

Reset Form

DISCLOSURE SUMMARY PAGE

FORM DR-2 (Rev. 12/2005)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	1653
Logged In	SW Q
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)

WILL REGER FOR IOWA HR99

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 Candidate (9) School Board or Other Political Subdivision PAC (11) Local Ballot Issue

CANDIDATE COMMITTEES ONLY:

Candidate Name: WILL REGER Political Party (if applicable): DEMOCRAT

Office Sought: IOWA HOUSE OF REPRESENTATIVES 99 District (if Senate or House): 99

FILED JUL 18 2006 PM 7:15

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: Gary S. [Signature] TELEPHONE: 712-322-2712 DATE SIGNED: 7-15-06

I AM FILING A July 14, 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>3,236.54</u>
ADD TOTAL MONEY TAKEN IN THIS PERIOD		
Schedule A: Cash Contributions total (Attach Schedule A) (**also see in-kind below).....		<u>1,295.00</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>4,531.54</u>
SUBTRACT TOTAL MONEY SPENT THIS PERIOD		
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below).....		<u>1,076.84</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>3,454.70</u>
**UNPAID BILLS (From Schedule D - Attach Schedule D)	\$	<u>- 0 -</u>
**IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)	\$	<u>64.82</u>
**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)	\$	<u>2,000.00</u>
CONSULTANT BREAKDOWN (Schedule G Attached?)		<u>YES</u> <input checked="" type="checkbox"/> <u>NO</u>
CANDIDATE COMMITTEES ONLY:		
VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)	\$	<u>0.00</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)
WILL REVER FOR IOWA HR 99

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
05/19/06	ID# CK#	JEANETTE M. ALDRIDGE 1128 TOWER RIDGE DR COUNCIL BLUFFS IA 51503		\$ 150.00	<input type="checkbox"/>
05/22/06	ID# CK#	VIRGINIA R. COODO 3424 IVY LANE NEWTON SQUARE IA 50703	SISTER	75.00	<input type="checkbox"/>
05/22/06	ID# CK#	BARRY L. LARSON 17119 HARVEY ST OMAHA NE 68118		100.00	<input type="checkbox"/>
✓ 06/09/06	ID# 8137 CK# 1365	IRONWORKERS LOCAL #2 LEGISLATIVE 14515 INDUSTRIAL RD OMAHA NE 68144		300.00	<input type="checkbox"/>
✓ 06/10/06	ID# 1653 CK# 2444	IOWA COMMITTEE ON POLITICAL EDUCATION AFL-CIO 2000 WALKER SUITE A DES MOINES IA 50317		150.00	<input type="checkbox"/>
06/20/06	ID# CK#	LINDA M. NELSON 231 MIDLAND DRIVE COUNCIL BLUFFS IA 51503		100.00	<input type="checkbox"/>
✓ 06/21/06	ID# CK# 253	IBEW LOCAL #22 8946 L STREET OMAHA NE 68127		250.00	<input type="checkbox"/>
✓ 06/24/06	ID# 6086 CK# 13480	IOWA STATE EDUCATION ASSOCIATION POLITICAL ACTION COMMITTEE 777 3RD STREET DES MOINES IA 50309		100.00	<input type="checkbox"/>
	ID# CK#	UNITEMIZED CONTRIBUTIONS		70.00	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

\$1,295.00

TOTAL (if last page of this schedule)

\$1,295.00

* 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

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)
WILL REGER FOR IOWA HR 99

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
04/26/06	ID# CK#	WIDONIST PRINTING 1309 NW RADIAL HWY OMAHA NE 68132	PRINTING SIGN	\$708.88
05/15/06	ID# CK#	THE DAILY NONPAREIL 535 W BROADWAY COUNCIL BLUFFS IA 51501	DAILY NONPAREIL NEWSPAPER SUBSCRIPTION	59.90
05/15/06	ID# CK#	WILL REGER 315 PARK AVE COUNCIL BLUFFS IA 51503	REIMBURSEMENT FOR PRECINCT MAP FROM FETTAWATTAMIE COUNTY AUDITOR	2.00
05/15/06	ID# CK#	WILL REGER 315 PARK AVE COUNCIL BLUFFS IA 51503	REIMBURSEMENT FOR PURCHASE OF NONPAREIL NEWSPAPER A WALGREENS	.50
05/15/06	ID# CK#	WILL REGER 315 PARK AVE COUNCIL BLUFFS IA 51503	REIMBURSEMENT FOR POSTAGE STAMPS	39.87
05/15/06	ID# CK#	WILL REGER 315 PARK AVE COUNCIL BLUFFS IA 51503	REIMBURSEMENT FOR BUSINESS CARDS AT COPY CAT #6	99.51
05/15/06	ID# CK#	WILL REGER 315 PARK AVE COUNCIL BLUFFS IA 51503	REIMBURSEMENT FOR ENVELOPS AT COPY CAT #6	5.99
05/15/06	ID# CK#	WILL REGER 315 PARK AVE COUNCIL BLUFFS IA 51503	REIMBURSEMENT FOR THANK YOU NOTE PRINTING AT COPY CAT #6	70.19
SUB-TOTAL				\$986.84
TOTAL (if last page of this schedule)				\$986.84

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

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)
Will Reller For HR 99

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
04/07/06	ID# CK#	THE DAILY NEWSPAPER 535 W BROADWAY COUNCIL BLIFFS IA 54503	THANK YOU ADD	\$90.00
	ID# CK#			
SUB-TOTAL				\$90.00
TOTAL (if last page of this schedule)				\$1,076.84

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

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

COMMITTEE NAME (Must be same as on Statement of Organization)
WILL REUSER FOR HR 99

NOTE: This schedule reports money loaned to the committee which is deposited in the committee account.
TOTAL UNPAID LOANS FROM LAST REPORTING PERIOD \$ 2,000.00

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.)

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, if Applicable)	RELATIONSHIP TO CANDIDATE (If Applicable*)	AMOUNT OF LOAN
			\$

TOTAL (PART I) \$ _____

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

DATE PAID (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, if Applicable)	RELATIONSHIP TO CANDIDATE* (If Applicable)	AMOUNT REPAYED
			\$

TOTAL CASH REPAYMENTS (PART II) \$ -0-
From Schedule E - TOTAL LOANS FORGIVEN \$ -0-
TOTAL OUTSTANDING LOANS END OF REPORT PERIOD \$ 2,000.00

*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.