

Reset Form

DISCLOSURE SUMMARY PAGE

FORM DR-2 (Rev 12/2005)	DISCLOSURE REPORT
For Office Use Only	
Comm #	1654
Logged In	<i>[Signature]</i>
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	

COMMITTEE NAME (Must be same as on Statement of Organization)
Garrett for Senate Committee

IMPORTANT: Indicate by # type of committee you are reporting for: 1
 1 Statewide Legislator/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 Julian B. Garrett	Political Party (if applicable) Republican
Office Sought State Senator	District (if Senate or House) 37

MAY 16 2006
e-mail

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] *515.961.4045* *May 16 2006*
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 #)

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.)	\$ 0.00
ADD TOTAL MONEY TAKEN IN THIS PERIOD	
Schedule A: Cash Contributions total (Attach Schedule A) (**also see in-kind below)	3,366.00
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	\$ 3,366.00
SUBTRACT TOTAL MONEY SPENT THIS PERIOD	
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)	1,637.30
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)	\$ 1,728.70
**UNPAID BILLS (From Schedule D - Attach Schedule D)	\$ 1,598.94
*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)	\$ 100.00
**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

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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)
Garett for Senate Committee

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
2-28-06	ID# CK#	David M. Dryer 1521 W Boston Indianola, IA 50125		\$100.00	<input type="checkbox"/>
3-4-06	ID# CK#	Teri A. Kobussen 17495 88th Ave. Indianola, IA 50125		500.00	<input type="checkbox"/>
3-4-06	ID# CK#	Julie L. Gorsche 6825 R63 Hwy Indianola, IA 50125		500.00	<input type="checkbox"/>
3-4-06	ID# CK#	Ivan W. Archer 9252 Highway 92W Indianola, IA 50125		500.00	<input type="checkbox"/>
3-4-06	ID# CK#	Michael R. Recves 11587 167th Lane Indianola, IA 50125		100.00	<input type="checkbox"/>
3-13-06	ID# CK#	Ricky J. Halvorsen 11728 Lucas Place Indianola, IA 50125		500.00	<input type="checkbox"/>
3-13-06	ID# CK#	Connie Russell Schmett 10141 Lincoln Ave. Clive, IA 50325		100.00	<input type="checkbox"/>
3-24-06	ID# CK#	Walter J Conlon 126 W Second St. Muscatine, IA 52761		100.00	<input type="checkbox"/>
4-4-06	ID# CK#	Susan A. Glick 511 W. Boston Ave. Indianola, IA 50125		25.00	<input type="checkbox"/>
4-6-06	ID# CK#	Harlan Hirsch 13045 R57 Hwy Indianola, IA 50125		30.00	<input type="checkbox"/>

SUB-TOTAL \$ 2,455.00

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

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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)
Garrett for Senate Committee

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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4-12	ID# CK#	Debra K. Montgomery 304 S "P" St. Indianola, IA 50125		\$100.00	<input type="checkbox"/>
4-29-06	ID# CK#	Lita J. Meints 716 W Iowa Ave. Indianola, IA 50125		25.00	<input type="checkbox"/>
4-27-06	ID# CK#	Marjorie Rodgers 904 Hwy 92 Indianola, IA 50125		25.00	<input type="checkbox"/>
4-25-06	ID# CK#	R. Jeffrey Lewis 7507 Hoover St. Indianola, IA 50125		200.00	<input type="checkbox"/>
5-8-06	ID# CK#	Roberta A. Lucas 3145 220th Ave. Hartford, IA 50118		25.00	<input type="checkbox"/>
5-8-06	ID# CK#	Angela A. Oberreuter 3030 Meadow Rd. Adel, IA 50003		50.00	<input type="checkbox"/>
5-8-06	ID# CK#	Grace J. Caudill 2736 305th St. Peru, IA 50222		10.00	<input type="checkbox"/>
5-8-06	ID# CK#	Dale Frank 415 W. Benton Winterset, IA 50273		20.00	<input type="checkbox"/>
5-8-06	ID# CK#	Paul W. Aardsma 8160 Plaza Lane Des Moines, IA 50320		25/00	<input type="checkbox"/>
5-8-06	ID# CK#	Mrs. Brett L. Terhaar 2046 Adair-Madison Ave. Winterset, IA 50273		20.00	<input type="checkbox"/>

SUB-TOTAL
\$ 500.00
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)
 Garrett for Senate Committee

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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5-8-06	ID# CK#	Paul Marston 1641 Elmwood Ave. Earlham, IA 50072		\$10.00	<input type="checkbox"/>
5-8-06	ID# CK#	Jay A. Johnson 16284 Hwy 65-69 Indianola, IA 50125		25.00	<input type="checkbox"/>
5-8-06	ID# CK#	M. E. Keeney 1105 N. Buxton Indianola, IA 50125		10.00	<input type="checkbox"/>
5-8-06	ID# CK#	Rollin Dyer 12253 Nevada St. Indianola, IA 50125		25.00	<input type="checkbox"/>
5-8-06	ID# CK#	Richard I. Currier 103 W. Hillcrest Dr. Indianola, IA 50125		15.00	<input type="checkbox"/>
5-8-06	ID# CK#	Dorthy Grant 23774 Fillmore St. Hartford, IA 50118		1.00	<input type="checkbox"/>
5-8-06	ID# CK#	Robrt A. Kaldenberg 323 W. Jefferson Winterset, IA 50273		40.00	<input type="checkbox"/>
5-9-06	ID# CK#	Harlan Hirsch 13045 R57 Hwy Indianola, IA 50125		40.00	<input type="checkbox"/>
5-9-06	ID# CK#	Richard A Nation 7502 25th Ave. Norwalk, IA 50211		25.00	<input type="checkbox"/>
5-9-06	ID# CK#	Jo Ann Pulse 1921 Windwood Trail Prole, IA 50229		20.00	<input type="checkbox"/>
SUB-TOTAL				\$ 211.00	
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)
Garrett for Senate Committee

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	✓ IF FOR FUND-RAISER INCOME
5-9-06	ID# CK#	Sharon K. Grunwald 507 W. Orchard Ave. Indianola, IA 50125		\$50.00	<input type="checkbox"/>
5-11-06	ID# CK#	Pauline G. Cramer 14147 158th Ave. Indianola, IA 50125		50.00	<input type="checkbox"/>
5-11-06	ID# CK#	Pamela Young Indianola, IA 50125		25.00	<input type="checkbox"/>
5-11-06	ID# CK#	Leigh Carpenter 7705 Hwy 28 Prolc, IA 50229		25.00	<input type="checkbox"/>
5-11-06	ID# CK#	Verle L. Spence 220 W. Elm St. Hartford, IA 50118		25.00	<input type="checkbox"/>
5-11-06	ID# CK#	Margie C. Shetterly-Spence 220 W. Elm St. Hartford, IA 50118		25.00	<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 \$ 200.00
TOTAL (if last page of this schedule) \$ 3,366.00

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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)
Garrett for Senate Committee

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
3-1-06	ID# CK#	Postmaster Indianola, Iowa 50125	Post Office Box Rental	\$ 38.00
3-23-06	ID# CK#	Republican Party of Iowa 621 East 9th St. Des Moines, Iowa 50309	LMF Candidate School, Candidate & Guest	50.00
4-6-06	ID# CK#	Julian B. Garrett P.O. Box 505 Indianola, IA 5025	Reimbursement for Engraved Badge, CD of Registered Voters in Dist #37, Xeroxing of Registered Voter Lists.	90.59
4-19-06	ID# CK#	Postmaster Indianola, Iowa 50126	Business Reply Mail--Deposit for postage/handling fees.	200.00
4-20-06	ID# CK#	MBNA AmericaBank P.O. Box 15287 Wilmington, DE 19886-5287	3-9-06 thru 4-7-06 for Yahoo Web Site "GarrettforSenate"	6.71
4-25-06	ID# CK#	Postmaster Indianola, Iowa 50125	Postage - 2,500 ea \$.39 stamps (25 rolls)	975.00
5-1-06	ID# CK#	Postmaster Indianola, Iowa 50125	Business Reply Mail Annual Fee (160.00), 3 rolls (100 ea) Postage (117.00).	277.00
	ID# CK#			
SUB-TOTAL				\$ 1,637.30
TOTAL (if last page of this schedule)				\$ 1,637.30

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)
 Garrett for Senate Committee

SCHEDULE D (Rev. 08/98)	INCURRED INDEBTEDNESS
<input 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.

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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.

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

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*
4-30-06	Christian Printers, Inc. 1411 21st St. Des Moines, Iowa 50311	5,000 Letterhead; 5,000 #10 envelopes; 5,000 envelopes; 2,900 BRC; 2,900 Imprint/fold Letter	\$ 1,592.23
5-8-06	MBNA America Bank, P.O. Box 15287 Wilmington, DE 19886-5287	04-08-06 thru 05-08-06 Yahoo Web Site "Garrett for Senate"	6.71
SUB-TOTAL			\$ 1,598.94
TOTAL DEBTS OWED BY COMMITTEE AT THE END OF THIS REPORTING PERIOD			\$ 1,598.94

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

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.

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)
 Garrett for Senate Committee

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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
5-4-06	Dennis Daggett 2253 Carver Rd., Winterset, IA 50173		Food for Volunteers	\$ 10.00	<input type="checkbox"/>
5-11-06	Dennis Daggett 2253 Carver Rd., Winterset, IA 50173		Food for Volunteers	90.00	<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

SUB-TOTAL	\$ 100.00
TOTAL (if last page of this schedule)	\$ 100.00

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