

Reset Form

DISCLOSURE SUMMARY PAGE

FORM DR-2 (Rev. 12/2005)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	1231
Logged In	
Scanned	
Computer	
Audited	5-18-07
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)

George Eichhorn for Iowa House

IMPORTANT: Indicate by # type of committee you are reporting for: 1
 (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: George S. Eichhorn Political Party (if applicable): Republican
 Office Sought: IA House of Representatives District (if Senate or House): 9

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: Kathale Eichhorn TELEPHONE: (515) 838-2277 DATE SIGNED: 5-11-07

I AM FILING A MAY 17 2007 REPORT FOR (1) ELECTION //(2) NON-ELECTION YEAR.
 (report date) Indicate by # 1

CHECK IF AMENDMENT TO REPORT DATED July 19, 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

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.)	\$	6644.94
ADD TOTAL MONEY TAKEN IN THIS PERIOD		
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)		3095.00
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	\$	9739.94
SUBTRACT TOTAL MONEY SPENT THIS PERIOD		
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)		2615.35
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)	\$	7124.59
**UNPAID BILLS (From Schedule D - Attach Schedule D) <u>(amended)</u>	\$	155.74
*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)	\$	1425.78
**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)	\$	
CONSULTANT BREAKDOWN (Schedule G Attached?)		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
CANDIDATE COMMITTEES ONLY:		
VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)	\$	0
STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.		

FOR INSTRUCTIONS, SEE BACK OF FORM

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DISCLOSURE SUMMARY PAGE

COMMITTEE NAME (Must be same as on Statement of Organization)
George Eichhorn for Iowa House

IMPORTANT: Indicate by # type of committee you are reporting for: 1
 (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: George S Eichhorn Political Party (if applicable): Republican
 Office Sought: IA House of Representatives District (if Senate or House): 9

FORM DR-2 (Rev. 12/2005)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	<u>1231</u>
Logged In	<u>SW</u>
Scanned	<u>WRS</u>
Computer	<u>WRS</u>
Audited	<u>4-12-07</u>
File with: Iowa Ethics and Campaign Disclosure Board 510 E. 12 th , 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.

Racheale Eichhorn
SIGNATURE OF PERSON FILING REPORT

(515) 838-2277
TELEPHONE

7-19-2006
DATE SIGNED

I AM FILING A July 19 2006 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.)

See amended report

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>6644.94</u>
ADD TOTAL MONEY TAKEN IN THIS PERIOD		
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)		<u>3095.00</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>
(Schedule H applies to Candidates' Committees Only)		
SUB-TOTAL	\$	<u>9739.94</u>
SUBTRACT TOTAL MONEY SPENT THIS PERIOD		
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)		<u>2615.35</u>
Schedule F: Loan Repayments total (Attach Schedule F)		<u>0</u>
CASH ON HAND at the end of this reporting period (if final report balance must be zero) (Attach DR-3)	\$	<u>7124.59</u>
**UNPAID BILLS (From Schedule D - Attach Schedule D)	\$	<u>3470</u>
**IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)	\$	<u>1425.78</u>
**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)	\$	<u>0</u>
CONSULTANT BREAKDOWN (Schedule G Attached?)		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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

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)

George Eichhorn for Iowa House

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/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
05/27/06	ID# CK#	Alan Woeters 1006 Park Gowrie, IA 50543		\$ 25 ⁰⁰	<input type="checkbox"/>
06/14/06	ID# CK#	Steven Ackerson 1634 NW 131st St Cive, IA 50325		100 ⁰⁰	<input type="checkbox"/>
06/14/06	ID# CK#	Angie Halverson 1710 Jonathan Dr. Ft Dodge, IA 50501		25 ⁰⁰	<input type="checkbox"/>
06/14/06	ID# 6059 CK# 2771	IA Comm. of Automotive Retailers 1111 Office Park Rd West Des Moines, IA 50265		150 ⁰⁰	<input type="checkbox"/>
06/14/06	ID# CK#	Dorothy Hayes 216 Bicentennial Webster City, IA 50595		10 ⁰⁰	<input type="checkbox"/>
06/14/06	ID# 6067 CK# 3450	IA Health PAC 6750 Westown Parkway #100 West Des Moines, IA 50266		250 ⁰⁰	<input type="checkbox"/>
06/14/06	ID# 6058 CK# 2793	IA Chiropractic Society PAC 1605 N. Ankeny Blvd, #100 Ankeny, IA 50021		100 ⁰⁰	<input type="checkbox"/>
06/14/06	ID# 60498 CK# 1432	Well Pac 636 Grand Avenue, Station 13 Des Moines, IA 50309		250 ⁰⁰	<input type="checkbox"/>
06/14/06	ID# CK#	Brice Oakley 418 - 38th Pl. Des Moines, IA 50312		100 ⁰⁰	<input type="checkbox"/>
06/14/06	ID# 6034 CK# 1517	Engineers PAC 1000 Walnut St. Suite 102 Des Moines, IA 50309		150 ⁰⁰	<input type="checkbox"/>
SUB-TOTAL				\$ 1160 ⁰⁰	
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.

For Instructions, See Back of Form

Reset

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)

George Eichhorn For Iowa House

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
06/14/06	ID# CK#	Mary Wegner 3939 Welker Ave Des Moines, IA 50312		\$ 25 ⁰⁰	<input type="checkbox"/>
06/14/06	ID# CK#	Harlan Hockenbery 801 Grand Ave, suite 3500 Des Moines, IA 50309		50 ⁰⁰	<input type="checkbox"/>
06/14/06	ID# 6096 CK# 1919	Manufactured Housing PAC 1400 Dean Ave Des Moines, IA 50316		500 ⁰⁰	<input type="checkbox"/>
06/14/06	ID# 6070 CK# 3287	Iowa Law Pac 521 East Locust St. Des Moines, IA 50309		1000 ⁰⁰	<input type="checkbox"/>
06/14/06	ID# 6077 CK# 1829	Iowa Pharmacy PAC 8515 Douglas, Suite 16 Des Moines, IA 50322		150 ⁰⁰	<input type="checkbox"/>
07/03/06	ID# 6430 CK# 1390	Iowa Rural Water State PAC 4221 S. 22nd Ave. E. Newton, IA 50208		50 ⁰⁰	<input type="checkbox"/>
07/12/06	ID# CK# 6237 1831	ABATE PAC 601 Highland Acres Rd Marshalltown, IA 50158		150 ⁰⁰	<input type="checkbox"/>
06/14/06	ID# CK#	Miscellaneous cash contributed at Des Moines Fundraiser		10 ⁰⁰	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
SUB-TOTAL				\$1935 ⁰⁰	
TOTAL (if last page of this schedule)				\$3095 ⁰⁰	

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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)
George Eichhorn For Iowa House

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
05/24/06	ID# CK# 592	George Eichhorn PO Box 140 Stratford, IA 50249	Office rent, equipment rent for campaign office	\$ 300 ⁰⁰
06/05/06	ID# CK# 593	Postmaster Des Moines, IA	stamps - 3 rolls	\$ 117 ⁰⁰
06/05/06	ID# CK# 594	Stratford Courier PO Box 169 Stratford, IA 50249	newspaper subscription	\$ 40 ⁰⁰
06/05/06	ID# CK# 595	Wright County Jr. Fair PO Box 125 Eagle Grove, IA 50533	advertising	\$ 100 ⁰⁰
06/05/06	ID# CK# 596	Alliant Energy PO Box 770 04 Madison, WI 53707	utilities at campaign office	\$ 8 ⁹⁵
06/09/06	ID# CK# 597	George Eichhorn PO Box 140 Stratford, IA 50249	office rent, equipment rent for campaign office	\$ 300 ⁰⁰
06/09/06	ID# CK# —	US Bank PO Box 1800 St Paul Minnesota 55101	Bank Service Charge	\$ 7 ⁹⁵
06/09/06	ID# CK# 598	Sam's 305 Airport Rd Ames, IA 50010	Parade Candy	\$ 56 ⁶²
SUB-TOTAL				\$ 930 ⁵²
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).)

Reset Form

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

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.

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

COMMITTEE NAME (Must be same as on Statement of Organization)
 George Eichhorn For Iowa House

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
06/16/06	ID# CK# 599	Paper Moon 901 Bank St. Webster City, IA 50595	Campaign Tshirts	\$ 128 ⁴⁰
07/02/06	ID# CK# 600	Staples 1333 Buckeye Rd Ames, IA 50010	Printer cartridge	\$ 89 ⁸⁷
07/03/06	ID# CK# unnumbered	George S Eichhorn PO Box 140 Stratford, IA 50595	* Reimbursement for May-July mileage 3239 miles @ 45¢/mile	\$1457 ⁵⁵
07/08/06	ID# CK# -	US Bank PO Box 1800 St Paul Minnesota 55101	Bank Service Charge	\$ 9 ⁰⁰
	ID# CK#			
SUB-TOTAL				\$ 1684.83
TOTAL (if last page of this schedule)				\$ 2615.35

* Mileage rate 44.5. \$16.19
 over pay on mileage used for
 in-kind - See Sch E.

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)
 George Eichhorn For Iowa House

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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
05/24/06	George Eichhorn PO Box 140 Stratford, IA 50249	Candidate	rent abatement office, equipment	\$ 300 ⁰⁰	<input type="checkbox"/>
06/09/06	George Eichhorn PO Box 140 Stratford, IA 50249	Candidate	rent abatement office, equipment	300 ⁰⁰	<input type="checkbox"/>
07/01/06	George Eichhorn PO Box 140 Stratford, IA 50249	Candidate	rent abatement office, equipment	600 ⁰⁰	<input type="checkbox"/>
07/10/06	George Eichhorn PO Box 140 Stratford, IA 50249	Candidate	Phone Hook-up & monthly charge	225 ⁷⁸	<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

Reduced by \$16.19 - See page 2 of Schedule B

SUB-TOTAL \$ 1425⁷⁸
 TOTAL (if last page of this schedule) \$ 1425⁷⁸

*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.