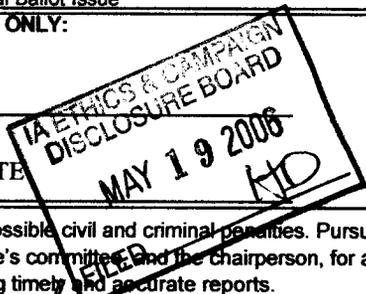


Reset Form

DISCLOSURE SUMMARY PAGE

FORM DR-2 (Rev. 12/2005) DISCLOSURE REPORT. For Office Use Only: Comm. # 5114, 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) COMMITTEE TO ELECT MICHAEL A. MAURO. IMPORTANT: Indicate by # type of committee you are reporting for: 1. (1) Statewide/Legislative/Judge Standing for Retention Candidate... CANDIDATE COMMITTEES ONLY: Candidate Name MICHAEL A. MAURO, Office Sought SECRETARY OF STATE, Political Party (if applicable) DEMOCRAT, District (if Senate or House)



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: Samuel D. Gomer, TELEPHONE: 266-6895, DATE SIGNED: 5-19-06

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

Table with 2 columns: Description and Amount. CASH ON HAND at the beginning of the reporting period: \$ 79,713.01. ADD TOTAL MONEY TAKEN IN THIS PERIOD: Schedule A: Cash Contributions total: 29,000.59. SUB-TOTAL: \$ 108,713.60. SUBTRACT TOTAL MONEY SPENT THIS PERIOD: Schedule B: Expenditures total: 12,509.44. CASH ON HAND at the end of this reporting period: \$ 96,204.16

\*\*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

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)  
 COMMITTEE TO ELECT MICHAEL A. MAURO

**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
01-06-06	ID# 6112 CK# 1501	PACEG PO BOX 855 DM, IA 50312		\$1000.00	<input type="checkbox"/>
01-06-06	ID# CK#	HONORA KIRVIN 675 - 42ND ST DM, IA 50312		50.00	<input type="checkbox"/>
01-06-06	ID# CK#	RICHARD MURPHY 3800 CRESTMOOR PL DM, IA 50310		50.00	<input type="checkbox"/>
01-06-06	ID# CK#	TONI URBAN 214 FOSTER DR DM, IA 50312		100.00	<input type="checkbox"/>
01-11-06	ID# CK#	JOHN HEARN 1300 LCOUST DM, IA 50309		75.00	<input type="checkbox"/>
01-21-06	ID# CK#	VICTOR SCAGLIONE 3806 SW 28TH PL DM, IA 50321		100.00	<input type="checkbox"/>
01-21-06	ID# CK#	JOE AIELLO 3700 WOLCOTT AVE DM, IA 53021		100.00	<input type="checkbox"/>
01-21-06	ID# CK#	HENRY MANNING 1118 WATER ST #324 DM, IA 50309		50.00	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
<b>SUB-TOTAL</b>				\$ 1525.00	<input checked="" type="checkbox"/>
<b>TOTAL (if last page of this schedule)</b>				\$	

\* 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 <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)  
COMMITTEE TO ELECT MICHAEL A. MAURO

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01-23-06	ID# CK#	VIRGINIA PETERSEN 6012 TERRACE DR JOHNSTON, IA 50131		\$50.00	<input type="checkbox"/>
01-23-06	ID# CK#	MARGUERITE MC NABB 1232 WISCONSIN AVE AMES, IA 50010		50.00	<input type="checkbox"/>
01-23-06	ID# CK#	TOM TIMMONS BOX 14 PRAIRIE CITY, IA 50228		50.00	<input type="checkbox"/>
01-23-06	ID# CK#	PETER RICCELLI 2601 E LEACH AVE DM, IA 50320		100.00	<input type="checkbox"/>
01-23-06	ID# CK#	CHARLES HANSON 300 WALNUT #45 DM, IA 50309		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  
\$ 350.00

**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 <b>A</b> (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**COMMITTEE NAME** (Must be same as on Statement of Organization)  
COMMITTEE TO ELECT MICHAEL A. MAURO

**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
01-27-06	ID# CK#	FRANK VITO 3116 SW 14TH ST. DM, IA 50315		\$25.00	<input type="checkbox"/>
01-27-06	ID# CK#	LOIS DAVIS 521 VILLAGE RUN AVE UNIT 501 DM, IA 50317		25.00	<input type="checkbox"/>
01-27-06	ID# CK#	GERALDINE LAVIA 3106 BEAVER AVE DM IA 50310		25.00	<input type="checkbox"/>
01-27-06	ID# CK#	MARK HAVERLAND 3852 NW 90TH PL POLK CITY, IA 50226		50.00	<input type="checkbox"/>
01-27-06	ID# CK#	JAN SEARS 1795 WATERS EDGE DR PH, IA 50327		50.00	<input type="checkbox"/>
01-27-06	ID# CK#	JANET ALESSIO 3734 SE 10TH DM, IA 50315		50.00	<input type="checkbox"/>
01-27-06	ID# CK#	RANDY RIPPERGER 623 W WASHINGTON ST WINTERSET, IA 50273		50.00	<input type="checkbox"/>
01-27-06	ID# CK#	WAYNE WONG 3701 SW 29TH ST DM, IA 50321		50.00	<input type="checkbox"/>
01-27-06	ID# CK#	JULIE KAY LEWIS 1816 E 22ND ST DM IA 50317		50.00	<input type="checkbox"/>
01-27-06	ID# CK#	LINDA THOMPSON 2804 SCENIC PL WDM, IA 50265		50.00	<input type="checkbox"/>

SUB-TOTAL \$ 425.00

**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)

**COMMITTEE NAME** (Must be same as on Statement of Organization)  
 COMMITTEE TO ELECT MICHAEL A. MAURO

SCHEDULE <b>A</b> (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**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
01-27-06	ID# CK#	WILLIAM LILLIS 3000 PATRICIA DR DM, IA 50322		\$75.00	<input type="checkbox"/>
01-27-06	ID# CK#	JERRY NEUGENT 4949 WESTOWN PKWY SUITE 200 WDM, IA 50266		75.00	<input type="checkbox"/>
01-27-06	ID# CK#	MARILYN SPINA 2545 E OVID AVE DM, IA 50317		100.00	<input type="checkbox"/>
01-27-06	ID# CK#	JAMES A. AUTRY 5007 WOODLAND DM, IA 50312		100.00	<input type="checkbox"/>
01-27-06	ID# CK#	DENNIS PARROTT 345 W 28TH ST. S. NEWTON, IA 50208		100.00	<input type="checkbox"/>
01-27-06	ID# CK#	TOM PATTERSON 6550 CENTERS ST DM, IA 50312		100.00	<input type="checkbox"/>
01-27-06	ID# CK#	RAY BLASE 913 NE 34TH ST ANKENY, IA 50021		100.00	<input type="checkbox"/>
01-27-06	ID# CK#	MATT BRICK 1623 MAIN ST UNIT 808 DALLAS, TX 75201		100.00	<input type="checkbox"/>
01-27-06	ID# CK#	RANDY MAURO 1110 RANCHEL DR DM, IA 50320	NEPHEW	100.00	<input type="checkbox"/>
01-27-06	ID# CK#	BRAD PEYTON PO BOX 42124 URBANDALE, IA 50323		100.00	<input type="checkbox"/>

SUB-TOTAL  
 \$ 950.00  
**TOTAL (if last page of this schedule)**  
 \$

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For Instructions, See Back of Form

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**CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

**COMMITTEE NAME** (Must be same as on Statement of Organization)  
 COMMITTEE TO ELECT MICHAEL A. MAURO

SCHEDULE <b>A</b> (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**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
01-27-06	ID# CK#	PAUL ANDREW 3300 SOUTHERN WOODS DR DM, IA 50321		\$100.00	<input type="checkbox"/>
01-27-06	ID# CK#	JAMES HARRIS 12591 CLARK ST CLIVE, IA 50325		200.00	<input type="checkbox"/>
01-30-06	ID# CK#	CONNIE MARTURELLO 3620 SW 9TH DM, IA 50315		25.00	<input type="checkbox"/>
01-30-06	ID# CK#	RICHARD CACCIATORE 3405 SE 4TH ST DM, IA 50315		25.00	<input type="checkbox"/>
01-30-06	ID# CK#	DARREN MARASCO 3135 SW 13TH ST. DM, IA 50315		100.00	<input type="checkbox"/>
01-30-06	ID# CK#	KENNETH SHUFELT 2625 VINE NO. 107 WDM, IA 50265		100.00	<input type="checkbox"/>
01-30-06	ID# CK#	JEFF HUNTER 1000 WALNUT ST DM, IA 50309		250.00	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL	\$ 800.00
<b>TOTAL (if last page of this schedule)</b>	\$

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For Instructions, See Back of Form

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**CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

**COMMITTEE NAME** (Must be same as on Statement of Organization)  
 COMMITTEE TO ELECT MICHAEL A. MAURO

SCHEDULE <b>A</b> (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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01-31-06	ID# CK#	JIM BOCKEN 1385 NORTH 14TH ST FORT DODGE, IA 50501		\$50.00	<input type="checkbox"/>
01-31-06	ID# CK#	MARY ANN BENNETT 8324 HAMMONTREE DR URBANDALE, IA 50322		50.00	<input type="checkbox"/>
01-31-06	ID# CK#	PETE LEO 3515 TRUBER PL DM, IA 50315		50.00	<input type="checkbox"/>
01-31-06	ID# CK#	JACK HATCH 696 18TH ST DM, IA 50314		100.00	<input type="checkbox"/>
01-31-06	ID# CK#	MARY JO HOFFMANS 6620 OLIVER SMITH DR URBANDALE, IA 50322		100.00	<input type="checkbox"/>
01-31-06	ID# CK#	PATRICIA PASHLER 2075 SYLVAN RILL RD WDM, IA 50265		100.00	<input type="checkbox"/>
01-31-06	ID# CK#	JONATHAN WILSON 2924 DRUID HILL DR DM, IA 50315		100.00	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL  
 \$ 550.00  
**TOTAL (if last page of this schedule)**  
 \$

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For Instructions, See Back of Form

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**CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

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

COMMITTEE TO ELECT MICHAEL A. MAURO

SCHEDULE <b>A</b> (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**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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02-01-06	ID# CK#	RUTH SCHABEN 1104 UCON AVE DUNLAP, IA 51529		\$25.00	<input type="checkbox"/>
02-01-06	ID# CK#	ROSE CORDARO 1628 E VIRGINIA DM, IA 50320		50.00	<input type="checkbox"/>
02-01-06	ID# CK#	SUZANNE FLYNN 4004 OVID AVE DM, IA 50310		50.00	<input type="checkbox"/>
02-01-06	ID# CK#	FRANCIS ANANIA 3125 SW PARK PLZ DM, IA 50315		100.00	<input type="checkbox"/>
02-02-06	ID# CK#	JOHN LIEPA 603 E SALEM AVE INDIANOLA, IA 50125		50.00	<input type="checkbox"/>
02-02-06	ID# CK#	DENNIS BRUGIONI 3304 SW 20TH ST ANKENY, IA 50021		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"/>

SUB-TOTAL

\$ 375.00

**TOTAL (if last page of this schedule)**

\$

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For Instructions, See Back of Form

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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)  
COMMITTEE TO ELECT MICHAEL A. MAURO

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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
02-03-06	ID# CK#	RICHARD STURGEON 2632 W 1ST ST SIOUX CITY, IA 51103		\$10.00	<input type="checkbox"/>
02-03-06	ID# CK#	VIRGINIA ROWEN 3407 CROCKER DM IA 50312		25.00	<input type="checkbox"/>
02-03-06	ID# CK#	G. FOGGIA 6815 ROSELAND DR URBANDALE, IA 50322		50.00	<input type="checkbox"/>
02-03-06	ID# CK#	THERESA M. RENZO 3910 SW 13TH ST DM, IA 50315		50.00	<input type="checkbox"/>
02-03-06	ID# CK#	ANTONIO COLACINO 4645 ELM ST WDM, IA 50265		75.00	<input type="checkbox"/>
02-07-06	ID# CK#	MARY MOLLOY 2220 NW 72ND AVE ANKENY, IA 50021		25.00	<input type="checkbox"/>
02-07-06	ID# CK#	LAWRENCE BELTRAME 1115 CAULDER DM, IA 50315		25.00	<input type="checkbox"/>
02-07-06	ID# CK#	EDWARD BOESEN 3409 BEAVER AVE DM, IA 50310		100.00	<input type="checkbox"/>
02-07-06	ID# CK#	MICHAEL J. FREILINGER PO BOX 93003 DM. IA 50393		250.00	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

\$ 610.00

TOTAL (if last page of this schedule)

\$

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For Instructions, See Back of Form

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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)  
COMMITTEE TO ELECT MICHAEL A. MAURO

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02-17-06	ID# CK#	JAMES PATCH 2803 STANTON DM, IA 50321		\$20.00	<input type="checkbox"/>
02-17-06	ID# CK#	LU BARRON 2000 LINDEN DR SE CEDAR RAPIDS, IA 52403		25.00	<input type="checkbox"/>
02-17-06	ID# CK#	CHARLOTTE PALMER 405 E MILLER AVE DM IA 50315		25.00	<input type="checkbox"/>
02-17-06	ID# CK#	GEORGE KINLEY 1924 WILLOMERE DR DM, IA 50315		50.00	<input type="checkbox"/>
02-17-06	ID# CK#	JOHN TAPSCOTT 7364 JESUP ST INDIANOLA, IA 50125		50.00	<input type="checkbox"/>
02-17-06	ID# CK#	BONNIE THORN 5502 INGERSOLL AVE DM, IA 50312		50.00	<input type="checkbox"/>
02-17-06	ID# CK#	KATHLEEN M. MCDONNELL 2335 GLENWOOD DR DM, IA 50321		50.00	<input type="checkbox"/>
02-17-06	ID# CK#	DANIEL MCENIRY 2901 GRAND AVE #106 DM, IA 50312		50.00	<input type="checkbox"/>
02-17-06	ID# CK#	FLORENCE BURCH 601 GRAND OAKS DR WDM. IA 50265		75.00	<input type="checkbox"/>
02-17-06	ID# CK#	J. DOUGLAS RECHARDT 3001 WESTOWN PKWY WDM, IA 50266		100.00	<input type="checkbox"/>

SUB-TOTAL  
\$ 495.00  
TOTAL (if last page of this schedule)  
\$

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For Instructions, See Back of Form

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**CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

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

COMMITTEE TO ELECT MICHAEL A. MAURO

SCHEDULE <b>A</b> (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**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
02-17-06	ID# CK#	DELMO PIAGENTINI 8021 GARRISON ROAD DM, IA 50325		\$100.00	<input type="checkbox"/>
02-17-06	ID# CK#	LEONARD BOSWELL 4323 GRAND AVE #433 DM, IA 50312		100.00	<input type="checkbox"/>
02-17-06	ID# CK#	RAYMOND DIPAGLIA 4500 MERLE HAY RD DM, IA 50310		100.00	<input type="checkbox"/>
02-17-06	ID# CK#	MATTHEW PAUL 6440 EP TRUE PARKWAY APT. 3106 WDM, IA 50266		100.00	<input type="checkbox"/>
02-17-06	ID# CK#	G. DAVID HURD 300 WALNUT ST. NO. 183 DM, IA 50309		250.00	<input type="checkbox"/>
02-17-06	ID# CK#	JOE MAURO 4318 SW 9TH DM, IA 50315	Brother	500.00	<input type="checkbox"/>
02-17-06	ID# CK#	MICHAEL COPPOLA 4521 FLEUR DR SUITE C DM, IA 50321		2000.00	<input type="checkbox"/>
02-21-06	ID# CK#	LAURA SANDS 2922 37TH ST DM, IA 50310		25.00	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
SUB-TOTAL				\$ 3175.00	
<b>TOTAL (if last page of this schedule)</b>				\$	

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For Instructions, See Back of Form

Reset Form

<b>SCHEDULE A</b> (Rev. 07/03)	<b>MONETARY RECEIPTS</b>
	<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)  
 COMMITTEE TO ELECT MICHAEL A. MAURO

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02-23-06	ID# CK#	GARY RUNGE 3020 SW THORNTON AVE DM, IA 50321		\$25.00	<input type="checkbox"/>
02-23-06	ID# CK#	BRAD WINTERBOTTOM 4728 95TH ST DM, IA 50322		50.00	<input type="checkbox"/>
02-23-06	ID# CK#	JOHNNY DANOS 3315 SOUTHERN HILLS DR DM, IA 53021		100.00	<input type="checkbox"/>
02-25-06	ID# CK#	CAROLY M. COLOSIMO 806 MAISH DM, IA 50315		30.00	<input type="checkbox"/>
02-25-06	ID# CK#	BRIAN K. ANDREW 620 LITTLE WALNUT CREEK DR WAUKEE, IA 50263		50.00	<input type="checkbox"/>
02-25-06	ID# CK#	BONIFACIO CHACON 607 MAISH AVE DM, IA 50315		50.00	<input type="checkbox"/>
02-25-06	ID# CK#	JOHN RENDA 1592 NE 58TH AVE DM, IA 50313		100.00	<input type="checkbox"/>
02-25-06	ID# CK#	MARILYN SPINA 2545 E OVID AVE DM, IA 50317		150.00	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input 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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**CONTRIBUTIONS – MONEY TAKEN IN**

(Including candidate's personal funds)

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

COMMITTEE TO ELECT MICHAEL A. MAURO

SCHEDULE <b>A</b> (Rev. 07/03)	MONETARY RECEIPTS
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02-28-06	ID# CK#	CARL OLSEN 130 E AURORA AVE DM, IA 50313		\$10.00	<input type="checkbox"/>
02-28-06	ID# CK#	CHARLES FUNARO 2420 E 29TH ST DM IA 50317		25.00	<input type="checkbox"/>
02-28-06	ID# CK#	JOHN FATINO 1605 SEARIGHT DR DM, IA 50327		40.00	<input type="checkbox"/>
02-28-06	ID# CK#	BARBARA MCCLINTOCK 669 41ST ST DM, IA 50312		50.00	<input type="checkbox"/>
02-28-06	ID# CK#	LAWRENCE JAMES 928 CALIFORNIA DR DM, IA 50312		100.00	<input type="checkbox"/>
02-28-06	ID# CK#	RON RICKER 437 49TH ST DM, IA 50312		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"/>

SUB-TOTAL

\$ 325.00

**TOTAL (if last page of this schedule)**

\$

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For Instructions, See Back of Form

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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)  
COMMITTEE TO ELECT MICHAEL A. MAURO

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03-03-06	ID# CK#	MARY NEWELL 100 LINCOLN ST SE BOX 303 BONDURANT, IA		\$100.00	<input type="checkbox"/>
03-04-06	ID# CK#	DARLENE M. CLARK 1500 - 41ST PL DM, IA 50311		100.00	<input type="checkbox"/>
03-10-06	ID# CK#	CHESTER GUINN 1041 8TH ST DM, IA 50314		25.00	<input type="checkbox"/>
03-10-06	ID# CK#	HOWARD HAGEN 1600 HUB TOWER DM, IA 50309		25.00	<input type="checkbox"/>
03-10-06	ID# CK#	TERRY MONSON 921 BRIAR RIDGE RD WDM, IA 50265		50.00	<input type="checkbox"/>
03-10-06	ID# CK#	JOHN HOLVECK 2007 - 47TH ST DM, IA 50310		50.00	<input type="checkbox"/>
03-10-06	ID# CK#	SHIRLEY DANIELS 1930 LINCOLN AVE DM, IA 50314		50.00	<input type="checkbox"/>
03-10-06	ID# CK#	GARY PALMER 7070 NE 64TH ALTOONA, IA 50009		100.00	<input type="checkbox"/>
03-14-06	ID# CK#	TOM SLATER 118 NORWOOD ROAD DM, IA 50312		150.00	<input type="checkbox"/>
03-14-06	ID# CK#	TINA THOMPSON 2918 SOUTHERN HILLS CIRCLE DM, IA 50321		50.00	<input type="checkbox"/>
<b>SUB-TOTAL</b>				\$ 700.00	

**TOTAL (if last page of this schedule)**

\$ 700.00
\$

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For Instructions, See Back of Form

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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)  
COMMITTEE TO ELECT MICHAEL A. MAURO

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03-16-06	ID# CK#	SONNA STRUYF 341 SE ROSE AVE DM, IA 50315		\$50.00	<input type="checkbox"/>
03-16-06	ID# CK#	MICHAEL GALLOWAY 3516 - 129TH ST URBANDALE, IA 50322		75.00	<input type="checkbox"/>
03-16-06	ID# CK#	GARY RANDA 3029 GRAND AVE APT 206 DES MOINES, IA 50312		250.00	<input type="checkbox"/>
03-20-06	ID# CK#	ELIZABETH A. GOODWIN 3930 GRAND AVE APT 206 DM, IA 50312		200.00	<input type="checkbox"/>
03-20-06	ID# CK#	LINDA LANGENBERG 140 PARTRIDGE AVE MARION, IA 52302		75.00	<input type="checkbox"/>
03-23-06	ID# CK#	DONALD SCRIGNOLI 1226 BIRCH LANE DM, IA 50312		30.00	<input type="checkbox"/>
03-23-06	ID# CK#	FRED LOCK 725 54TH ST DM, IA 50312		50.00	<input type="checkbox"/>
03-28-06	ID# CK#	DAN MCGUIRE 100 - 37TH ST DM, IA 50312		250.00	<input type="checkbox"/>
03-28-06	ID# CK#	HARRY BOOKEY 400 LOCUST ST SUITE 790 DM. IA 50309		250.00	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

\$ 1230.00

**TOTAL (if last page of this schedule)**

\$

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For Instructions, See Back of Form

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**CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

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

COMMITTEE TO ELECT MICHAEL A. MAURO

SCHEDULE <b>A</b> (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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04-23-06	ID# CK#	LEONARD L BOSWELL 28308 - 177TH AVE DAVIS CITY, IA 50065		\$200.00	<input type="checkbox"/>
04-26-06	ID# CK#	KATE GRONSTAL 1720 - 27TH AVE COUNCIL BLUFFS, IA 51501		20.00	<input checked="" type="checkbox"/>
04-26-06	ID# CK#	ANN FATOVICH 2 HORIZON DR COUNCIL BLUFFS, IA 51503		20.00	<input checked="" type="checkbox"/>
04-26-06	ID# CK#	J HOLLAND 3601 11TH AVE APT 32 COUNCIL BLUFFS, IA 51501		20.00	<input checked="" type="checkbox"/>
04-26-06	ID# CK#	CHARLES WREDT 13575 BERRY HILL AVE COUNCIL BLUFFS, IA 51503		25.00	<input checked="" type="checkbox"/>
04-26-06	ID# CK#	MRS LEO KENEALY 109 5TH ST MINDEN, IA 51553		25.00	<input checked="" type="checkbox"/>
04-26-06	ID# CK#	BARBARA CHAMBERS 2041 - 130TH ST ESSEX, IA 51638		25.00	<input checked="" type="checkbox"/>
04-26-06	ID# CK#	WILLIAMS KEISTER 1235 WEDGEWOOD DR COUNCIL BLUFFS, IA 51503		25.00	<input checked="" type="checkbox"/>
04-26-06	ID# CK#	W L MILLER 115 HELEN AVE COUNCIL BLUFFS, IA 51503		25.00	<input checked="" type="checkbox"/>
04-26-06	ID# CK#	ROLAND LYNCH PO BOX 864 COUNCIL BLUFFS, IA 51502		30.00	<input checked="" type="checkbox"/>

SUB-TOTAL

\$ 415.00  
\$

**TOTAL (if last page of this schedule)**

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**CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

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

COMMITTEE TO ELECT MICHAEL A. MAURO

SCHEDULE <b>A</b> (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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04-26-06	ID# CK#	RICHARD WETTENGEL 109 MEADOW LANE COUNCIL BLUFFS, IA 51503		\$40.00	<input checked="" type="checkbox"/>
04-26-06	ID# CK#	PATRICIA WOLEVER 4022 RAMELLE DR COUNCIL BLUFFS, IA 51501		50.00	<input checked="" type="checkbox"/>
04-26-06	ID# CK#	MARILYN JO DRAKE 15263 CATALINA TER COUNCIL BLUFFS, IA 51503		50.00	<input checked="" type="checkbox"/>
04-26-06	ID# CK#	ROBERT LAUBENTHAL 9 HORIZON DR COUNCIL BLUFFS, IA 51503		50.00	<input checked="" type="checkbox"/>
04-26-06	ID# CK#	MATTHEW BRUMMETT 308 CLOVERDALE DR COUNCIL BLUFFS, IA 51503	NEPHEW	50.00	<input checked="" type="checkbox"/>
04-26-06	ID# CK#	LEO MARTIN 113 ARBOR CIR COUNCIL BLUFFS, IA 51501		50.00	<input checked="" type="checkbox"/>
04-26-06	ID# CK#	MATTHEW WALSH 1514 SKYLINE DR COUNCIL BLUFFS, IA 51503		100.00	<input checked="" type="checkbox"/>
04-26-06	ID# CK#	DELORES FISCHER 26283 - 298TH ST NEOLA, IA 51559	MOTHER-IN-LAW	100.00	<input checked="" type="checkbox"/>
04-26-06	ID# CK#	STEVE O'NEILL 553 WILLOW AVE COUNCIL BLUFFS, IA 51503		75.00	<input checked="" type="checkbox"/>
04-26-06	ID# CK#	EMIL SULENTIC 7350 STAFFORD DR COUNCIL BLUFFS, IA 51503		100.00	<input checked="" type="checkbox"/>

SUB-TOTAL

\$ 665.00  
\$

TOTAL (if last page of this schedule)

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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)

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04-26-06	ID# CK#	MARY FISCHER 30306 270TH ST NEOLA, IA 51559	SISTER N LAV	\$200.00	<input checked="" type="checkbox"/>
04-26-06	ID# CK#	JULIA DOLL 24 WESTLAKE VILLAGE COUNCIL BLUFFS, IA 51501		200.00	<input checked="" type="checkbox"/>
04-26-06	ID# CK#	KEN PETERSEN PO BOX 128 COUNCIL BLUFFS, IA 51502		1165.59	<input checked="" 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

\$ 1565.59
\$

**TOTAL (if last page of this schedule)**

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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)

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05-01-06	ID# CK#	GLENN BUHR 4127 30TH ST DM, IA 50310		\$25.00	<input type="checkbox"/>
05-01-06	ID# CK#	JAMES HUTTER 832 CRYSTAL AMES, IA 50010		25.00	<input type="checkbox"/>
05-01-06	ID# CK#	ALAN FISHER 2000 MEADOWS CHASE LANE UNIT 603 DM, IA 50320		25.00	<input type="checkbox"/>
05-01-06	ID# CK#	RICHARD BAME 5821 BRENTWOOD CIR JOHNSTON, IA 50131		25.00	<input type="checkbox"/>
05-01-06	ID# CK#	JASON JAMES 24371 RICHFIELD LOOP COUNCIL BLUFFS, IA 51503		100.00	<input checked="" type="checkbox"/>
05-01-06	ID# CK#	KATHLEEN TISHER 1116 S. 35TH ST COUNCIL BLUFFS, IA 51501		100.00	<input checked="" type="checkbox"/>
05-01-06	ID# CK#	MARILYN SPINA 2545 E OVID AVE DM, IA 50317		100.00	<input type="checkbox"/>
05-01-06	ID# CK#	JOHN JERKOVICH 535 W BROADWAY SUITE 100 COUNCIL BLUFFS, IA 51503		100.00	<input checked="" type="checkbox"/>
05-01-06	ID# CK#	ROBERT SULENTIC 6037 LAKEHURST AVE DALLAS, TX 75230		250.00	<input checked="" type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
<b>SUB-TOTAL</b>				\$ 750.00	
<b>TOTAL (if last page of this schedule)</b>				\$	

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**CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

**COMMITTEE NAME** (Must be same as on Statement of Organization)  
 COMMITTEE TO ELECT MICHAEL A. MAURO

SCHEDULE <b>A</b> (Rev. 07/03)	MONETARY RECEIPTS
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05-03-06	ID# CK#	BOBBY BAKER PO BOX 684 DES MOINES, IA 50303		\$15.00	<input type="checkbox"/>
05-03-06	ID# CK#	MARY GASKILL 509 E 4TH ST OTTUMWA, IA 52501		50.00	<input type="checkbox"/>
05-03-06	ID# CK#	ARTHUR HEDBERG 1716 E 31ST CT DM, IA 50317		100.00	<input type="checkbox"/>
05-03-06	ID# CK#	MICHAEL ROMANO 903 - 3RD ST COUNCIL BLUFFS, IA 51503		100.00	<input checked="" type="checkbox"/>
05-03-06	ID# CK#	JAMES COWNIE 141 - 37TH ST DM, IA 50312		2000.00	<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 \$ 2265.00

**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

Reset Form

**CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

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

COMMITTEE TO ELECT MICHAEL A. MAURO

SCHEDULE <b>A</b> (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**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
05-07-06	ID# CK#	WILLARD REGER 315 PARK AVE COUNCIL BLUFFS, IA 51503		\$10.00	<input type="checkbox"/>
05-07-06	ID# CK#	WILLIAM SUEPPEL 122 S LINN ST IOWA CITY, IA 52240		25.00	<input type="checkbox"/>
05-07-06	ID# CK#	MARLENA RAY 514 E 11TH ST S. NEWTON, IA 50208		40.00	<input type="checkbox"/>
05-07-06	ID# CK#	KRIS ROWEN 1414 8TH AVE SE ALTOON, IA 50009		50.00	<input type="checkbox"/>
05-07-06	ID# CK#	CONNIE WIMER 100 - 4TH ST DM, IA 50309		100.00	<input type="checkbox"/>
05-07-06	ID# CK#	POLK COUNTY DEM. CENTRAL COMM. PO BOX 5102 DM, IA 50309		2500.00	<input type="checkbox"/>
05-09-06	ID# CK#	RITA SALMONS 8713 SNAPDRAGON LN URBANDALE, IA 50322		25.00	<input type="checkbox"/>
05-09-06	ID# CK#	MARK WANDRO 8128 WILDEN DR URBANDALE, IA 50322		50.00	<input type="checkbox"/>
05-09-06	ID# CK#	LINDA SHEPHERD 700 SE DIEHL AVE DM, IA 50315		50.00	<input type="checkbox"/>
05-09-06	ID# CK#	PAMELA K CONNER 2715 E 40TH ST DM, IA 50317		50.00	<input type="checkbox"/>

SUB-TOTAL

\$ 2900.00

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)

**COMMITTEE NAME** (Must be same as on Statement of Organization)  
 COMMITTEE TO ELECT MICHAEL A. MAURO

SCHEDULE <b>A</b> (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**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
05-09-06	ID# CK#	CATHERINE ENGEL 907 27TH ST WDM, IA 50265		\$50.00	<input type="checkbox"/>
05-09-06	ID# CK#	VINCENT DEANGELIS 3812 SW 32ND ST DM, IA 50321		100.00	<input type="checkbox"/>
05-09-06	ID# CK#	MAURICE GRAZIANO 3522 SW 13TH ST DM, IA 50315		100.00	<input type="checkbox"/>
05-09-06	ID# CK#	JAMES FITZGERALD 3036 E DIEHL AVE DM, IA 50320		150.00	<input type="checkbox"/>
05-09-06	ID# CK#	BECKY DEWEY 608 LEACH AVE DM, IA 50315		150.00	<input type="checkbox"/>
05-09-06	ID# CK#	GEORGE PALETTA 4415 SW 31ST ST DM, IA 50321		250.00	<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

\$ 800.00

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)

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

Committee to Elect Michael A. Mauro

SCHEDULE <b>A</b> (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**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
05-10-06	ID# CK#	JIM CARNAHAN 2810 38TH ST DM, IA 50310		\$25.00	<input type="checkbox"/>
05-10-06	ID# CK#	KATHY PETERSON 5035 WINDSOR CIR PLEASANT HILL, IA 50327		50.00	<input type="checkbox"/>
05-10-06	ID# CK#	MAXINE WILLITS 4147 BRIARCLIFF DR DM, IA 50317		50.00	<input type="checkbox"/>
05-10-06	ID# CK#	WILLIAM MCCARTHY 5201 SE 32ND ST DM, IA 50320		100.00	<input type="checkbox"/>
05-11-06	ID# CK#	SHERRY MAHRENHOLZ 1325 BIRCH LN DES MOINES, IA 50315		25.00	<input type="checkbox"/>
05-11-06	ID# CK#	KATHLEEN OVERMAN 445 NW 49TH PL DM, IA 50313		50.00	<input type="checkbox"/>
05-11-06	ID# CK#	PEGGY BENDIXEN 3607 SW 35TH ST DM, IA 50321	Niece	50.00	<input type="checkbox"/>
05-11-06	ID# CK#	ARLINDA MCKEEN 5822 WATERBURY RD DM, IA 50312		100.00	<input type="checkbox"/>
05-11-06	ID# CK#	JOHN CRIVARO, SR 1500 CROWN COLONY CT DM, IA 50315		100.00	<input type="checkbox"/>
05-11-06	ID# CK#	NICHOLAS IARIA 3420 SW 12TH PL DM, IA 50315		100.00	<input type="checkbox"/>

SUB-TOTAL

\$ 650.00
\$

**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)

**COMMITTEE NAME** (Must be same as on Statement of Organization)  
 COMMITTEE TO ELECT MICHAEL A MAURO

SCHEDULE <b>A</b> (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**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
05-11-06	ID# CK#	JOHN CHIDO 2809 EMMA AVE DM, IA 50321		\$200.00	<input type="checkbox"/>
05-11-06	ID# CK#	DAVID HURD 300 WALNUT ST NO. 183 DM, IA 53009		1000.00	<input type="checkbox"/>
05-11-06	ID# CK#	DR ROBERT C. MARGEAS 1056 POLK BLVD DM, IA 50311		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"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

\$ 1300.00

TOTAL (if last page of this schedule)

\$

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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)  
 COMMITTEE TO ELECT MICHAEL A. MAURO

**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
05-12-06	ID# CK#	VICKI CHIA 21606 485TH LANE CHARITON, IA 50049		\$100.00	<input type="checkbox"/>
05-12-06	ID# CK#	JACQUELINE EASLEY 313 SOUTHERN HILLS DR DM, IA 50321		100.00	<input type="checkbox"/>
05-12-06	ID# CK#	THOMAS L. SLATER 118 NORTHWOOD RD DM, IA 50312		100.00	<input type="checkbox"/>
05-12-06	ID# CK#	CHUCK CELSI 7700 E GAINNEY RANCH RD SCOTTSDALE, AZ 85258		100.00	<input type="checkbox"/>
05-12-06	ID# CK#	LARRY LAND 6048 TERRACE DR JOHNSTON, IA 50131		100.00	<input type="checkbox"/>
05-12-06	ID# CK#	STEVE CUNNINGHAM 6752 SE 32ND AVE PLEASANT HILL, IA 50327		100.00	<input type="checkbox"/>
05-12-06	ID# CK#	RON CARZOLI 5208 CODY DR WDM, IA 50266		100.00	<input type="checkbox"/>
05-12-06	ID# CK#	BONNIE CAMPBELL 3131 FLEUR DR APT 702 DM, IA 50321		500.00	<input type="checkbox"/>
05-12-06	ID# 5114 CK# 1938	ALL AMERICA PAC 607 14TH ST NW SUITE 800 WASHINGTON, DC 20006		2500.00	<input type="checkbox"/>
05-12-06	ID# CK#	MARK DALEY 811 BURR OAKS DR UNIT 1301 WDM, IA 50266		250.00	<input type="checkbox"/>

SUB-TOTAL \$ 3950.00

TOTAL (if last page of this schedule) \$29,000.59

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FOR INSTRUCTIONS, SEE BACK OF FORM

**Reset Form**

**EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT**

SCHEDULE <b>B</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)  
COMMITTEE TO ELECT MICHAEL A. MAURO

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
01-01-06	ID# CK#	CHASE PO BOX 94014 PALATINE, IL 60094	GAS-TRAVELING FOR CAMPAIGN & CAMPAIGN MEETINGS. CAMPAIGN	\$ 410.81
01-01-06	ID# CK#	US CELLULAR PO BOX 0203 PALATINE, IL 60055	CELL PHONE FOR CAMPAIGN	47.88
01-10-06	ID# CK#	POSTMASTER 1165 - 2ND AVE DM, IA 50309	POSTAGE	78.00
01-17-06	ID# CK#	AH BLANK GOLF COURSE 808 COUNTY LINE RD DM, IA 50315	RECEPTION FOR CAMPAIGN	639.80
01-19-06	ID# CK#	POSTMASTER 1165 2ND AVE DM IA 50309	POSTAGE	234.00
01-27-06	ID# CK#	CHASE PO BOX 94014 PALATINE, IL 60094	GAS- TRAVELING FOR CAMPAIGN & CAMPAIGN MEETINGS	48.42
01-27-06	ID# CK#	CARTER PRINTING 1739 E GRAND AVE DM, IA 50316	LETTERHEAD & ENVELOPES	355.10
01-27-06	ID# CK#	US CELLULAR PO BOX 0203 PALATINE, IL 60094	CELL PHONE FOR CAMPAIGN	67.73
<b>SUB-TOTAL</b>				<b>\$ 1881.74</b>
<b>TOTAL (if last page of this schedule)</b>				<b>\$</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).)

FOR INSTRUCTIONS, SEE BACK OF FORM

**Reset Form**

**EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT**

SCHEDULE <b>B</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)

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
1-31-06	ID# CK#	WAMPOLD STRATEGIES 216 - 11TH ST SE WASHINGTON,DC 2003	DESIGN & PRINTING PASS CARDS	\$ 1075.00
1-31-06	ID# CK#	CARTER PRINTING 1739 E GRAND AVE DM, IA 50316	PRINTING ENVELOPES	131.44
2-15-06	ID# CK#	POSTMASTER 1165 - 2ND AVE DM, IA 50309	POSTAGE	39.00
02-21-06	ID# CK#	DALEY SOLUTIONS 811 BURR OAKS DR #1301 WDM, IA 50265	CONSULTING FEE & INK CARTRIDGES	2514.84
02-21-06	ID# CK#	DEMOCRATIC PARTY OF SCOTT CO. PO BOX 2009 DAVENPORT, IA 52809	CAMPAIGN AD - CONVENTION BOOK	50.00
02-23-06	ID# CK#	CHASE PO BOX 94014 PALATINE, IL 60094	GAS - TRAVELING FOR CAMPAIGN & CAMPAIGN MEETINGS	316.25
02-23-06	ID# CK#	CARTER PRINTING 1739 E GRAND AVE DM, IA 50316	LAPEL & BUMPER STICKERS	717.41
02-27-06	ID# CK#	DEMOCRATIC PARTY OF SCOTT CO. PO BOX 2009 DAVENPORT, IA 52809	CONTRIBUTION	90.00
<b>SUB-TOTAL</b>				<b>\$ 4933.94</b>
<b>TOTAL (if last page of this schedule)</b>				<b>\$</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).)

FOR INSTRUCTIONS, SEE BACK OF FORM

**Reset Form**

**EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT**

<b>SCHEDULE</b> <b>B</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)

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
03-02-06	ID# CK#	US CELLULAR PO BOX 0203 PALATINE, IL 60094	CELL PHONE FOR CAMPAIGN	\$ 46.54
03-03-06	ID# CK#	TARGET 1800 - 35TH ST WDM, IA 50265	CANDY FOR CONVENTION	28.25
03-04-06	ID# CK#	POLK COUNTY DEMOCRATS PO BOX 5102 DM, IA	TABLE FOR CONVENTION	25.00
02-27-06	ID# CK#	DIRECT MARKETING ASSOC 2130 DELAWARE AVE DM, IA 50317	MAILING SERVICE	162.62
03-13-06	ID# CK#	POSTMASTER 1165 -2ND AVE DM, IA 50309	POSTAGE	78.00
03-13-06	ID# CK#	SOUTH SUBURBAN YMCA 401 E ARMY POST RD DM, IA	CONTRIBUTION	25.00
03-16-06	ID# CK#	CARTER PRINTING 1739 E GRAND AVE DM, IA 50316	ENVELOPES, THANK-YOU & NOTE CARDS	253.34
	ID# CK#			
<b>SUB-TOTAL</b>				<b>\$ 618.75</b>
<b>TOTAL (if last page of this schedule)</b>				<b>\$</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).)

FOR INSTRUCTIONS, SEE BACK OF FORM

**Reset Form**

**EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT**

<b>SCHEDULE</b> <b>B</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)  
 COMMITTEE TO ELECT MICHAEL A. MAURO

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
03-23-06	ID# CK#	CHASE PO BOX 94014 PALATINE, IL 60094	GAS-TRAVELING FOR CAMPAIGN & CAMPAIGN MEETINGS	\$ 268.18
03-28-06	ID# CK#	DALEY SOLUTIONS 811 BURR OAKS DR #1301 WDM, IA 50266	CONSULTING FEE & LABELS	2549.99
03-28-06	ID# CK#	US CELLULAR PO BOX 0203 PALATINE, IL 60094	CELL PHONE FOR CAMPAIGN	46.54
03-28-06	ID# CK#	SENATE MAJORITY FUND 5661 FLEUR DR DM, IA 50321	CONTRIBUTION	60.00
04-13-06	ID# CK#	CARTER PRINTING 1739 E GRAND DM, IA 50316	INDOOR POSTERS	368.88
04-13-06	ID# CK#	DIRECT MARKETING ASSOC. 2130 DELAWARE DM, IA 50317	DIRECT MAILING	127.70
04-17-06	ID# CK#	FED EX 700 SW 9TH DM, IA 50309	SHIP POSTERS FOR FUNDRAISER	11.65
04-21-06	ID# CK#	CHASE PO BOX 94014 PALATINE, IL 60094	GAS-TRAVELING FOR CAMPAIGN & CAMPAIGN MEETINGS	355.83
<b>SUB-TOTAL</b>				<b>\$ 3788.77</b>
<b>TOTAL (if last page of this schedule)</b>				<b>\$</b>

**THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:**

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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>SCHEDULE</b> <b>B</b> (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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**COMMITTEE NAME** (Must be same as on Statement of Organization)  
COMMITTEE TO ELECT MICHAEL A. MAURO

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
04-26-06	ID# CK#	TISH'S 1207 S 35TH ST COUNCIL BLUFFS, IA 51501	EXPENSES FOR FUNDRAISER	\$ 1165.59
04-27-06	ID# CK#	US CELLULAR PO BOX 0203 PALATINE,IL 60055	CELL PHONE FOR CAMPAIGN	62.99
04-28-06	ID# CK#	FED EX 700 SW 9TH DM, IA 50009	SHIP CAMPAIGN MATERIALS	18.66
05-1-06	ID# CK#	POSTMASTER 1165 2ND AVE DM, IA 50309	STAMPS	39.00
	ID# CK#			
<b>SUB-TOTAL</b>				\$ 1286.24
<b>TOTAL (if last page of this schedule)</b>				\$ 12,509.44

**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 <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)  
COMMITTEE TO ELECT MICHAEL A. MAURO

**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> MARK DALEY			
<b>Mailing Address</b> 811 BURR OAKS DR #1301 WEST DES MOINES IA 50265			
<b>City</b> WEST DES MOINES	<b>State</b> IA	<b>Zip Code</b> 50265	

<b>CONTRACT PERIOD (MM/DD/YR)</b>	<b>TOTAL ANTICIPATED COMPENSATION FOR PERFORMANCE</b>
From 01-01-06 To 11-30-06	\$ 27,500.00

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

**ESTIMATES OF PERFORMANCE**

CAMPAIGN MANAGEMENT

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