

FOR INSTRUCTIONS, SEE BACK OF FORM

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DISCLOSURE SUMMARY PAGE

FORM DR-2 (Rev. 12/2005) DISCLOSURE REPORT. For Office Use Only: Comm. # 9711e, Logged In 5, Scanned, Computer, Audited. File with: Iowa Ethics and Campaign Disclosure Board, 510 E. 12th, Ste. 1A, Des Moines, Iowa 50319, Fax: 515-281-3701

COMMITTEE NAME (Must be same as on Statement of Organization) Local Union No. 347 IBEW PAC Fund. IMPORTANT: Indicate by # type of committee you are reporting for: 2. CANDIDATE COMMITTEES ONLY: Candidate Name, Office Sought, Political Party (if applicable), District (if Senate or House). IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD, OCT 18 2006, FILED.

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: 515-243-1924 DATE SIGNED: 10-16-06

I AM FILING A _____ REPORT FOR (1) ELECTION //(2) NON-ELECTION YEAR.

(report date)

Indicate by # 1

[X] CHECK IF AMENDMENT TO REPORT DATED July 19, 2006

[] 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 (\$21,787.45), ADD TOTAL MONEY TAKEN IN THIS PERIOD (Schedule A: 3,119.84, Schedule F: Loans Received total, Schedule H: Total Sales of Campaign Property), SUB-TOTAL (\$24,907.29), SUBTRACT TOTAL MONEY SPENT THIS PERIOD (Schedule B: Expenditures total 5,000.00, Schedule F: Loan Repayments total), CASH ON HAND at the end of this reporting period (\$19,907.29).

**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: 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

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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)

Local Union No. 347 IBEW PAC Fund

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
Jun-July '06	ID# CK#	Members of Local 347 850 18th Street, Des Moines, IA 50314	N/A	\$1233.14	<input type="checkbox"/>
Jun-July '06	ID# CK#	Employees of Local 347 850 18th Street, Des Moines, IA 50314	N/A	60.00	<input type="checkbox"/>
Jun-July '06	ID# CK#	Member Authorized Deductions from T-Shirt Sales and Late Fees	N/A	1826.70	<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

\$ 3119.84
TOTAL (if last page of this schedule)
\$ 3119.84

* 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.

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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)
Local Union No. 347 IBEW PAC Fund

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
6/23/2006	ID# 5083 CK# 2161	Chet Culver for Governor PO Box 6068 Des Moines, IA 50309	Campaign Contribution	\$ 5000.00
	ID# CK#			
	ID# CK#	0		
	ID# CK#			
SUB-TOTAL				\$ 5000.00
TOTAL (if last page of this schedule)				\$ 5000.00

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).)

LATE

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DISCLOSURE SUMMARY PAGE

FORM DR-2 (Rev. 12/2005) DISCLOSURE REPORT. For Office Use Only: Comm. # 9714, Logged In SW, Scanned, Computer, Audited. File with: Iowa Ethics and Campaign Disclosure Board, 510 E. 12th, Ste. 1A, Des Moines, Iowa 50319, Fax: 515-281-3701

COMMITTEE NAME (Must be same as on Statement of Organization) Local Union No. 347 IBEW PAC Fund. IMPORTANT: Indicate by # type of committee you are reporting for: 2. CANDIDATE COMMITTEES ONLY: IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD. JUL 21 2006 FILED pm 7-20

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 Gerald M. Granbery

515-243-1924 TELEPHONE

7-19-06 DATE SIGNED

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 (21,787.45), ADD TOTAL MONEY TAKEN IN THIS PERIOD (Schedule A: 1,880.16), SUBTRACT TOTAL MONEY SPENT THIS PERIOD (Schedule B: 5,000.00), CASH ON HAND at the end of this reporting period (24,907.29)

**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: VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

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SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
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CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

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

Local Union No. 347 IBEW PAC Fund

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Jun-July '06	ID# CK#	Members of Local 347 850 18th Street, Des Moines, IA 50314	N/A	\$1233.14	<input type="checkbox"/>
Jun-July '06	ID# CK#	Employees of Local 347 850 18th Street, Des Moines, IA 50314	N/A	60.00	<input type="checkbox"/>
Jun-July '06	ID# CK#	Member Authorized Donations from T-Shirt Sales and Late Fees	N/A	587.02	<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				\$ 1880.16	
TOTAL (if last page of this schedule)				\$ 1880.16	

* 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.

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SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
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COMMITTEE NAME (Must be same as on Statement of Organization)
Local Union No. 347 IBEW PAC Fund

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
06/23/2006	ID# 5083 CK# 2161	Chet Culver for Governor PO Box 6068, Des Moines, IA 50309	Campaign Contribution	\$ 5000.00
	ID# CK#			
SUB-TOTAL				\$ 5000.00
TOTAL (if last page of this schedule)				\$ 5000.00

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