

Reset Form

DISCLOSURE SUMMARY PAGE

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 th , Ste. 1A Des Moines, Iowa 50319 Fax: 515-281-3701	

COMMITTEE NAME (Must be same as on Statement of Organization)
Jami Larson 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 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: Jami Larson Political Party (if applicable): n/a
 Office Sought: Ames City Council District (if Senate or House): n/a

**IOWA ETHICS & CAMPAIGN
DISCLOSURE BOARD**
 JAN 18 2007
 PM 1:17:07
 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.

Ann M. Martin (515) 231-0178 1/18/07
 SIGNATURE OF PERSON FILING REPORT TELEPHONE DATE SIGNED

I AM FILING A JANUARY 19th DISCLOSURE REPORT 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
11/7/06

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

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.)	\$ <u>2857.57</u>
ADD TOTAL MONEY TAKEN IN THIS PERIOD	
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)	\$ <u>1715.00</u>
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	\$ <u>4572.57</u>
SUBTRACT TOTAL MONEY SPENT THIS PERIOD	
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)	\$ <u>4047.39</u>
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)	\$ <u>525.18</u>
**UNPAID BILLS (From Schedule D - Attach Schedule D)	\$ <u>0</u>
*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)	\$ <u>68.44</u>
**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)	\$ <u>0</u>
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

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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)
Jami Larson 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
<i>various</i>	ID# CK#	<i>Refer to Attachment A1</i>		<i>\$ 1,715</i>	<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

\$ 1,715
\$ 1,715

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.

Contributions received from 10/31/06 thru January 19, 2006

FUNDRAISER

Date	Name		Amount	Address			
11/06/2006	Halfhill	Nick	\$50.00	524 SW SouthLawn Drive	Ankeny 50023	Iowa	n
11/06/2006	Hunt	Ryan	\$50.00	2604 44th Street	Des Moines 50310	Iowa	n
11/06/2006	Spencer	William	\$50.00	8875 Golf Circle	West Des Moines 50206	Iowa	n
11/06/2006	Stephan	Steve	\$100.00	PO Box 2371	Ames 50010	Iowa	n
11/06/2006	Kuta	Kurt	\$100.00	2173 NW 136th Street	Clive 50325	Iowa	n
11/06/2006	Tiernan	Dennis	\$100.00	1903 SW Tanglwood Ct	Ankeny 50023	Iowa	n
11/06/2006	Johnson	Dick	\$100.00	3315 Ridgetop Circle	Ames 50014	Iowa	n
11/06/2006	Bocken	Jim	\$100.00	2620 Williams Drive	Fort Dodge 50501	Iowa	n
11/06/2006	Koger	Steve	\$100.00	7211 Bantry Court	Ames 50010	Iowa	n
11/06/2006	Pyle	Doug	\$150.00	PO Box 723	Ames 50010	Iowa	n
11/06/2006	Fedeler	Bill	\$250.00	1125 Kinyon Circle	Ames 50010	Iowa	n
11/06/2006	Fedeler	Monica	\$250.00	1125 Kinyon Circle	Ames 50010	Iowa	n
11/07/2006	Crickon	James	\$100.00	4709 Clemens Road	Ames 50010	Iowa	n
11/07/2006	Parrish	Monte	\$50.00	1511 Stone Brooke Road	Ames 50010	Iowa	n
11/07/2006	Gray	Sherri	\$40.00	5614 Thunder Road	Ames 50010	Iowa	n
11/15/2006	Dockstade	Maureen	\$50.00	3307 Bayberry Circle	Ams 50014	Iowa	n
11/01/2006	Parks	John	\$50.00	933 Princess Doreeen Drive	Lexington 40509	KY	A
Unitemized Contributions less than \$			\$25.00				

\$1,715.00

FOR INSTRUCTIONS, SEE BACK OF FORM

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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)
Jami Larson 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
09/09/06 - 10/10/06	ID# CK# 1009	HEUSE PRINTING 903 N. 3RD STREET AMES, IA 50010	Printing, invitations, thank-yous, promotional items (voter reminders)	\$ 1,247.28
10/17/06	ID# CK# 1012	Sign Pro 614 S. 4E AMES, IA 50010	Signage	290.51
10/27/06	ID# CK# 1014	KASE 1651 N. DAKOTA AVENUE AMES, IA 50010	RADIO ADVERTISEMENT	690.00
09/19/06	ID# CK# 1015	SIGLER COMPANIES 413 NORTHWILSON P.O. BOX 587 AMES, IA 50010	signs, brochures	363.80
11/03/06	ID# CK# 1016	IOWA NEWSPAPERS, INC. 317 SE STREET AMES, IA 50010	ADVERTISING	606.90
11/01/06	ID# CK# 1017	SIGLER COMPANIES 413 NORTHWILSON AMES, IA 50010	MARKETING AND design, misc materials	545.70
10/31/06	ID# CK# 1018	MTC SYSTEMS P.O. BOX 71002 DES MOINES, IA 50321	PROGRAMMING, PHONE, COMMUNICATION EXPENSE	196.62
11/06/06	ID# CK# 1019	FIRST NATIONAL BANK 401 SE ST. AMES, IA 50010	COMMUNICATION EXPENSE	45.00
SUB-TOTAL				\$ 3,985.81
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

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EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

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

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COMMITTEE NAME (Must be same as on Statement of Organization)
Jami Larson 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
11/06/06	ID# CK# 1020	Friedrich Le Tourne Apt 6, 1st St SW	communication expense	\$ 60.00
11/1/06	ID# CK#	pay age expense	transaction fee	1.58
	ID# CK#			
SUB-TOTAL				\$ 60.58
TOTAL (if last page of this schedule)				\$ 4,047.39

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)
Jami Larson for City Council

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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
<i>11/6/2006</i>	<i>JAMI LARSON 3324 RIDGEBTOP ROAD ANNIS, IA 50014</i>	<i>SELF</i>	<i>PIZZA FOR VOLUNTEERS</i>	<i>\$ 68.44</i>	<input 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"/>
					<input type="checkbox"/>
SUB-TOTAL				\$	
				<i>68.44</i>	
TOTAL (if last page of this schedule)				\$	

*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.