

Reset Form

DISCLOSURE SUMMARY PAGE

FORM DR-2 (Rev. 12/2005)	DISCLOSURE REPORT
For Office Use Only	
Comm. # <u>1472</u>	
Logged In <u>SW</u>	
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)
SAMMLER for State Representative

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 Jim Sammler Political Party (if applicable) Democrat

Office Sought State Representative District (if Senate or House) HD 59

IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD
 JUL 17 2006
 FILED HD

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: Patricia Sammler TELEPHONE: 221-3485 DATE SIGNED: 07/14/06

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>1188.26</u>
ADD TOTAL MONEY TAKEN IN THIS PERIOD	
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below).....	<u>465.00</u>
Schedule F: Loans Received total (Attach Schedule F).....	_____
Schedule H: Total Sales of Campaign Property (Attach Schedule H)	_____
<u>(Schedule H applies to Candidates' Committees Only)</u>	
SUB-TOTAL.....	\$ <u>1653.26</u>
SUBTRACT TOTAL MONEY SPENT THIS PERIOD	
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below).....	<u>1202.67</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>450.59</u>
**UNPAID BILLS (From Schedule D - Attach Schedule D)	\$ _____
**IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)	\$ <u>147.08</u>
**OUTSTANDING LOANS (From Schedule F - Attach Schedule F).....	\$ _____
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

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN
(Including candidate's personal funds)

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

COMMITTEE NAME (Must be same as on Statement of Organization)
Sammler for State Representative

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
5/26/06	ID# CK#	Philly Sickles 4328 Woodland Av Des Moines IA 50312	N/A	\$ 50.00	<input type="checkbox"/>
5/26/06	ID# CK#	Joe Kirk, Jr. 3913 74th St Urbandale IA 50322	N/A	100-	<input type="checkbox"/>
5/26/06	ID# CK#	Stephanie Wright 4862 Timberline Dr. W. Des Moines IA 50265	N/A	100-	<input type="checkbox"/>
5/26/06	ID# CK#	Cyndee Cox 8170 Franklin Av. Clive IA 50325	N/A	25-	<input type="checkbox"/>
6/9/06	ID# CK#	Paul Ellis 405 Plainview Dr Des Moines, IA 50311	N/A	100-	<input type="checkbox"/>
7/3/06	ID# CK#	Sherri Harding 1160 20th St WDM IA 50265	N/A	25-	<input type="checkbox"/>
7/3/06	ID# CK#	Curt Lack 7017 Shenden Cir D.M IA 50322	N/A	15-	<input type="checkbox"/>
7/14/06	ID# CK#	Loren Wheeler 1042 18th St WDM IA 50265	N/A	50-	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

\$ 465.00

TOTAL (if last page of this schedule)

\$ 465.00

* 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)
SAMPLER for State Representative

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
5/27/06	ID# CK# 1005	Candidate	Reimburse for #1)59 Voter list from Auditor	\$13.00
4/8/06	ID# CK# 1006	Carter Printing 1739 E Grand	Printing Campaign Cards	296.80
4/12/06	ID# CK# 1007	Office Depot WDM	Office supplies	116.76
4/19/06	ID# CK# 1008	Carter Printing 1739 E Grand	Yard signs	658.00
6/19/06 6/27/06	ID# CK# 1009 CK# 1010	*70.86 Broken Arrow Screen Pkgs *47.25 4133 Mertz Hwy Rd DM 50310	T-shirts	118.11
	ID# CK#			
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$1202.67
TOTAL (if last page of this schedule)				\$1202.67

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

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

Sammler for State Representative

Reset Form

SCHEDULE E (Rev. 06/97)	IN-KIND CONTRIBUTIONS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING 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
6/10/06	Pat Sammler 1041 18th St WDM IA 50265	Spouse	Parade Candy	\$ 137.08	<input type="checkbox"/>
7/11/06	ISEA - PAC #6086 777 3rd St DM IA 50309	-	List	10.00	<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 \$ 147.08

TOTAL (if last page of this schedule) \$ 147.08

*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.