

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

DISCLOSURE SUMMARY PAGE

FORM DR-2 (Rev. 12/2005)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	1617
Logged In	
Scanned	
Computer	WRS
Audited	10-13-06
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)
Calhoun for State House

IMPORTANT: Indicate by # type of committee you are reporting for: 1
 (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) State PAC (10) School Board or Other Political
 Subdivision PAC (11) Local Ballot Issue

CANDIDATE COMMITTEES ONLY:

Candidate Name: John Calhoun
 Office Sought: General Assembly

Political Party (if applicable): Democratic
 District (if Senate or House): HD 69

IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD
 FILED SEP 29 2006
 JPP

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: SIS-830-0385 DATE SIGNED: 9-29-06

I AM FILING A September 29, 2006 REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR.
 (report date) Indicate by # 1

CHECK IF AMENDMENT TO REPORT DATED May 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
 Primary - June 6, 2006

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.)	\$ 1,453.83
ADD TOTAL MONEY TAKEN IN THIS PERIOD	
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)	5,250.00
Schedule F: Loans Received total (Attach Schedule F)	0.00
Schedule H: Total Sales of Campaign Property (Attach Schedule H)	0.00
<u>(Schedule H applies to Candidates' Committees Only)</u>	
SUB-TOTAL	\$ 6,703.83
SUBTRACT TOTAL MONEY SPENT THIS PERIOD	
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)	4,445.42
Schedule F: Loan Repayments total (Attach Schedule F)	0.00
CASH ON HAND at the end of this reporting period (if final report balance must be zero) (Attach DR-3)	\$ 2,258.41
**UNPAID BILLS (From Schedule D - Attach Schedule D)	\$ 0.00
*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)	\$ 511.20
**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)	\$ 0.00
CONSULTANT BREAKDOWN (Schedule G Attached?)	YES <input checked="" type="checkbox"/> NO
CANDIDATE COMMITTEES ONLY:	
VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)	\$ 0.00
STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.	

For Instructions, See Back of Form

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

Schedule A (Rev 7/03)	Monetary Receipts
XXX	Check this box if Amending Form

Committee Name (Must be same as on Statement of Organization)

Calhoun for State House

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC
CAUTION: Section 68B.32A(6), Iowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any

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	Check if for Fundraiser Income
12/23/2005	ID# CK #	Melissa L. Keeney, 1309 SE Delaware Ave Unit 5, Ankeny, IA 50021		50.00	<input type="checkbox"/>
12/29/2005	ID# 9716 CK # 2157	IBEW Local 347 PAC FUND #9716, 850 18th St., Des Moines IA 50314		200.00	<input type="checkbox"/>
1/3/2006	ID# CK #	Cy Kuennen, 2201 North Central Ave Apt. 2E, Phoenix, AZ 85004	brother-in-law	50.00	<input type="checkbox"/>
1/3/2006	ID# CK #	Judy Kuennen, 2201 North Central Ave Apt. 2E, Phoenix, AZ 85004	sister-in-law	50.00	<input type="checkbox"/>
1/8/2006	ID# CK #	Carol M. Banta, 1471 Old Hwy 141, Sioux City, IA 51106		50.00	<input type="checkbox"/>
1/8/2006	ID# CK #	Martha M. Gelhaus, 3714 Kingman Blvd., Des Moines, IA 50311		50.00	<input type="checkbox"/>
1/8/2006	ID# CK #	Roger D. Fuerstenberg, 3119 Eastern Ave., Davenport, IA 52807		50.00	<input type="checkbox"/>
1/16/2006	ID# CK #	Don Miller, PO Box 647, Johnston, IA 50131		30.00	<input type="checkbox"/>
1/16/2006	ID# CK #	Norma L. Calhoun, 4124 Madison, Sioux City, IA 51108	sister-in-law	500.00	<input type="checkbox"/>
1/16/2006	ID# CK #	Beth A. Walling, 3382 NW 93rd Ave, Polk City IA 50226		100.00	<input type="checkbox"/>
Sub Total				\$ 1,130.00	
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.

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For Office Use Only	
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File with: Iowa Ethics and Campaign Disclosure Board 510 E. 12 th , Ste. 1A Des Moines, Iowa 50319 Fax: 515-281-3701	

IA ETHICS & CAMPAIGN DISCLOSURE BOARD

MAY 19 2006

FILED HD

COMMITTEE NAME (Must be same as on Statement of Organization)
Calhoun for State 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 John Calhoun	Political Party (if applicable) Democratic
Office Sought General Assembly	District (if Senate or House) HD 69

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 _____ **TELEPHONE** _____ **DATE SIGNED** _____

I AM FILING A May 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 <u>Primary - June 6, 2006</u>
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.)	\$ 1,453.83
ADD TOTAL MONEY TAKEN IN THIS PERIOD	
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)	5,250.00
Schedule F: Loans Received total (Attach Schedule F)	0.00
Schedule H: Total Sales of Campaign Property (Attach Schedule H)	0.00
(Schedule H applies to Candidates' Committees Only)	
SUB-TOTAL	\$ 6,703.83
SUBTRACT TOTAL MONEY SPENT THIS PERIOD	
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)	4,445.42
Schedule F: Loan Repayments total (Attach Schedule F)	0.00
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**UNPAID BILLS (From Schedule D - Attach Schedule D)	\$ 0.00
*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)	\$ 511.20
**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)	\$ 0.00
CONSULTANT BREAKDOWN (Schedule G Attached?)	YES <input checked="" type="checkbox"/> NO
CANDIDATE COMMITTEES ONLY:	
VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)	\$ 0.00

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

For Instructions, See Back of Form

Schedule A (Rev 7/03)	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)
Calhoun for State 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.

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	Check if for Fundraiser Income
1/8/2006	ID# CK #	Melissa L Keeney, 1309 SE Delaware Ave Unit 5, Ankeny, IA 50021		50.00	<input type="checkbox"/>
1/8/2006	ID# CK #	Carol M. Banta, 1471 Old Hwy 141, Sioux City, IA 51106		50.00	<input type="checkbox"/>
1/8/2006	ID# CK #	Martha M. Gelhaus, 3714 Kingman Blvd., Des Moines, IA 50311		50.00	<input type="checkbox"/>
1/8/2006	ID# CK #	Roger D. Fuerstenberg, 3119 Eastern Ave., Davenport, IA 52807		50.00	<input type="checkbox"/>
1/8/2006	ID# CK #	Cy Kuennen, 2201 North Central Ave Apt. 2E, Phoenix, AZ 85004	brother in law	50.00	<input type="checkbox"/>
1/8/2006	ID# CK #	Judy Kuennen, 2201 North Central Ave Apt. 2E, Phoenix, AZ 85004	sister in law	50.00	<input type="checkbox"/>
1/16/2006	ID# 9716 CK #	IBEW Local 347 PAC FUND #9716, 850 18th St., Des Moines, IA 50314		200.00	<input type="checkbox"/>
1/16/2006	ID# CK #	Don Miller, P.O. Box 647, Johnston, IA 50131		30.00	<input type="checkbox"/>
1/16/2006	ID# CK #	Norma L. Calhoun, 4124 Madison, Sioux City, IA 51108	sister in law	500.00	<input type="checkbox"/>
1/16/2006	ID# CK #	Beth A. Walling, 3382 NW 93rd Ave, Polk City, IA 50226		100.00	<input type="checkbox"/>
Sub Total				\$ 1,130.00	
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

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

Schedule A (Rev 7/03)	Monetary Receipts
<input type="checkbox"/>	Check this box if Amending Form

Committee Name (Must be same as on Statement of Organization)
Calhoun for State 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.

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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	Check if for Fundraiser Income
1/20/2006	ID# CK #	Douglas Harrold, 4600 Saddle Lane, Sioux City, IA 51104		100.00	<input type="checkbox"/>
1/20/2006	ID# CK #	Jan Burk, 5663 270th St., Ida Grove, IA 51445		20.00	<input type="checkbox"/>
1/20/2006	ID# CK #	William C. Roach, 2717 Scenic Place, West Des Moines, IA 50265		25.00	<input type="checkbox"/>
2/3/2006	ID# CK #	Martha Sheldahl, 15470 NW 72nd, Polk City, IA 50226		25.00	<input type="checkbox"/>
2/3/2006	ID# CK #	Anthony Capaldo, 417 Hillcrest Dr., Polk City, IA 50226		100.00	<input type="checkbox"/>
2/3/2006	ID# CK #	Monica Fischer, 1407 41st St., Des Moines, IA 50311		100.00	<input type="checkbox"/>
2/3/2006	ID# CK #	Robert E Tucker, 7017 Hickman Rd., Des Moines, IA 50322		100.00	<input type="checkbox"/>
2/14/2006	ID# CK #	Barbara Merrill, 5863 Crabapple Lane, Johnston, IA 50131		100.00	<input type="checkbox"/>
2/14/2006	ID# CK #	Barbara J. Allen, 6835 NW 100th St., Johnston, IA 50131		50.00	<input type="checkbox"/>
2/15/2006	ID# CK #	Lu Ann White, 6730 Ceres Cir., Johnston, IA 50131		20.00	<input type="checkbox"/>
Sub Total				\$ 640.00	
Total (if last page of this schedule)					

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For Instructions, See Back of Form

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

Schedule A (Rev 7/03)	Monetary Receipts
<input type="checkbox"/>	Check this box if Amending Form

Committee Name (Must be same as on Statement of Organization)
Calhoun for State 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.

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	Check if for Fundraiser Income
2/15/2006	ID# CK #	Robert E Tucker, 7017 Hickman Rd., Des Moines, IA 50322		100.00	<input type="checkbox"/>
2/15/2006	ID# CK #	Pass the basket collection of cash from campaign event.		30.00	<input checked="" type="checkbox"/>
2/16/2006	ID# CK #	Thomas I. Henderson, 6239 N. Winwood Dr., Johnston, IA 50131		100.00	<input type="checkbox"/>
2/16/2006	ID# CK #	David L. Stedman, Jr., 3719 Jones St., Sioux City, IA 51104		100.00	<input type="checkbox"/>
2/26/2006	ID# CK #	Robert E Tucker, 7017 Hickman Rd., Des Moines, IA 50322		30.00	<input type="checkbox"/>
2/26/2006	ID# CK #	Flora M. Lee, 1608 Casselman, Sioux City, IA 51103		20.00	<input type="checkbox"/>
2/26/2006	ID# CK #	Arvid D. Oliver, 1709 NE Lowell Ct., Ankeny, IA 50021		25.00	<input type="checkbox"/>
2/26/2006	ID# CK #	Roger F. Hess, 2030 Greenbrier Ct., Sioux City, IA 51104		50.00	<input type="checkbox"/>
2/26/2006	ID# CK #	Ray M. Blase, 913 NE 34th St., Ankeny, IA 50021		100.00	<input type="checkbox"/>
3/3/2006	ID# CK #	Sandra King, 1380 Mohican Ct., Green Bay, WI 54313	Niece	100.00	<input type="checkbox"/>
Sub Total				\$ 655.00	
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

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

Schedule A (Rev 7/03)	Monetary Receipts
<input type="checkbox"/>	Check this box if Amending Form

Committee Name (Must be same as on Statement of Organization)
Calhoun for State 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.

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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	Check if for Fundraiser Income
3/3/2006	ID# CK #	Timothy V. Haight, 8500 Newbury Ct., Johnston, IA 50131		100.00	<input type="checkbox"/>
3/18/2006	ID# CK #	Chrissy M. Fahey, 812 E. 20th St., South Sioux City, NE 68776		100.00	<input type="checkbox"/>
3/18/2006	ID# CK #	James D. Miller, 1504 W. Prairie Wood Ct., Polk City, IA 50226		100.00	<input type="checkbox"/>
3/18/2006	ID# CK #	Martha Boesenberg, 5660 Columbine Dr., Johnston, IA 50131		50.00	<input type="checkbox"/>
3/31/2006	ID# CK #	Robert G Tully, 4515 Greenwood Dr., Des Moines, IA 50312		250.00	<input type="checkbox"/>
3/31/2006	ID# CK #	Jon Hedgecock, 7700 NW 37th , Ankeny, IA 50021		75.00	<input type="checkbox"/>
3/31/2006	ID# CK #	John F. Hall, 2605 NE 118th Ave, Ankeny , IA 50021		50.00	<input type="checkbox"/>
3/31/2006	ID# CK #	Al Sturgeon, 507 7th st., Sioux City, IA 51101		100.00	<input type="checkbox"/>
4/1/2006	ID# CK #	Norgard Williams General Partnership, 119 2nd, Polk City, IA 50226		100.00	<input type="checkbox"/>
4/10/2006	ID# CK #	Michael Kennedy, 929 Ash Drive, New Hampton, IA 50659		100.00	<input type="checkbox"/>
Sub Total				\$ 1,025.00	
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 7/03)	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)
Calhoun for State 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.

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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	Check if for Fundraiser Income
4/10/2006	ID# CK #	Frank Steinbach III, 11731 NW 121st St., Granger, IA 50109		100.00	<input type="checkbox"/>
4/10/2006	ID# CK #	Kathleen Gannon, 205 Bluff St., Mingo, IA 50168		50.00	<input type="checkbox"/>
4/10/2006	ID# CK #	Janan L. Smith, 1200 S. 60th St., West Des Moines, IA 50266		250.00	<input type="checkbox"/>
4/20/2006	ID# CK #	Elizabeth M. Calhoun, 766 White Tail Way, Polk City, IA 50226	Spouse	70.00	<input type="checkbox"/>
4/20/2006	ID# CK #	Charles M. Wright, 405 SE Delaware Ave. #205, Ankeny, IA 50021		50.00	<input type="checkbox"/>
4/20/2006	ID# CK #	Keith S. Lowe, 6407 Harbor Oaks Dr., Johnston, IA 50131		100.00	<input type="checkbox"/>
4/20/2006	ID# CK #	Pass the basket collection of cash from campaign event.		40.00	<input checked="" type="checkbox"/>
4/29/2006	ID# CK #	John M. Temple, 8170 Heather Bow, Johnston, IA 50131		100.00	<input type="checkbox"/>
4/29/2006	ID# CK #	Donald K. Coates, 5967 Mapletree Cir, Johnston, IA 50131		100.00	<input type="checkbox"/>
4/29/2006	ID# CK #	William R. Walling, 3382 NW 93rd Ave, Polk City, IA 50226		100.00	<input type="checkbox"/>
Sub Total				\$ 960.00	
Total (if last page of this schedule)					

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

Schedule A (Rev 7/03)	Monetary Receipts
<input type="checkbox"/>	Check this box if Amending Form

Committee Name (Must be same as on Statement of Organization)

Calhoun for State 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.

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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	Check if for Fundraiser Income
4/29/2006	ID# CK #	Frank Steinbach III, 11731 NW 121st St., Granger, IA 50109		10.00	<input type="checkbox"/>
5/3/2006	ID# CK #	Robyn Mills, 5360 NW Burr Oak Dr., Johnston, IA 50131		100.00	<input type="checkbox"/>
5/3/2006	ID# CK #	Ellen Jessen, 5979 Mapletree Cir., Johnston, IA 50131		50.00	<input type="checkbox"/>
5/3/2006	ID# CK #	Lois Irwin, 2532 330th St., Rockwell City, IA 50579		20.00	<input type="checkbox"/>
5/3/2006	ID# CK #	Eric Heitz, 511 South 16th St., Adel, IA 50003		50.00	<input type="checkbox"/>
5/7/2006	ID# CK #	Melissa L. Keeney, 1309 SW Delaware Ave #5, Ankeny, IA 50021		30.00	<input type="checkbox"/>
5/7/2006	ID# CK #	Mark O. Lambert, 1104 Phillips St., Polk City, IA 50226		30.00	<input type="checkbox"/>
5/7/2006	ID# CK #	Mark A. Haverland, 3852 NW 90th Pl., Polk City, IA 50226		50.00	<input type="checkbox"/>
5/7/2006	ID# CK #	Penny S. Milburn, 6249 Country Ridge, Johnston, IA 50131		50.00	<input type="checkbox"/>
5/7/2006	ID# CK #	Jean Gilbert, 6505 NW 56th St., Johnston, IA 50131		50.00	<input type="checkbox"/>
Sub Total				\$ 440.00	
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

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

Schedule A (Rev 7/03)	Monetary Receipts
<input type="checkbox"/>	Check this box if Amending Form

Committee Name (Must be same as on Statement of Organization)
Calhoun for State 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.

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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	Check if for Fundraiser Income
5/7/2006	ID# CK #	Karen F. Coaldrake, 6413 Harbor Oaks Dr., Johnston, IA 50131		50.00	<input type="checkbox"/>
5/7/2006	ID# CK #	Delbert D. Hoover, Box 45, Redfield, IA 50233		50.00	<input type="checkbox"/>
5/7/2006	ID# CK #	Richard K. Bame, 5821 Brentwood Cir., Johnston, IA 50131		100.00	<input type="checkbox"/>
5/7/2006	ID# CK #	Judy L. Anderson, 5985 NW 61st Ave., Johnston, IA 50131		100.00	<input type="checkbox"/>
5/7/2006	ID# CK #	Anita Campbell, 6671 NW 4th Court, Des Moines, IA 50313		100.00	<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"/>
Sub Total				\$ 400.00	
Total (if last page of this schedule)				\$ 5,250.00	

* 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)*
 Calhoun for State 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
1/16/06	ID# CK# 2505	Chad R. Baker 10635 Hickory Dr. #4 Urbandale, IA 50322	Copywriting services	\$ 700.00
1/20/06	ID# CK# 2506	Basil Blue 404 North Harvey St. Grimes IA 50111	Design services	1518.75
2/4/06	ID# CK# 2507	Kelli Soyer 3700 37th St. Des Moines IA 50310	Reimbursement of receipted expense for postage	192.00
2/7/06	ID# CK# 2508	Carter Printing 1739 E. Grand Ave. Des Moines IA 50316	Printing	215.18
2/7/06	ID# CK# 2509	Polk County Democrats PO Box 5102 Des Moines IA 50306	Fee for table at convention.	25.00
2/7/06	ID# CK# 2510	Johnston Lion's Club 6401 Merle Hay Rd. Johnston IA 50131	Fee for room rental	100.00
2/16/06	ID# CK# 2511	Carter Printing 1739 E. Grand Ave. Des Moines IA 50316	Printing	112.36
2/17/06	ID# CK# 2512	Kelli Soyer 3700 37th St. Des Moines IA 50310	Reimbursement of receipted expense for postage	122.23
SUB-TOTAL				\$ 2985.52
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

Reset Form

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

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)*
 Calhoun for State 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
3/20/06	ID# CK# 2513	Carter Printing	Printing.	\$ 242.48
3/20/06	ID# CK# N/A	Johnston Lion's Club 6401 Merle Hay Rd. Johnston IA 50131	Refund of previous fee for room rental (recorded here as a reversal)	-100.00
4/1/06	ID# CK# 2514	Grimes Chamber-Economic Development 101 N. Harvey Grimes IA 50125	Entry fee for Funtastic Days Parade	10.00
4/1/06	ID# CK# 2515	Carter Printing 1739 E. Grand Ave. Des Moines IA 50316	Printing - door handouts	508.80
4/10/06	ID# CK# 2516	Chad R. Baker 10635 Hickory Dr. #4 Urbandale, IA 50322	Copywriting/web site services.	250.00
4/21/06	ID# CK# 2517	Carter Printing 1739 E. Grand Ave. Des Moines IA 50316	T-Shirt printing.	345.14
5/3/06	ID# CK# 2518	Carter Printing 1739 E. Grand Ave. Des Moines IA 50316	Printing.	42.93
	ID# CK# 2519	Kelli Soyer 3700 37th St. Des Moines IA 50310	Reimbursement of receipted expense for postage	39.00
SUB-TOTAL				\$ 1338.35
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

Reset Form

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

SCHEDULE 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)
Calhoun for State 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
5/10/06	ID# CK#2520	Meyer Associates Teleservices 14 7th Avenue North St. Cloud, MN 56303	Robo-calls	\$ 21.55
5/13/06	ID# CK#2521	Johnston Lion's Club 6401 Merle Hay Rd. Johnston IA 50131	Room rental fee (for June event)	100.00
	ID# CK#			
SUB-TOTAL				\$ 121.55
TOTAL (if last page of this schedule)				\$ 4445.42

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)
 Calhoun for State House

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
1/14/06	Richard Bame 5821 Brentwood Cir. Johnston IA 50131		Use of PC and printer for reports	\$ 10.00	<input type="checkbox"/>
2/7/06	Judy Anderson 5985 NW 61st Ave Johnston IA 50131		Photocopies	173.31	<input type="checkbox"/>
2/12/06	John Calhoun 766 White Tail Way Polk City, IA 50226		Restaurant Food	115.62	<input checked="" type="checkbox"/>
2/19/06	John Calhoun 766 White Tail Way Polk City, IA 50226		Snack food	41.92	<input checked="" type="checkbox"/>
2/15/06	Richard Bame 5821 Brentwood Cir. Johnston IA 50131		Restaurant Food	28.64	<input checked="" type="checkbox"/>
3/24/06	Jon Nylen 6112 Four Seasons Dr. Sioux City, IA 51106		Photos	65.00	<input type="checkbox"/>
4/18/06	John Calhoun 766 White Tail Way Polk City, IA 50226		Restaurant Food	24.08	<input checked="" type="checkbox"/>
4/20/06	John Calhoun 766 White Tail Way Polk City, IA 50226		Restaurant Food	31.00	<input checked="" type="checkbox"/>
5/7/06	Richard Bame 5821 Brentwood Cir. Johnston IA 50131		Snack food	21.63	<input checked="" type="checkbox"/>
					<input type="checkbox"/>

SUB-TOTAL	\$ 511.20
TOTAL (if last page of this schedule)	\$ 511.20

*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.

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

SCHEDULE F (Rev. 07/03)	LOANS RECEIVED & REPAID
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)
Calhoun for State House

NOTE: This schedule reports money loaned to the committee which is deposited in the committee account.

TOTAL UNPAID LOANS FROM LAST REPORTING PERIOD \$ 0.00

PART I - MONETARY LOANS RECEIVED THIS REPORTING PERIOD
(Original source of loan, such as a bank, must be shown if a third party is involved. Include loans from candidate's personal funds.)

PART II - MONETARY LOAN REPAYMENTS MADE THIS REPORTING PERIOD
(Loans forgiven must be reported on Schedule E -- In-kind Contributions.)

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE (If Applicable*)	AMOUNT OF LOAN
			\$

DATE PAID (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE* (If Applicable)	AMOUNT REPAID
			\$

TOTAL (PART I) \$ 0.00

TOTAL CASH REPAYMENTS (PART II) \$ 0.00

From Schedule E -- TOTAL LOANS FORGIVEN \$

TOTAL OUTSTANDING LOANS END OF REPORT PERIOD \$ 0.00

*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 when it applies.

THIS FORM IS USED BY CANDIDATES' COMMITTEES ONLY

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

Calhoun for State House

Reset Form

SCHEDULE H (Rev. 07/03)	CAMPAIGN PROPERTY
ATTACH SCHEDULE H TO EACH REPORT, MAKING CHANGES AS REQUIRED.	
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

PART I - ONGOING INVENTORY OF CAMPAIGN PROPERTY

PART II - SALES OR TRANSFERS OF CAMPAIGN PROPERTY **

Date Purchased (Schedule B) or Date Received (Schedule E) (MM/DD/YR)	Description of Property	Purchase Price or Est. Value When Acquired*	Current Value at Fair Market This Report

Date (MM/DD/YR)	Name and Address of Purchaser/Donee	Description of Property	Sold? Y/N	Sale Price	Value of Donation

TOTAL VALUE CAMPAIGN PROPERTY THIS REPORT (TRANSFER TO SUMMARY PAGE) \$ 0.00

** PROPERTY SALES & TRANSFERS TOTAL (TRANSFER TO SUMMARY PAGE) \$ 0.00

TOTALS \$ 0.00 \$ 0.00

* If estimated, show est. beside figure.

(Attach Additional Schedules if Needed)