

DISCLOSURE SUMMARY PAGE



FORM DR-2 (Rev. 12/2005)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	1490
Logged In	
Scanned	
Computer	WKS
Audited	9-18-07 a
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* **IA ETHICS AND CAMPAIGN DISCLOSURE BD**
 SHOMSHOR FOR IOWA HOUSE **2007 JUN 22 AM 9:28**

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 <u>PAUL SHOMSHOR</u>	Political Party (if applicable) <u>DEMOCRAT</u>
Office Sought <u>IOWA HOUSE</u>	District (if Senate or House) <u>100</u>

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.

Paul Shomshor 712-325-0638 06/19/07
 SIGNATURE OF PERSON FILING REPORT TELEPHONE DATE SIGNED

I AM FILING A 07/19/06 REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR.
 (report date) Indicate by # 1

CHECK IF AMENDMENT TO REPORT DATED 07/19/06
 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>22,007.46</u>
ADD TOTAL MONEY TAKEN IN THIS PERIOD		
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)		<u>1,925.00</u>
Schedule F: Loans Received total (Attach Schedule F)		
Schedule H: Total Sales of Campaign Property (Attach Schedule H)		
(Schedule H applies to Candidates' Committees Only)		
SUB-TOTAL	\$	<u>23,932.46</u>
SUBTRACT TOTAL MONEY SPENT THIS PERIOD		
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)		<u>936.53</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>22,995.93</u>
**UNPAID BILLS (From Schedule D - Attach Schedule D)	\$	<u>- 0 -</u>
**IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)	\$	<u>- 0 -</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.



SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input checked="" 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)
 SHOMSHOP 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
05/17/06	ID# 6486 CK# 1558	IOWA TELCOM PAC 115 S. 2ND AVE NEWTON IA 50208		\$ 200.00	<input type="checkbox"/>
05/27/06	ID# CK# 2003	CHRIS SORENSEN 58 COTTAGE DR COUNCIL BLUFFS IA 51503		50.00	<input type="checkbox"/>
05/30/06	ID# CK# 7007	RON PIERCE 4317 COTTAGE ROW COUNCIL BLUFFS IA 51501		300.00	<input type="checkbox"/>
06/01/06	ID# CK# 6746	ROBERT WITZTENBURG PO BOX 941 SPENCER IA 51301		100.00	<input type="checkbox"/>
05/31/06	ID# CK# 1076	JACK MCCOY 21005 HWY 92 COUNCIL BLUFFS IA 51503		25.00	<input type="checkbox"/>
06/01/06	ID# 6070 CK# 3274	IOWA LAW PAC 521 E. LOCUST ST. -FL-3 DES MOINES IA 50309		250.00	<input type="checkbox"/>
06/05/06	ID# CK# 3549	MERRILL NEARY 232 PARK AVE COUNCIL BLUFFS IA 51503		50.00	<input type="checkbox"/>
06/06/06	ID# CK# 3189	MATT BUCHANAN 160 N LINDEN AVE COUNCIL BLUFFS IA 51503		50.00	<input type="checkbox"/>
06/12/06	ID# 6146 CK# 1620	HOMEBUILDERS PAC DES MOINES IA		100.00	<input type="checkbox"/>
06/20/06	ID# CK# 3268	LINDA NELSON 231 MIDLAND DR COUNCIL BLUFFS IA 51503		200.00	<input type="checkbox"/>

SUB-TOTAL

\$ 1,325.00

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



EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input checked="" 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)
SHOMSHOR FOR IOWA HOUSE

DATE EXPENDED (MM/DD/YY)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
06/05/06	ID# CK# 1035	PAUL SHOMSHOR 3018 AVE M COUNCIL BLUFFS IA 51501	REIMBURSEMENT FOR FOOD FOR FUNDRAISER	\$ 747.78
06/05/06	ID# CK# 1028	UNIONIST PRINTING INVITATIONS 8 MAHA AVE	INVITATION - PRINTING	85.60
06/12/06	ID# CK#	RETURNED CONTRIBUTION PEOPLES NATIONAL BANK 333 WEST BROADWAY CB-IA	NON-SUFFICIENT FUNDS	100.00
06/12/06	ID# CK#	RETURNED CONTRIBUTION PEOPLES NATIONAL BANK 333 WEST BROADWAY CB-IA	NSF - SERVICE CHARGE	3.00
06/12/06	ID# CK#	RETURNED CONTRIBUTION PEOPLES NATIONAL BANK 333 W. BROADWAY CB-IA	NSF - SERVICE CHARGE SALES TAX	.15
	ID# CK#			
	ID# CK#			
	ID# CK#			

* contributor name?

SUB-TOTAL \$ 936.53
TOTAL (if last page of this schedule) \$ 936.53

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).)

DISCLOSURE SUMMARY PAGE

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For Office Use Only	
Comm. #	1490
Logged In	<i>WRS</i>
Scanned	
Computer	WRS
Audited	5-407
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)
 7006 0810 0001 3061 6777
 SHOMSHOR FOR IOWA HOUSE

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: PAUL SHOMSHOR
 Office Sought: IOWA HOUSE
 Political Party (if applicable): DEMOCRAT
 District (if Senate or House): 100

IA ETHICS & CAMPAIGN DISCLOSURE BOARD
 JUL 28 2006
 FILED PM 7:27

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.

Paul Shomshor _____ 712-325-0638 _____ 07/19/06
 SIGNATURE OF PERSON FILING REPORT TELEPHONE DATE SIGNED

I AM FILING A 07/19/06 REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR.
 (report date) *See amended report* 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.)	\$	22,007.46
ADD TOTAL MONEY TAKEN IN THIS PERIOD		
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)		2,175.00
Schedule F: Loans Received total (Attach Schedule F)		
Schedule H: Total Sales of Campaign Property (Attach Schedule H)		
(Schedule H applies to Candidates' Committees Only)		
SUB-TOTAL	\$	24,182.46
SUBTRACT TOTAL MONEY SPENT THIS PERIOD		
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)		747.78
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)	\$	23,434.68
**UNPAID BILLS (From Schedule D - Attach Schedule D)	\$	- 0 -
**IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)	\$	- 0 -
**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)	\$	- 0 -
CONSULTANT BREAKDOWN (Schedule G Attached?)	YES	<input checked="" type="checkbox"/> NO
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



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)
 SHOMSHOR 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.

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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
05/17/06	ID# 6486 CK# 1558	IOWA TELCOM PAC 115 S. 2ND AVE NEWTON IA 50208		\$ 200.00	<input type="checkbox"/>
05/27/06	ID# CK# 2003	CHRIS SORENSEN 58 COTTGER DR COUNCIL BLUFFS IA 51503		50.00	<input type="checkbox"/>
05/30/06	ID# CK# 7007	RON PIERCE 4317 COTTAGE ROW COUNCIL BLUFFS IA 51501		300.00	<input type="checkbox"/>
06/01/06	ID# CK# 6746	ROBERT WHITTENBURG PO BOX 941 SPENCER IA 51301		100.00	<input type="checkbox"/>
05/31/06	ID# CK# 1076	JACK MCCOY 21005 HWY 92 COUNCIL BLUFFS IA 51503		25.00	<input type="checkbox"/>
06/01/06	ID# 6070 CK# 3274	IOWA LAW PAC 521 E. LOCUST ST. -FL-3 DES MOINES IA 50309		250.00	<input type="checkbox"/>
06/05/06	ID# CK# 3549	MERRILL NEARY 232 PARK AVE COUNCIL BLUFFS IA 51503		50.00	<input type="checkbox"/>
06/06/06	ID# CK# 3189	MATT BUCHANAN 162 N LINDEN AVE COUNCIL BLUFFS IA 51503		50.00	<input type="checkbox"/>
06/12/06	ID# 6146 CK# 1620	HOMEBUILDERS PAC DES MOINES IA		100.00	<input type="checkbox"/>
06/20/06	ID# CK# 3268	LINDA NELSON 231 MIDLAND DR COUNCIL BLUFFS IA 51503		200.00	<input type="checkbox"/>
SUB-TOTAL				\$ 1,325.00	
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



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)

SHOMSHOR FOR IOWA HOUSE

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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
6/22/06	ID# 6086 CK# 13481	ISEA PAC 777 3RD ST. DES MOINES IA 50309		\$ 100.00	<input type="checkbox"/>
6/27/06	ID# 8187 CK# 1	OMAHA BUILDING + CONSTRUCTION TRADES COUNCIL PAC 3333 SO. 24TH ST. - OMAHA NE 68108		500.00	<input type="checkbox"/>
6/30/06	ID# 6017 CK# *	BUILDING + TRADES PAC DES MOINES IA 50309		250.00	<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"/>
	ID# CK#				<input type="checkbox"/>
SUB-TOTAL				\$ 850.00	<input checked="" type="checkbox"/>
TOTAL (if last page of this schedule)				\$ 2,175.00	<input type="checkbox"/>

✓
6/27/06
5-1-07
✓

* Duplication of contribution on 10-19-06 report rec'd 7-7-06?

* 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



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

COMMITTEE NAME (Must be same as on Statement of Organization)
SHOMSHOR 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
<i>06/05/06</i>	ID# CK# <i>1035</i>	<i>PAUL SHOMSHOR 3018 AVE M COUNCIL BLUFFS IA 51501</i>	<i>REIMBURSEMENT FOR FOOD FOR FUNDRAISER *</i>	<i>\$ 747.78</i>
	ID# CK#			
SUB-TOTAL				<i>\$ 747.78</i>
TOTAL (if last page of this schedule)				<i>\$ 747.78</i>

** debt incurred 5-25
 "food + supplies"*

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).)