

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)
Gonnerman Election Committee

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 Daniel J. Gonnerman Political Party (if applicable) Republican
 Office Sought Story County Attorney 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] 1515) 268-5601 1-18-2007
 SIGNATURE OF PERSON FILING REPORT TELEPHONE DATE SIGNED

I AM FILING A January 19, 2007 **IA ETHICS & CAMPAIGN DISCLOSURE REPORT FOR A** ELECTION / (2) NON-ELECTION YEAR.
 (report date) **JAN 23 2007** 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 _____
 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.)	\$	<u>4.25</u>
ADD TOTAL MONEY TAKEN IN THIS PERIOD		
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below).....		<u>5410.00</u>
Schedule F: Loans Received total (Attach Schedule F).....		<u>13,346.25</u>
Schedule H: Total Sales of Campaign Property (Attach Schedule H)		<u>0</u>
(Schedule H applies to Candidates' Committees Only)		
SUB-TOTAL	\$	<u>18,760.50</u>
SUBTRACT TOTAL MONEY SPENT THIS PERIOD		
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below).....		<u>13,667.25</u>
Schedule F: Loan Repayments total (Attach Schedule F).....		<u>13,346.25</u>
CASH ON HAND at the end of this reporting period (if final report balance must be zero) (Attach DR-3).....	\$	<u>0</u>
**UNPAID BILLS (From Schedule D - Attach Schedule D)	\$	<u>0</u>
**IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)	\$	<u>13,875.79</u>
**OUTSTANDING LOANS (From Schedule F - Attach Schedule F).....	\$	<u>0</u>
CONSULTANT BREAKDOWN (Schedule G Attached?)	YES <input checked="" type="checkbox"/> NO	
CANDIDATE COMMITTEES ONLY:		
VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)	\$	<u>0</u>
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)
Gonnerman Election 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
11/2/06	ID# CK# CASH	Unitemized Contributions		\$ 100.00	<input checked="" type="checkbox"/>
11/2/06	ID# CK# CASH	Chris Cooklin 526 Main St. Ames, IA 50010		\$ 200.00	<input checked="" type="checkbox"/>
11/1/06	ID# CK# 1267	Stephen P. Gonnerman 124 2A 120th St. Breda, IA 51436	Brother	\$ 150.00	<input checked="" type="checkbox"/>
11/2/06	ID# CK# 2758	David Klatt 1602 Woodhaven Circle Ames, IA 50010		\$ 50.00	<input checked="" type="checkbox"/>
11/4/06	ID# CK# 9390	Janet Lark 607 W. Locust Ogden, IA 50212		\$ 25.00	<input checked="" type="checkbox"/>
11/4/06	ID# CK# 7266	Mildred Steinkamp 501 W 7th St. Wau Lake, IA 51466	Mother-in-law	\$ 100.00	<input type="checkbox"/>
11/2/06	ID# CK# 6193	Dr. Billy Deyoe 6627A 220th St. Nevada, IA 50201		\$ 25.00	<input checked="" type="checkbox"/>
10/30/06	ID# CK# 7654	Steven C. Stonehacker 113 E. Veterans Dr. Ogden, IA 50212		\$ 25.00	<input checked="" type="checkbox"/>
11/2/06	ID# CK# 7150	Mary Mosiman 3727 Pleasant View Rd Ames, IA 50014		\$ 50.00	<input checked="" type="checkbox"/>
11/2/06	ID# CK# 3067	Jill Renaud 806 Ashwood Dr Hoxley, IA 50124		\$ 50.00	<input checked="" type="checkbox"/>
SUB-TOTAL				\$ 775	
TOTAL (if last page of this schedule)				\$	

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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)

Gonnerman Election 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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11/2/06	ID# CK# 8700	Joanne J. Tedesco 4602 Stone Brooke Rd Ames, IA 50016		\$ 25.00	<input checked="" type="checkbox"/>
11/2/06	ID# CK# 9978	Lori Mc Casland 51166 - 320th St. P.O. Box 208 Stacker, IA 50244		\$ 50.00	<input checked="" type="checkbox"/>
11/2/06	ID# CK# 1354	Jean Stout 2111 Greenbriar Circle Ames, IA 50014		\$ 25.00	<input checked="" type="checkbox"/>
11/2/06	ID# CK# 1429	Norm Luken 301 Oak Blvd Huxley, IA 50124		\$ 50.00	<input checked="" type="checkbox"/>
11/2/06	ID# CK# 2962	Denise Seeman 202 Campus Dr Huxley, IA 50124		\$ 100.00	<input checked="" type="checkbox"/>
11/2/06	ID# CK# 2137	Shawn Smith 4144 Eisenhower Ln 7 Ames, IA 50016		\$ 200.00	<input checked="" type="checkbox"/>
11/2/06	ID# CK# 5617	Audrey Bond 3128 Kingman Rd Ames, IA 50016		\$ 25.00	<input checked="" type="checkbox"/>
11/02/06	ID# CK# 2025	Sarah Gonnerman 618 Burnett Ames, IA 50010	SISTER	\$ 100.00	<input checked="" type="checkbox"/>
11/2/06	ID# CK# 3261	Jesse Macro, Jr. 405 6th Ave Ste 205 Des Moines, IA 50309		\$ 150.00	<input checked="" type="checkbox"/>
11/2/06	ID# CK# 1140	Shannon M. Hurd 109 OAK BLD Apt 204 Huxley, IA 50124		\$ 35.00	<input checked="" type="checkbox"/>
SUB-TOTAL				\$ 760	
TOTAL (if last page of this schedule)				\$	

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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)
Gonnerman Election Committee

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11/5/06	ID# CK# 16664	Marilyn Stenberg 1907 Polk Drive Ames, IA 50016		\$ 50.00	<input checked="" type="checkbox"/>
11/6/06	ID# CK# 3856	Dorothy Scott 2101 Kellogg Ave Ames, IA 50010		\$ 20.00	<input checked="" type="checkbox"/>
11/1/06	ID# CK# 5954	Linda Livingston 3108 Roxboro Dr Ames, IA 50010		\$ 50.00	<input checked="" type="checkbox"/>
11/3/06	ID# CK# 3965	William J. Bunke 57113 - 250th St. Ames, IA 50016		\$ 25.00	<input checked="" type="checkbox"/>
11/2/06	ID# CK# 5467	Diane Mueller 12431 Beech Dr. Moravia, IA 52571		\$ 100.00	<input type="checkbox"/>
11/2/06	ID# CK# 3423	Joann Meusburger P.O. Box 272 Maxwell, IA 50161		\$ 25.00	<input checked="" type="checkbox"/>
11/2/06	ID# CK# 8224	Kenneth Brooks 10346 580th Ave Story City, IA 50248		\$ 150.00	<input checked="" type="checkbox"/>
11/2/06	ID# CK# 1342	Chris Bass 106 Pritchlight Dr. Huxley, IA 50124		\$ 50.00	<input checked="" type="checkbox"/>
10/31/06	ID# CK# 5623	Kent Hoff 924 Douglas Ames, IA 50010		\$ 100.00	<input checked="" type="checkbox"/>
11/2/06	ID# CK# 638	Jeanne Heidenreich 419 S. Lincoln Box 477 Odebolt, IA 51458		\$ 50.00	<input checked="" type="checkbox"/>

SUB-TOTAL
\$ 620
TOTAL (if last page of this schedule)
\$

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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)
GONNERMAN Election Committee

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11/6/06	ID# CK# 1284	Nancy Gonnerman 2402 Melrose Ames, IA 50010	Mother	\$ 500.00	<input type="checkbox"/>
11/1/06	ID# CK# CASH	Chuck Gonnerman 2402 Melrose Ames, IA 50010	Father	\$ 500.00	<input type="checkbox"/>
10/27/06	ID# CK# 2291	Rodney Copple 4938 Hemmingway Dr. Ames, IA 50014		\$ 250.00	<input type="checkbox"/>
10/24/06	ID# CK# 2501	Courtney Spellman 14061 Willow Dr. Clive, IA 50325		\$ 75.00	<input type="checkbox"/>
10/25/06	ID# CK# 1140	Marcia M. Anderson 3206 Kingman Rd. Ames, IA 50014		\$ 100.00	<input type="checkbox"/>
11/2/06	ID# CK# 2777	Mark Baker 307 Oak Blvd Huxley, IA 50124		\$ 50.00	<input checked="" type="checkbox"/>
11/4/06	ID# CK# 2006	Jerry Handsaker 510 Arthur Dr. PO Box 592 Roland, IA 50236		\$ 75.00	<input type="checkbox"/>
10/18/06	ID# CK# 5357	Paula Toms 740 - 14th Street Pl Nevada, IA 50201		\$ 50.00	<input type="checkbox"/>
11/1/06	ID# CK# 9610	Muriel Lounsberry 6489B - 160th St. McCallsburg, IA 50154		\$ 25.00	<input checked="" type="checkbox"/>
11/1/06	ID# CK# 10245	Donald Juhl 616 J Ave. PO Box 25 Nevada, IA 50201		\$ 250.00	<input checked="" type="checkbox"/>

SUB-TOTAL

\$ 1875
\$

TOTAL (if last page of this schedule)

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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)
Gonnerman Election Committee

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11/2/06	ID# CK# 8174	Violetta Hall 1421 Coolidge Dr Ames, IA 50010		\$ 50.00	<input checked="" type="checkbox"/>
11/5/06	ID# CK# 6251	Bill See 62650 - 270th St. Nevada, IA 50201		\$ 100.00	<input type="checkbox"/>
11/7/06	ID# CK# 2000	Mark See 1538 S 11th St. Nevada, IA 50201		\$ 200.00	<input type="checkbox"/>
11/7/06	ID# CK# 1011	Chris Keenan 707 Crystal street Ames Iowa 50010		\$ 50.00	<input type="checkbox"/>
11/14/06	ID# CK# 6969	Sherrri Gray 5614 Thunder Road Ames Iowa 50014		150.00	<input type="checkbox"/>
11/7/06	ID# CK#	Iris Jenney 2613 Duff Ave Ames Iowa 50010		30.00	<input checked="" type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

\$ **580.00**
\$

TOTAL (if last page of this schedule)

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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)
Gonneman Election Committee

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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
10/19/06	ID# CK# 966	Story County Republican Central Committee PO Box 1709 Ames, IA 50010		\$ 750.00 750.00	<input type="checkbox"/>
10/18/06	ID# CK# 1015	HBA Build PAC 623 Dayton Ave Ames, IA 50010		\$ 50.00	<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"/>

SUB-TOTAL

\$ 800.⁰⁰
\$ 5410

TOTAL (if last page of this schedule)

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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)
 Gonnerman Election Committee

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
11/04/06	ID# CK# 543	Alpha Copies 2310 Lincoln Way Ames, IA 50014	Brochures	\$ 321.00
10/23/06	ID# CK# Electronic	Ames Tribune 317 5th Street Ames IA 50010	Newspaper Advertising	2,031.75
10/26/06	ID# CK# Electronic	Ames Tribune 317 5th Street Ames IA 50010	Newspaper Advertising	5,314.50
11/01/06	ID# CK# Electronic	Ames Tribune 317 5th Street Ames IA 50010	Newspaper Advertising Print Insert	6,000.00
	ID# CK#			

SUB-TOTAL \$
TOTAL (if last page of this schedule) \$13,667.25

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).)

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)
Gonnerman Election Committee

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
10/22/06	Dan Gonnerman 813 S. Carroll Slater IA 50244	self	Advertising Story City Herald	\$ 258.75	<input type="checkbox"/>
10/29/06	Dan Gonnerman	self	Advertising Story City Herald	370.88	<input type="checkbox"/>
11/2/06	Dan Gonnerman	self	Sam's Club Food / Beverage for Fundraiser	168.27	<input checked="" type="checkbox"/>
10/25/06	Dan Gonnerman	self	postage for invitations	48.75	<input checked="" type="checkbox"/>
10/3/06	Dan Gonnerman	self	Ames Tribune Advertising	4385.23	<input type="checkbox"/>
11/2/06	Adria Stonehocker 1001 W. Mamie Eisenhower Boone IA 50036		Food for Fundraiser	\$20.00	<input checked="" type="checkbox"/>
11/2/06	Chris Keenan 707 Crystal Street Ames Iowa 50010		Food for fundraiser	\$15.00	<input checked="" type="checkbox"/>
11/2/06	Sherri Gray 5614 Thunder Road Ames Iowa 50014		Food for Fundraiser	\$30.00	<input checked="" type="checkbox"/>
12/18/06	Dan Gonnerman	self	Interest on Loan	\$ 136.13	<input type="checkbox"/>
12/18/06	Dan Gonnerman	self	Repayment of Loan	\$ 8253.00	<input type="checkbox"/>
SUB-TOTAL				\$ 13,686.01	
TOTAL (if last page of this schedule)				\$	

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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)
Gonnerman Election Committee

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
10/19/06	Dan Gonnerman	self	Alpha Copies Printing	\$ 102.51	<input type="checkbox"/>
10/27/06	Dan Gonnerman	self	Alpha Copies Printing	57.10	<input type="checkbox"/>
11/4/06	Dan Gonnerman	self	Alpha Copies Printing	30.17	<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 \$ 189.78
 TOTAL (if last page of this schedule) \$ 13,875.79

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SCHEDULE F (Rev. 07/03)	LOANS RECEIVED & REPAID
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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

NOTE: This schedule reports money loaned to the committee which is deposited in the committee account.

TOTAL UNPAID LOANS FROM LAST REPORTING PERIOD \$ 0

PART I - MONETARY LOANS RECEIVED THIS REPORTING PERIOD
(Original source of loan, such as a bank, must be shown if a third party is involved. Include loans from candidate's personal funds.)

PART II - MONETARY LOAN REPAYMENTS MADE THIS REPORTING PERIOD
(Loans forgiven must be reported on Schedule E -- In-kind Contributions.)

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE (If Applicable*)	AMOUNT OF LOAN
10/23/06	Greater Iowa Credit Union 801 Lincoln Way Ames IA 50010	self	\$ 2031.75
10/26/06	Greater Iowa Credit Union 801 Lincoln Way Ames IA 50010	self	534.50
11/01/06	Greater Iowa Credit Union 801 Lincoln Way Ames IA 50010	self	6,000.00

DATE PAID (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE* (If Applicable)	AMOUNT REPAID
12/18/06	Greater Iowa credit Union 801 Lincoln Way Ames IA 50010	self	\$ 5093.25
12/18/06	Greater Iowa Credit Union 801 Lincolnway Ames IA 50010	self	8253

TOTAL (PART I) \$ 13,346.25

TOTAL CASH REPAYMENTS (PART II) \$ 5093.25
 From Schedule E -- TOTAL LOANS FORGIVEN \$ 8253
 TOTAL OUTSTANDING LOANS END OF REPORT PERIOD \$ 0

*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 when it applies.