11/07	ID# CK#	THE OAK DEVELOPMENT CO. 2171 GRAND AVE. WEST DES MOINES, IA. 50325	N/A	\$ 100 ⁰⁰	<input type="checkbox"/>
1/11/07	ID# CK#	DAVID KLINE 3018 1485 ST. URBANDALE, IA. 50327	N/A	\$ 100 ⁰⁰	<input type="checkbox"/>
1/11/07	ID# CK#	ANNIE APPELBY 3413 57th AV. URBANDALE, IA. 50322	N/A	\$ 25 ⁰⁰	<input type="checkbox"/>
1/11/07	ID# CK#	LARRY TABLONSKI 4204 75th ST. URBANDALE, IA. 50322	N/A	\$ 25 ⁰⁰	<input type="checkbox"/>
1/11/07	ID# CK#	ED FINNERTY 1220 VAMER DR. URBANDALE, IA. 50322	N/A	\$ 25 ⁰⁰	<input type="checkbox"/>
1/11/07	ID# CK#	ELIZABETH WELLS & ASSOC 7901 MAJUE DR. URBANDALE, IA. 50322	N/A	\$ 25 ⁰⁰	<input type="checkbox"/>

SUB-TOTAL \$ 525⁰⁰
 TOTAL (if last page of this schedule) \$ 525⁰⁰

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For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN
(Including candidate's personal funds)

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

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

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.

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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
11/8/07	ID# CK#	MICHAEL COFFEY 4100 PATRICIA DR URBANOIS, IA 50322	N/A	\$ 25.00	<input type="checkbox"/>
11/9/07	ID# CK#	JANICE MOSEY 4417 71ST ST URBANOIS, IA 50322	N/A	\$ 25.00	<input type="checkbox"/>
11/9/07	ID# CK#	SHELIA JWRANSKI 4224 98TH ST. URBANOIS, IA 50322	N/A	\$ 100.00	<input type="checkbox"/>
11/10/07	ID# CK#	CYNTHIA MUMFORD 3902 77TH ST. URBANOIS, IA 50322	N/A	\$ 25.00	<input type="checkbox"/>
11/12/07	ID# CK#	JILL KENT 4502 95TH ST. URBANOIS, IA 50322	N/A	\$ 50.00	<input type="checkbox"/>
11/11/07	ID# CK#	MARK RYNEARSON 4901 BARKWOOD DR. URBANOIS, IA 50322	N/A	\$ 25.00	<input type="checkbox"/>
11/11/07	ID# CK#	Pam Thibeking 9217 104th Dr. URBANOIS, IA 50322	N/A	\$ 50.00	<input type="checkbox"/>
11/12/07	ID# CK#	DAN FIELD 12707 VANDER DR. URBANOIS, IA 50322	N/A	\$ 25.00	<input type="checkbox"/>
11/13/07	ID# CK#	TED RUMBERSON 8208 PARKVIEW DR. URBANOIS, IA 50322	N/A	\$ 25.00	<input type="checkbox"/>
11/14/07	ID# CK#	AGLENE D&L 4708 83RD ST. URBANOIS, IA	N/A	\$ 50.00	<input type="checkbox"/>
5977 - 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 A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)
 URBANDALE COMMUNITY CEN. 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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1/14/07	ID# CK#	MARK ZLAB 9104 TRIPLEWAY DR. URBANDALE IA 50322	N/A	\$ 50 ⁰⁰	<input type="checkbox"/>
1/15/07	ID# CK#	KAREN FOSTER 4417 GREENBROOK DR. URBANDALE, IA 50322	N/A	\$ 25 ⁰⁰	<input type="checkbox"/>
1/16/07	ID# CK#	LORIE MCKIMON 4208 MARK LANE DR. URBANDALE, IA 50322	N/A	\$ 50 ⁰⁰	<input type="checkbox"/>
1/17/07	ID# CK#	MARK COOPER 3025 PRINCE AVE. URBANDALE, 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 VEEB 6708 ROBERTSON DR. URBANDALE IA 50322	N/A	\$ 25 ⁰⁰	<input type="checkbox"/>
1/19/07	ID# CK#	LIL WILLEM 9600 QUARTER ROAD URBANDALE IA 50322	N/A	\$ 50 ⁰⁰	<input type="checkbox"/>
1/19/07	ID# CK#	BOB AND EWE 4719 93RD ST. URBANDALE IA 50322	N/A	\$ 100 ⁰⁰	<input type="checkbox"/>
1/20/07	ID# CK#	LISA KITCHNER 4429 99TH ST. URBANDALE, IA 50322	N/A	\$ 100 ⁰⁰	<input type="checkbox"/>
1/23/07	ID# CK#	KEVIN ANDERSON 12822 TAMBURINE URBANDALE, IA 50323	N/A	\$ 50 ⁰⁰	<input type="checkbox"/>
SUB-TOTAL				\$ 650 ⁰⁰	
TOTAL (if last page of this schedule)				\$ 650 ⁰⁰	

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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)
LINGANMAE 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/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#	JAMIE WILSON 4424 77th PLACE LINGANMAE, IA. 50322	N/A	\$ 20.00	<input type="checkbox"/>
1/21/07	ID# CK#	JANE SANDRIN MEISNER 1007 WAVER DR. LINGANMAE, IA 50322	N/A	\$ 25.00	<input type="checkbox"/>
1/25/07	ID# CK#	RAEEL JANKSON 4203 GLEN ST. #1 LINGANMAE, IA 50322	N/A	\$ 150.00	<input type="checkbox"/>
1/26/07	ID# CK#	SCOTT REED 4348 TAMMEN CIR LINGANMAE, IA 50322	N/A	\$ 50.00	<input type="checkbox"/>
1/31/07	ID# CK#	MARK & DEBBIE SANDON 4117 77th St. LINGANMAE, IA. 50322	N/A	\$ 25.00	<input type="checkbox"/>
1/31/07	ID# CK#	PAUL SAAS 3201 77th St. LINGANMAE, IA. 50322	N/A	\$ 25.00	<input type="checkbox"/>
1/31/07	ID# CK#	JAMIE JENSEN 8308 TANNING DR. LINGANMAE, IA 50322	N/A	\$ 200.00	<input type="checkbox"/>
1/29/07	ID# CK#	RANSY WARD 804 HERRON CIR. LINGANMAE, IA. 50322	N/A	\$ 250.00	<input type="checkbox"/>
1/26/07	ID# CK#	JEFFREY KRUMHOLTZ 3712 14th St. LINGANMAE, IA. 50322	N/A	\$ 100.00	<input type="checkbox"/>
1/25/07	ID# CK#	BECKY KNUFFEN 9490 WILSON DR. LINGANMAE, IA 50322	N/A	\$ 200.00	<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 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)
UNION PAC 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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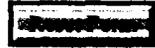
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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	IF FOR FUND-RAISER INCOME
2/1/07	ID# CK#	JOAN ZAVINIA 7912 MAPLE AV. MUSCATINE, IA.	N/A	\$ 25 ⁰⁰	<input type="checkbox"/>
2/4/07	ID# CK#	STEVE GARD 9108 TAMMUNDA DR. MUSCATINE, IA. 50522	N/A	\$ 25 ⁰⁰	<input type="checkbox"/>
2/4/07	ID# CK#	AL KUGLER 1501 42ND ST. WEST DES MOINES, IA. 50265	N/A	\$ 30 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 \$ 80⁰⁰
TOTAL (if last page of this schedule) \$ 3,258⁵⁰

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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)

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 4525 77 TH ST. WASHTON, IA. 52322	REIMBURSEMENT FOR STAMPS & ENVELOPES FOR MAILINGS.	\$ 2757
1/12/07	ID# CK# 1502	CUSTOM PRINTING & MAILING 4701 121 ST ST. WASHTON, IA. 52322	PAY FOR MARKETING BROCHURES	\$ 616.92
	ID# CK#			
SUB-TOTAL				\$ -
TOTAL (if last page of this schedule)				\$ 644.92

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

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

URBANSVILLE COMMUNITY CENTER 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
12/28/06	MARY OLSON 6845 Mill Pond Drive URBANSVILLE, IA 50322	N/A	Mailing List of Registered Voters	\$ 1650	<input type="checkbox"/>
1/4/07	Paul Fick 4750 803 rd. URBANSVILLE, IA 50322	N/A	2 rolls of sign	\$ 7800	<input type="checkbox"/>
11/10/06	James Binans 4709 517th Road URBANSVILLE, IA 50322	N/A	Printer Labels for Donating Sign	\$ 3677	<input type="checkbox"/>
2/5/07	Rachael Jackson 4203 62nd St. #1 URBANSVILLE, IA 50322	N/A	9x15 Fax display of center	\$ 6356	<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 \$ /

TOTAL (if last page of this schedule) \$ 19479

*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.