

Reset Form

DISCLOSURE SUMMARY PAGE

FORM DR-2 (Rev. 12/2005)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	1629
Logged to	JW 2
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)
Friends of Tim Morgan

IMPORTANT: Indicate by # type of committee you are reporting for: 1
(1) Statewide/Legislative/Judge Standing for Election Candidate (2) State PAC (3) State Party
(4) County Central Committee (5) County Candidate (6) School Board or Other
Political Subdivision Candidate (8) County PAC (9) School Board or Other Political
Subdivision PAC (11) Local Ballot Issue

CANDIDATE COMMITTEES ONLY:
Candidate Name Tim Morgan Political Party (if applicable) Republican
Office Sought Iowa Senate District (if Senate or House) 21

IOWA ETHICS AND CAMPAIGN
 DISCLOSURE BOARD
 FILED
 JUL 18 2006
 MD

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 Timothy S. Morgan TELEPHONE 641-792-0461 DATE SIGNED 7-17-06

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.)

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>4139.21</u>
ADD TOTAL MONEY TAKEN IN THIS PERIOD		
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)	\$	<u>12,947.00</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>
<u>(Schedule H applies to Candidates' Committees Only)</u>		
SUB-TOTAL	\$	<u>17,086.21</u>
SUBTRACT TOTAL MONEY SPENT THIS PERIOD		
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)	\$	<u>5967.41</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>11,118.80</u>
**UNPAID BILLS (From Schedule D - Attach Schedule D)	\$	<u>745.16</u>
**IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)	\$	<u>238.00</u>
**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)	\$	<u>0</u>
CONSULTANT BREAKDOWN (Schedule G Attached?)	YES <input checked="" type="checkbox"/> NO <input 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)
Friends of Tim MORGAN

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.

CAUTION: Section 68B.32A(6), Iowa Code, 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
5-16-06	ID# CK#	SUSANNE Von SEGERM 304 W 14th St. NEWTON IA 50208		\$ 50 ⁰⁰	<input type="checkbox"/>
5-26-06	ID# 6155 CK# 064432	TAXPAYERS UNITED P.O. Box 209 MUSCATINE IA 52761-0069		5000 ⁰⁰	<input type="checkbox"/>
5-24-06	ID# 9161 CK#	Republican Party of IA 621 E 9th Des Moines, IA 50309		5000 ⁰⁰	<input type="checkbox"/>
5-12-06	ID# CK#	SCOTT PLINE 516 N 3rd E NEWTON IA 50208		25 ⁰⁰	<input type="checkbox"/>
6-4-06	ID# CK#	Judy WITTENBERG 2101 W 21st St. NEWTON IA 50208		100 ⁰⁰	<input type="checkbox"/>
5-16-06	ID# CK#	NINA ROBSON 1126 W 9th St. NEWTON IA 50208		52 ⁰⁰	<input type="checkbox"/>
5-16-06	ID# CK#	Betty Jean Hotchkiss 500 1st Ave. apt 220 NEWTON IA 50208		25 ⁰⁰	<input type="checkbox"/>
6-7-06	ID# CK#	Donald R. THOMPSON 2324 N 6th Ave E. Newtown IA 50208		50 ⁰⁰	<input type="checkbox"/>
6-16-06	ID# CK#	MARK LIZIEMAN 284 Luana Rd. Postville IA 52162		100 ⁰⁰	<input type="checkbox"/>
7-14-06	ID# CK#	Mel A. Jeff 1109 E 15th St. NEWTON IA 50208		40 ⁰⁰	<input type="checkbox"/>
SUB-TOTAL				\$10,442.00	
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.

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Reset Form

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
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(Including candidate's personal funds)

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

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5-17-06	ID# CK#	Vernon & Gloria Terkum 10497 S. 68th Ave E 54114 IA 50251		\$ 10 ⁰⁰	<input checked="" type="checkbox"/>
5-17-06	ID# CK#	Cheryl Saptor 305 5 th Ave 54114 IA 50251		25 ⁰⁰	<input checked="" type="checkbox"/>
5-20-06	ID# CK#	Brett D. & Sandy DeJong 501 12 th Ave 54114 IA 50251		25 ⁰⁰	<input checked="" type="checkbox"/>
5-20-06	ID# CK#	Lynn & Denise Sheets 505 9 th Ave 54114 IA 50251		25 ⁰⁰	<input checked="" type="checkbox"/>
5-20-06	ID# CK#	Gary & Dorothy Van Bendalen 12180 E. 142 nd St. Lynnville, IA 50153		25 ⁰⁰	<input checked="" type="checkbox"/>
5-9-06	ID# CK#	Sharon Renaud P.O. Box 222 54114 IA 50251		25 ⁰⁰	<input checked="" type="checkbox"/>
5-16-06	ID# CK#	Diane Birchard 2088 218 th N Newton, IA 50208		25 ⁰⁰	<input checked="" type="checkbox"/>
5-16-06	ID# CK#	Judson & Pamela Vos 10840 E. 132 nd St. 54114 IA 50251		50 ⁰⁰	<input checked="" type="checkbox"/>
5-16-06	ID# CK#	ILLA GUTHRIE 3776 N. 19 th Ave E NEWTON IA 50208		20 ⁰⁰	<input checked="" type="checkbox"/>
5-16-06	ID# CK#	James R MANNISON Box 335 54114 IA 50251		50 ⁰⁰	<input checked="" type="checkbox"/>
SUB-TOTAL				\$280 ⁰⁰	<input checked="" type="checkbox"/>
TOTAL (if last page of this schedule)				\$	

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For Instructions, See Back of Form

Receipt 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)
Friends of Tim MORGAN

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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
6-29-06	ID# CK#	Frances Caldwell 500 1st St Newtown, PA 18940		\$250 ⁰⁰	<input type="checkbox"/>
6-19-06	ID# CK#	ARTHUR & SHANNE Rolader 2213 Forest Creek Dr Mansfield, TX 76063	Sister	200 ⁰⁰	<input type="checkbox"/>
7-3-06	ID# 9730 CK#	Progress for Iowa PAC PO Box 898 Des Moines, IA 50302		1000 ⁰⁰	<input type="checkbox"/>
7-7-06	ID# 9705 CK# 2230	The Commonwealth PAC, IA 45 School St. 2nd Floor Boston, MA 02108		1000 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"/>

SUB-TOTAL

2225 2225⁰⁰
\$12947⁰⁰

TOTAL (if last page of this schedule)

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FOR INSTRUCTIONS, SEE BACK OF FORM

Reset 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)
Friends of Tim Morgan

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
5/15/06	ID# CK# 1028	OP Printing 2610 Park Ave. Muscatine, IA 52761	Printing of fundraising letter + inserts	\$484.27
5/15/06	ID# CK# 1029	OP Printing 2610 Park Avenue Muscatine, IA 52761	Post Cards	428.00
5/25/06	ID# CK# 1030	Newton Manufacturing Co. PO Box 927 Newton, IA 50208	Shipping Yard Signs	142.95
6/2/06	ID# CK# 1031	Newton Manufacturing Co. PO Box 927 Newton, IA 50208	Popcorn bags for parades	672.90
6/2/06	ID# CK# 1032	Newton Manufacturing Co. PO Box 927 Newton, IA 50208	Magnetic car signs for parade vehicle	197.90
6/5/06	ID# CK# 1033	Newton Manufacturing Co. PO Box 927 Newton, IA 50208	Shipping for magnets	34.29
6/8/06	ID# CK# 1034	Iowa Taxpayers Assoc. 431 E. Locust St. Suite 300 Des Moines, IA 50309	Registration fee for seminar	40.00
6/12/06	ID# CK# 1035	Sign A Rama 3368 100 Street Urbandale, IA 50322	Banners for Parade vehicle	179.08
SUB-TOTAL				\$ 2179.39
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

Recast 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)
Friends of Tim Morgan

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
6/14/06	ID# CK# 1036	Wal-Mart Newton, IA 50208	Tracphones + 120 mins for parade directors	\$ 52.53
6/14/06	ID# CK# 1037	Newton Manufacturing Co. PO Box 927 Newton, IA 50208	Bus. Card Magnets	650.00
6/17/06	ID# CK# 1038	Lowe's 3610 8th St. SW. Altoona, IA 50009	Latex for Parade signs	8.08
6/16/06	ID# CK# 1039	Newton MPO Newton, IA 50208	Shipping T-shirts to Parade marchers	16.90
6/18/06	ID# CK# [REDACTED]	1st Newton National Bank 100 N 2nd Ave. W. Newton, IA 50208	Service charge for deposited check returned for endorsement	5.00
6/22/06	ID# CK# 1041	Herald-Index Altoona, IA	Ad for Ice Cream Social	415.00
6/22/06	ID# CK# 1042	Adventureland Inn PO Box 3355 Des Moines, IA 50316	Food + rental fees for Ice Cream Social	745.98
6/23/06	ID# CK# 1043	News Printing Co. PO Box 967 Newton, IA 50208	Ad for Ice Cream Social	480.70
SUB-TOTAL				\$ 2374.19
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

Reset 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)
Friends of Tim Morgan

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
6/29/06	ID# CK# 1044	Carlton Hayward 109 Thomas Jefferson Dr. Newton, IA 50208	Flags for Parade Vehicles	\$ 10.00
6/30/06	ID# CK# 1045	Forbes Quick Print 117 W. 2nd St. N. Newton, IA 50208	Photo copies of sign up sheets	17.49
6/30/06	ID# CK# 1046	M&W Unlimited 1209 N. 4th Ave. W. Newton, IA 50208	T Shirts for Parade Marchers	765.00
6/30/06	ID# CK# 1047	M&W Unlimited 1209 N. 4th Ave. W. Newton, IA 50208	T Shirts for Parade Marchers	269.95
7/10/06	ID# CK# 1048	Forbes Quick Print 117 W. 2nd St. N. Newton, IA 50208	Photo copies of Door knocking maps	5.48
7/11/06	ID# CK# 1049	Adventureland Inn PO Box 3355 Des Moines, IA 50316	Ice Tea for Ice Cream Social	157.75
7/11/06	ID# CK# 1050	Staples 3500 8th St. SW. Altoona, IA 50009	clip boards + legal pads for door knocking	18.16
7/11/06	ID# CK# 1051	Lowe's 3610 8th St. SW Altoona, IA 50009	Aprons for door knocking	18.89
SUB-TOTAL				\$ 1262.72
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

Receipt 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)
Friends of Tim Morgan

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
7-13-06	ID# CK# 1052	Newton Manufacturing Co. P.O. Box 927 Newton, IA 50208	Shipping of popcorn bags for parades	\$ 130.51
6-6-06	ID# CK#	1st Newton National Bank P.O. Box 489 Newton, IA 50208	check printing	20.60
	ID# CK#			

SUB-TOTAL \$ 151.11
TOTAL (if last page of this schedule) \$ 596.41

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 D (Rev. 08/98)	INCURRED INDEBTEDNESS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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

NOTE: Debts previously reported that remain unpaid must be included on this Schedule, as well as any new obligations incurred in this period.



An "incurred debt" is a debt for goods or services ordered or received, but not paid for by the end of the reporting period., regardless of whether an invoice has been received.

**DEBTS/OBLIGATIONS REMAINING THIS REPORTING PERIOD
(DO NOT INCLUDE LOANS – SHOW LOANS ON SCHEDULE F)**

DATE INCURRED (MM/DD/YR)	NAME AND ADDRESS OF PERSON TO WHOM DEBT OR OBLIGATION IS OWED	DESCRIPTION OF GOODS OR SERVICES PROVIDED OR PURCHASED	BALANCE OWED AT CLOSE OF REPORTING PERIOD*
6-22-06	<i>Newton Manufacturing Co. 1123 15th Ave. E. Newton, IA 50208</i>	<i>Magnetic Car signs</i>	\$ <i>246.87</i>
6-29-06	<i>Newton Manufacturing Co. 1123 15th Ave. E. Newton, IA 50208</i>	<i>Bus Card Magnets Shipping + tax</i>	<i>98.29</i>

SUB-TOTAL \$ *345.16*

TOTAL DEBTS OWED BY COMMITTEE AT THE END OF THIS REPORTING PERIOD \$ *345.16*

*If actual figure is unknown, show "estimated" beside the figure.

CANDIDATE COMMITTEES NOTE:
 *Incurred indebtedness also includes each person/entity with whom the candidate's committee has entered into a contract during the reporting period for future or continuing performance. Enter the name of the consultant who provides or procures services for items such as advertising, fund-raising, polling, managing, or organizing services. Report on Schedule G the nature of performance and the estimated performance reasonably expected of the consultant.

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)
Friends of Tim Morgan



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
5-16-06	<i>Cheryl Septer 305 5th Ave. Sully, IA. 50251</i>		<i>Food for House Party</i>	\$ 112.00	<input checked="" type="checkbox"/>
5-16-06	<i>Verna Hackert 13848 Hwy F-62 E Lynnville, IA 50153</i>		<i>Food for House Party</i>	126.00	<input checked="" 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"/>
					<input type="checkbox"/>

SUB-TOTAL \$ 238.00

TOTAL (if last page of this schedule) \$ 238.00

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