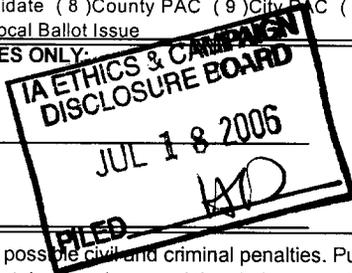


Reset Form

DISCLOSURE SUMMARY PAGE

COMMITTEE NAME (Must be same as on Statement of Organization)
21st Century Freedom PAC - Iowa
IMPORTANT: Indicate by # type of committee you are reporting for: 2
( 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 \_\_\_\_\_ Political Party (if applicable) \_\_\_\_\_
Office Sought \_\_\_\_\_ District (if Senate or House) \_\_\_\_\_

FORM DR-2 DISCLOSURE REPORT
(Rov. 12/2005)
For Office Use Only
Comm. # 9744
Logged In JW
Scanned \_\_\_\_\_
Computer \_\_\_\_\_
Audited \_\_\_\_\_
File with: Iowa Ethics and Campaign Disclosure Board
510 E. 12th, 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.

Signature of person filing report: [Signature] Telephone: (515) 554-8760 Date signed: 7/18/06

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

Table with 2 columns: Description and Amount. Rows include: CASH ON HAND at the beginning of the reporting period (0.00), ADD TOTAL MONEY TAKEN IN THIS PERIOD (Schedule A: 32,500.00, Schedule F: 0.00, Schedule H: 0.00), SUB-TOTAL (32,500.00), SUBTRACT TOTAL MONEY SPENT THIS PERIOD (Schedule B: 21,015.03, Schedule F: 0.00), CASH ON HAND at the end of this reporting period (11,484.97).

\*\*UNPAID BILLS (From Schedule D - Attach Schedule D) \$ 0.00
\*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E) \$ 0.00
\*\*OUTSTANDING LOANS (From Schedule F - Attach Schedule F) \$ 0.00

CONSULTANT BREAKDOWN (Schedule G Attached?) [X] 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

SCHEDULE <b>A</b> (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)  
21st Century Freedom PAC-Iowa

**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
6/26/06	ID# CK#	Paul E. Singer 712 Fifth Avenue Suite 3500 New York, NY 10019		\$25,000	<input type="checkbox"/>
7/13/06	ID# CK#	Andrew Sabin 300 Pantigo Place, Suite 102 East Hampton, NY 11937		\$ 5,000	<input type="checkbox"/>
7/14/06	ID# CK#	Geoff Richstone 580 Park Avenue New York, NY 10021		\$ 2,500	<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				\$ 32,500	
<b>TOTAL (if last page of this schedule)</b>				\$ 32,500	

\* 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**

**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.

<b>SCHEDULE</b> <b>B</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)  
21st Century Freedom PAC - Iowa

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
6/30/06	ID# CK# Debit	North Fork Bank 424 Madison Avenue New York, NY 10017	Bank service charge	\$ 15.03
7/3/006	ID# CK# 001	Erik Helland P.O. Box 41664 Des Moines, IA 50311	Political consulting fee	1,000.00
7/3/06	ID# CK# 002	Target Consulting, LLC 520 Sunrise Circle Muscatine, IA 52761	Political consulting fee	5,000.00
7/3/06	ID# CK# 003	S.E.I. Consulting, LLC 1944 Sandy Beach Road Clarion, IA 50525	Political consulting fee	5,000.00
7/3/06	ID# 5112 CK# 004	Iowans for Nussle P.O. Box 11 Manchester, IA 52057	Contribution	5,000.00
7/6/06	ID# CK# Wire	Cathy Blaney and Associates, Inc. 355 Lexington Avenue, Suite 1001 New York, NY 10017	Fundraising consulting fee	5,000.00
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$ 21,015.03
<b>TOTAL (if last page of this schedule)</b>				<b>\$ 21,015.03</b>

**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).)

Reset Form

SCHEDULE  
**G**  
(Rev. 02/96) BREAKDOWN  
OF MONETARY  
EXPENDITURES  
BY CONSULTANT

CHECK THIS BOX IF  
AMENDING FORM

**COMMITTEE NAME** (Must be same as on Statement of Organization)  
21st Century Freedom PAC - Iowa

**PART I - NAME AND ADDRESS OF CONSULTANT**

<b>Name of Consultant</b> Erik Helland		
<b>Mailing Address</b> P.O. Box 41664		
<b>City</b> Des Moines	<b>State</b> IA	<b>Zip Code</b> 50311

<b>CONTRACT PERIOD (MM/DD/YR)</b>	<b>TOTAL ANTICIPATED COMPENSATION FOR PERFORMANCE</b>
From 6/1/06 To 12/31/06	\$ 7,000.00

**ESTIMATES OF PERFORMANCE**

This consultant will provide political consulting regarding advice and strategy to the PAC. There will be no unreimbursed expenses paid by the consultant in performing the services of the contract.

**PART II- ITEMIZED BREAKDOWN OF UNREIMBURSED EXPENSES PAID BY CONSULTANT TO OTHERS IN PERFORMING SERVICES OF CONTRACT** (These expenses should NOT be reported on Schedule B, as they are direct payment from the consultant.)

DATE EXPENDED (MM/DD/YR)	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE	AMOUNT EXPENDED
			\$

<b>SUB-TOTAL</b>	\$ 0.00
<b>TOTAL (If last page of this schedule)</b>	\$ 0.00

Reset Form

SCHEDULE <b>G</b> (Rev. 02/96)	BREAKDOWN OF MONETARY EXPENDITURES BY CONSULTANT
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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

21st Century Freedom PAC - Iowa

**PART I - NAME AND ADDRESS OF CONSULTANT**

<b>Name of Consultant</b>		
Target Consulting, LLC		
<b>Mailing Address</b>		
520 Sunrise Circle		
<b>City</b>	<b>State</b>	<b>Zip Code</b>
Muscatine	IA	52761

<b>CONTRACT PERIOD (MM/DD/YR)</b>	<b>TOTAL ANTICIPATED COMPENSATION FOR PERFORMANCE</b>
From <u>6/1/06</u>	\$ <u>35,000.00</u>
To <u>12/31/06</u>	

**ESTIMATES OF PERFORMANCE**

This consultant will provide political consulting regarding advice and strategy to the PAC. There will be no unreimbursed expenses paid by the consultant in performing the services of the contract.

---



---



---

**PART II- ITEMIZED BREAKDOWN OF UNREIMBURSED EXPENSES PAID BY CONSULTANT TO OTHERS IN PERFORMING SERVICES OF CONTRACT** (These expenses should NOT be reported on Schedule B, as they are direct payment from the consultant.)

DATE EXPENDED (MM/DD/YR)	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE	AMOUNT EXPENDED
			\$

<b>SUB-TOTAL</b>	\$ 0.00
<b>TOTAL (if last page of this schedule)</b>	\$ 0.00

Reset Form

SCHEDULE <b>G</b> (Rev. 02/96)	BREAKDOWN OF MONETARY EXPENDITURES BY CONSULTANT
--------------------------------------	---

CHECK THIS BOX IF AMENDING FORM

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

21st Century Freedom PAC - Iowa

**PART I - NAME AND ADDRESS OF CONSULTANT**

<b>Name of Consultant</b> S.E.I. Consulting, LLC		
<b>Mailing Address</b> 1944 Sandy Beach Road		
<b>City</b> Clarion	<b>State</b> IA	<b>Zip Code</b> 50525

<b>CONTRACT PERIOD (MM/DD/YR)</b>	<b>TOTAL ANTICIPATED COMPENSATION FOR PERFORMANCE</b>
From <u>6/1/06</u>	\$ <u>35,000.00</u>
To <u>12/31/06</u>	

**ESTIMATES OF PERFORMANCE**

This consultant will provide political consulting regarding advice and strategy to the PAC. There will be no unreimbursed expenses paid by the consultant in performing the services of the contract.

---



---



---

**PART II- ITEMIZED BREAKDOWN OF UNREIMBURSED EXPENSES PAID BY CONSULTANT TO OTHERS IN PERFORMING SERVICES OF CONTRACT** (These expenses should NOT be reported on Schedule B, as they are direct payment from the consultant.)

DATE EXPENDED (MM/DD/YR)	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE	AMOUNT EXPENDED
			\$

<b>SUB-TOTAL</b>	\$ 0.00
<b>TOTAL (if last page of this schedule)</b>	\$ 0.00

Reset Form

SCHEDULE <b>G</b> (Rev. 02/96)	BREAKDOWN OF MONETARY EXPENDITURES BY CONSULTANT
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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

21st Century Freedom PAC - Iowa

**PART II- ITEMIZED BREAKDOWN OF UNREIMBURSED EXPENSES PAID BY CONSULTANT TO OTHERS IN PERFORMING SERVICES OF CONTRACT** (These expenses should NOT be reported on Schedule B, as they are direct payment from the consultant.)

**PART I - NAME AND ADDRESS OF CONSULTANT**

<b>Name of Consultant</b> Cathy Blaney & Associates, Inc.		
<b>Mailing Address</b> 355 Lexington Avenue, Suite 1001		
<b>City</b>	<b>State</b>	<b>Zip Code</b>
New York	NY	10017

<b>CONTRACT PERIOD (MM/DD/YR)</b>	<b>TOTAL ANTICIPATED COMPENSATION FOR PERFORMANCE</b>
From <u>6/1/06</u>	\$ <u>35,000.00</u>
To <u>12/31/06</u>	

DATE EXPENDED (MM/DD/YR)	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE	AMOUNT EXPENDED
			\$

**ESTIMATES OF PERFORMANCE**

This consultant will provide fundraising consulting services. There will be no unreimbursed expenses paid by the consultant in performing the services of the contract.

---



---



---

<b>SUB-TOTAL</b>	\$ 0.00
<b>TOTAL (If last page of this schedule)</b>	\$ 0.00