

IA ETHICS & CAMPAIGN
DISCLOSURE BOARD
JUL 17 2006
FILED pm 7-12

Reset Form

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

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

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 Tom SOOTER Political Party (if applicable) REPUBLICAN
 Office Sought SENATOR District (if Senate or House) 25

FORM DR-2 (Rev. 12/2005)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	<u>1669</u>
Logged In	<u>[Signature]</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	

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.

Walter Sooter 515-573-2203 7-12-06
 SIGNATURE OF PERSON FILING REPORT TELEPHONE DATE SIGNED

I AM FILING A 7-19-06 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
11-7-06

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.)\$ 4,161.83

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below).....\$ 26,640.-

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.....\$ _____

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below).....\$ 3,303.11

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).....\$ 27,498.72

**UNPAID BILLS (From Schedule D - Attach Schedule D).....\$ _____

**IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E).....\$ _____

**OUTSTANDING LOANS (From Schedule F - Attach Schedule F).....\$ _____

CONSULTANT BREAKDOWN (Schedule G Attached?) _____ YES _____ NO

CANDIDATE COMMITTEES ONLY:

For Instructions, See Back of Form

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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)
CITIZENS FOR SOTOER

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
5-19-06	ID# CK# 5231	FR. Bradley C. Pizol 430 N. 8th St. FORT DODGE, IA 50501		\$ 50.-	<input type="checkbox"/>
5-20-06	ID# CK# 114	ED NEIMANN 2577 140th St. FORT DODGE, IA 50501		50.-	<input type="checkbox"/>
5-24-06	ID# CK# 10060	STEVE SCHERBENSKE 4315 N. BELLAIRE KANSAAS CITY, MO 64117		100.-	<input type="checkbox"/>
5-24-06	ID# CK# 7973	JAMES CLARK BOX 542 GRAETTLER, IA 51342		50.-	<input type="checkbox"/>
5-31-06	ID# CK# 22552	REPUBLICAN PARTY OF IOWA STATE ACCOUNT 621 E 9th St 2223 MOINES, IA 50309		5,000.-	<input type="checkbox"/>
5-31-06	ID# 10155 CK# 004434	TAXPAYERS UNITED PO Box 209 MUSCATINE, IA 52761		20,000.-	<input type="checkbox"/>
6-11-06	ID# CK# 0707	LEWIS HENDRICKS 112 S. MAIN ST ROCKWELL, IA 50277		25.-	<input type="checkbox"/>
6-10-06	ID# CK# 2187	JAMES HARRIS 2714 W. 25th St FORT DODGE, IA 50501		25.-	<input type="checkbox"/>
6-13-06	ID# CK# 12316	ROBERT CRAIGMILE 1405 PARK ST GOWRIE, IA 50543		25.-	<input checked="" type="checkbox"/>
6-14-06	ID# CK# 1169	DAVID ELLIMSON 2541 BRIGGS WOOD RD WEBSTER CITY, IA 50595		50	<input checked="" type="checkbox"/>

SUB-TOTAL
\$25,360.-
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 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)
CITIZENS FOR SOOTER

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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
6-12-06 2748	ID# CK# 2718	MRS WAYNE LALOCK PO Box 5 FARNHAMVILLE, IA 50538		\$ 25.-	<input checked="" type="checkbox"/>
6-15-06	ID# CK# 2933	REX RAINE 2602 15 TH AVE N. FORT DORGE, IA 50501		20.-	<input checked="" type="checkbox"/>
6-20-06	ID# CK# 1988	PAUL JOHNSON PO Box 145 GOWRIE, IA 50543		25.-	<input checked="" type="checkbox"/>
6-20-06	ID# CK# 6253	RICHARD JOHNSON Box 51 GOWRIE, IA 50543		25.-	<input checked="" type="checkbox"/>
6-20-06	ID# CK# 3237	MIKE SEXTON 2202 OGDEN AVE. ROCKWELL CITY, IA 50579		100.-	<input checked="" type="checkbox"/>
6-20-06	ID# CK# 7705	JOHN KASTEN DISCK 2185 235 TH ST. FORT DORGE, IA 50501		25.-	<input checked="" type="checkbox"/>
6-20-06	ID# CK# 718	JAMES KURTENBACH 26361 19 TH ST S. MUSCADDA, IA 50201		50.-	<input checked="" type="checkbox"/>
6-20-06	ID# CK# 2625	CLYDE KNAPP 15 S. 1 ST ST. FORT DORGE, IA 50501		100.-	<input checked="" type="checkbox"/>
6-20-06	ID# CK# 4252	JAMES WILEY 1010 SUNRISE DR. GOWRIE, IA 50543		25.-	<input checked="" type="checkbox"/>
6-20-06	ID# CK# 2556	GEORGE EICHHORN 3533 FENTON STRATFORD, IA 50249		50.-	<input checked="" type="checkbox"/>

SUB-TOTAL

\$ 495.-

TOTAL (if last page of this schedule)

\$

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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)
CITIZENS FOR SOOTER

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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
6-20-06	ID# CK# 6454	BRIAN WELCH, MD 1744 RATH ERMEL DR FORT DODGE, IA 50501		\$ 100.-	<input checked="" type="checkbox"/>
6-20-06	ID# CK# 6254	RICHARD JOHNSON BOX 51 GOWRIE, IA 50543		50.-	<input checked="" type="checkbox"/>
6-20-06	ID# CK# 15281	ALLEN WILL 107 N. 3RD ST VINCENT, IA 50594		70.-	<input checked="" type="checkbox"/>
6-20-06	ID# CK# 7706	JOHN KASTEN DIECK 2185 235TH ST FORT DODGE, IA 50501		40.-	<input checked="" type="checkbox"/>
6-20-06	ID# CK# 2689	JAN LEWANDOWSKI 1123 2ND AVE NW FORT DODGE, IA 50501		5.-	<input checked="" type="checkbox"/>
6-20-06	ID# CK# 5953	DR. HOYT ALLEN 100 PARKWOOD CIR FORT DODGE, IA 50501		25.-	<input checked="" type="checkbox"/>
6-20-06	ID# CK# 9417	DAVID J. CRUES 1610 LINCOLN GOWRIE, IA 50501		90.-	<input checked="" type="checkbox"/>
6-20-06	ID# CK# 12200	JAMES KERSTEN 1442 14TH AVE N. FORT DODGE, IA 50501		75.-	<input checked="" type="checkbox"/>
6-20-06	ID# CK# 1989	PAUL JOHNSON PO BOX 145 GOWRIE, IA 50501		40.-	<input checked="" type="checkbox"/>
6-20-06	ID# CK# cont	MRS. LAYCOCK PO BOX 5 FARHAMVILLE, IA 50538		60.-	<input checked="" type="checkbox"/>

SUB-TOTAL
\$ 555.-

TOTAL (if last page of this schedule)
\$

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For Instructions, See Back of Form

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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)
CITIZENS FOR SOOTER

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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
6-20-06	ID# CK# Cash	TRULY GARDNER 911 W. AVE. #19 WEBSTER CITY, IA 50595		\$ 20.-	<input checked="" type="checkbox"/>
6-20-06	ID# CK# Cash	MIKE SEXTON 2202 OGDEN AVE. ROCKWELL CITY, IA 50543		25.-	<input checked="" type="checkbox"/>
6-20-06	ID# CK# Cash	TAMICA SCOTT 6562 50TH AVE MORRISVILLE, IA 50211		40.-	<input checked="" type="checkbox"/>
6-20-06	ID# CK# Cash	STEWART IVERSON 1944 SANDY BEACH RD CLARKSON, IA 50525		55.-	<input checked="" type="checkbox"/>
6-22-06	ID# CK# Cash	JIM CLARK BOX 542 GREENHURST, IA 51342		40.-	<input checked="" type="checkbox"/>
6-22-06	ID# CK# 4523	ROBERT HALLOY PO BOX 128 GOLDFIELD, IA 50542		50.-	<input checked="" type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL \$230.-
TOTAL (if last page of this schedule) \$26,640

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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)
CITIZENS FOR SOOTER

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
5-31-06	ID# CK# 107	WAL-MART SUPERCENTER 3036 1ST AVE S. FORT DODGE, IA 50501	PARADE COSTS FOR JUNE 3RD FORT DODGE PARADE IN FORT DODGE	\$ 43.88
6-2-06	ID# CK# 108	OFFICE MAX 2920 5TH AVE S FORT DODGE, IA 50501	PRINTING FOR CAMPAIGN LABELS	63.05
6-2-06	ID# CK# 109	STEVE'S SIGN SHOP 217 4TH ST ROCKWELL CITY, IA 50579	LETTERED BANNER FOR SUMMER PARADES	95.40
6-4-06	ID# CK# 110	WAL-MART SUPERCENTER 3036 1ST AVE S FORT DODGE, IA 50501	ENVELOPES FOR MAILING OUT FUNDRAISER INVITES	11.96
6-7-06	ID# (111 VOID) CK# 112	FORT DODGE POST OFFICE 3940 MAPLE DR FORT DODGE, IA 50501	STAMPS FOR JUNE 20TH FUNDRAISER	214.50
6-7-06	ID# CK# 113	OFFICE MAX 2920 5TH AVE S. FORT DODGE, IA 50501	PAPER FOR JUNE 20TH FUNDRAISER	106.27
6-7-06	ID# CK# 114	WAL-MART SUPERCENTER 3036 1ST AVE S FORT DODGE, IA 50501	ENVELOPES FOR RETURN FOR FUNDRAISER-JUNE 20TH	5.98
6-9-06	ID# CK# 115	OFFICE MAX 2920 5TH AVE S. FORT DODGE, IA 50501	"PAID FOR" STAMP	14.83
SUB-TOTAL				\$ 555.87
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

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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)
CITIZENS FOR SOOTER

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
6-17-06	ID# CK# 116	WAL-MART SUPER CENTER 3036 1ST AVE S FORT DODGE, IA 50501	THANK YOU CARDS	\$ 7.50
6-17-06	ID# CK# 117	STEVEN SIGNS 217 4TH ST ROCKWELL CITY, IA 52579	PARADE BANNER	75.40
6-20-06	ID# CK# 118	HOBBS LOBBY 301 S 29TH ST FORT DODGE, IA 50501	CAKE BOXES FOR JUNE 20TH FUNDRAISER	4.20
6-20-06	ID# CK# 119	HOBBS LOBBY 301 S 29TH ST FORT DODGE, IA 50501	CAKE BOXES FOR JUNE 20TH FUNDRAISER	4.20
6-22-06	ID# CK# 120	WAL-MART SUPER CENTER 3036 1ST AVE S FORT DODGE, IA 50501	CANDY FOR SUMMER PARADES	48.83
6-22-06	ID# CK# 121	OFFICE MAX 2920 5TH AVE S. FORT DODGE, IA 50501	PRINTING	17.22
6-22-06	ID# CK# 122	CP PRINTING 2610 PARK AVE MUSCATINE, IA 52761	PRINTING	1235.89
6-22-06	ID# CK# 123	CP PRINTING 2610 PARK AVE MUSCATINE, IA 52761	PRINTING	254.42
SUB-TOTAL				\$ 1667.66
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

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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)
 CITIZENS FOR SOUTER

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
6-22-06	ID# CK# 124	Insync P.O. Box 337 HAWAIIA, IA 52233	PARADE CANDY BAGS	\$ 1,079.58
	ID# CK#			
SUB-TOTAL				\$ 1,079.58
TOTAL (if last page of this schedule)				\$ 3,303.11

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).)

7-19-06

FOR INSTRUCTIONS, SEE BACK OF FORM

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

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

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

Reset Form

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

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.

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*
PERIOD 5-15-06 Thru 7-14-06	Tom SOOTER 5145 LAKESIDE LN. <u>OLD</u> -1906 6th AVE. N. MANSON, IA, 50563 <u>OLD</u> -FORT DODGE, IA 50501	MILEAGE REIMBURSEMENT @ 44.5	\$ 585.62
PERIOD 5-15-06 Thru 7-14-06	Tom SOOTER 5145 LAKESIDE LN. MANSON, IA 50563	<u>OLD ADDRESS</u> 1906 6th AVE. N. FORT DODGE, IA 50501	POSTAGE REIMBURSEMENT 2.07
5-19-06 period	h	mileage	955.47
5-19-06 period	h	postage	495.58
			IA ETHICS AND CAMPAIGN DISCLOSURE BO 2007 DEC 17 AM 9:20
SUB-TOTAL			\$
TOTAL DEBTS OWED BY COMMITTEE AT THE END OF THIS REPORTING PERIOD			\$
518 2038.74			587.69

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

Page 1 of 1
(for Schedule D)

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.