

Reset Form

DISCLOSURE SUMMARY PAGE

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|--|--------------------------|
| FORM DR-2 (Rev. 12/2005) | DISCLOSURE REPORT |
| For Office Use Only 11653 Logged In <u>SW</u> Scanned <u>MAY 19 2006</u> Computer <u>WRS</u> FILED 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)
WILL REGER FOR IOWA HR99

IMPORTANT: Indicate by # type of committee you are reporting for: 2
 (1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party
 (4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other
 Political Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political
 Subdivision PAC (11) Local Ballot Issue

CANDIDATE COMMITTEES ONLY:

Candidate Name WILL REGER Political Party (if applicable) DEM

Office Sought HR 99 District (if Senate or House) 99

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.

Gary S. Probst 712-322-2712 5-17-06
 SIGNATURE OF PERSON FILING REPORT TELEPHONE DATE SIGNED

I AM FILING A MAY 19 (report date)

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.)

REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR. Indicate by # 1

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.) | \$ | <u>0.00</u> |
| ADD TOTAL MONEY TAKEN IN THIS PERIOD | | |
| Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below) | | <u>2,170.00</u> |
| Schedule F: Loans Received total (Attach Schedule F) | | <u>2,000.00</u> |
| Schedule H: Total Sales of Campaign Property (Attach Schedule H) | | <u>0.00</u> |
| (Schedule H applies to Candidates' Committees Only) | | |
| SUB-TOTAL | \$ | <u>4,170.00</u> |
| SUBTRACT TOTAL MONEY SPENT THIS PERIOD | | |
| Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below) | | <u>933.46</u> |
| Schedule F: Loan Repayments total (Attach Schedule F) | | <u>0.00</u> |
| CASH ON HAND at the end of this reporting period (if final report balance must be zero) (Attach DR-3) | \$ | <u>3,236.54</u> |
| **UNPAID BILLS (From Schedule D - Attach Schedule D) | \$ | <u>0.00</u> |
| **IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E) | \$ | <u>0.00</u> |
| **OUTSTANDING LOANS (From Schedule F - Attach Schedule F) | \$ | <u>2,000.00</u> |
| CONSULTANT BREAKDOWN (Schedule G Attached?) | YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | |
| CANDIDATE COMMITTEES ONLY: | | |
| VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H) | \$ | <u>0.00</u> |

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

For Instructions, See Back of Form

APR 17 2006
pm 5:15

Reset Form

| | |
|--|-------------------|
| 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)
WILL REGER FOR IOWA HR 99

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 |
|--------------------------|--|--|--|-----------------|---------------------------|
| 03/23/06 | ID# CK# | JACK McROY 21005 HWY 92 COUNCIL BLUFFS IA 51503 | | \$ 50.00 | <input type="checkbox"/> |
| 04/14/06 | ID# CK# | NEIL SHAVER 710 1ST AVE STE B COUNCIL BLUFFS IA 51503 | | 150.00 | <input type="checkbox"/> |
| 04/17/06 | ID# CK# | LAURA KOCH 4106 N 82nd CIRCLE OMAHA NE 68134 | | 100.00 | <input type="checkbox"/> |
| 04/10/06 | ID# CK# | BETTY L. SHOMSHOR 15847 BORDEN RD CRESCENT IA 51526 | | 50.00 | <input type="checkbox"/> |
| 04/05/06 | ID# CK# | ROBERT T. DODDER 216 CLOVERDALE DR COUNCIL BLUFFS IA 51503 | | 50.00 | <input type="checkbox"/> |
| 04/09/06 | ID# CK# | PAUL CHARLES SHOMSHOR, JR 3018 AVE M COUNCIL BLUFFS IA 51501 | | 150.00 | <input type="checkbox"/> |
| 04/10/06 | ID# CK# | CHARLES L. SMITH 25 HORIZON DR COUNCIL BLUFFS IA 51503 | | 150.00 | <input type="checkbox"/> |
| 04/11/06 | ID# CK# | CRAIG S. LOVSTAD 307 STUTSMAN ST COUNCIL BLUFFS IA 51503 | | 100.00 | <input type="checkbox"/> |
| 05/09/06 | ID# CK# | D. JEANNE JAHN 115 5th AVE COUNCIL BLUFFS IA 51503 | | 50.00 | <input type="checkbox"/> |
| 05/09/06 | ID# CK# | FRANCIS E. CLARK 2 DECATUR CIRCLE COUNCIL BLUFFS IA 51503 | | 100.00 | <input type="checkbox"/> |

SUB-TOTAL \$ 950.00

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)
WILL REGER FOR IOWA HR 99

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 |
|--------------------------|--|--|--|-----------------|-----------------------------|
| 05/09/06 | ID# CK# | PATRICIA M. PETERSON 1007 ARBOR RIDGE CIRCLE COUNCIL BLUFFS IA 51503 | | \$ 50.00 | <input type="checkbox"/> |
| 05/09/06 | ID# CK# | CHARLES C WOOD II 712 VALLEY VIEW DR, APTS COUNCIL BLUFFS IA 51503 | | 250.00 | <input type="checkbox"/> |
| 04/27/06 | ID# CK# | MARY LOU MCGINN 1609 MADISON AVE COUNCIL BLUFFS, IA 51503 | | 100.00 | <input type="checkbox"/> |
| 04/18/06 | ID# CK# | LILLIAN E. HOSTETTER 175 HICKORY LANE HANOVER PA 17331 | MOTHER-IN-LAW | 50.00 | <input type="checkbox"/> |
| 05/09/06 | ID# CK# | T. FALKENHAUER 2714 TARA HILLS CT COUNCIL BLUFFS IA 51503 | | 100.00 | <input type="checkbox"/> |
| 05/08/06 | ID# CK# | MRS JAMES THORN 41 SPENCE CIRCLE COUNCIL BLUFFS, IA 51503 | | 100.00 | <input type="checkbox"/> |
| | ID# CK# | UNITEMIZED CONTRIBUTIONS | | 570.00 | <input type="checkbox"/> |
| | ID# CK# | | | | <input type="checkbox"/> |
| | ID# CK# | MAY 17 2006 | | | <input type="checkbox"/> |
| | ID# CK# | | | | <input type="checkbox"/> |

SUB-TOTAL

\$ 1,220.00

TOTAL (if last page of this schedule)

\$ 2,170.00

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Reset Form

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

COMMITTEE NAME (Must be same as in Statement of Organization)
WILL REGER FOR IOWA HR99

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

TOTAL UNPAID LOANS FROM LAST REPORTING PERIOD \$ _____

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/YY) | NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable) | RELATIONSHIP TO CANDIDATE (If Applicable) | AMOUNT OF LOAN |
|--------------------------|---|---|----------------|
| 04/11/06 | WILL REGER 315 PARK AVE COWOCK BLUFFS IA 51503 | SELF | \$ 2,000.00 |
| | | | |
| | | | |
| | | | |

| DATE PAID (MM/DD/YY) | NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable) | RELATIONSHIP TO CANDIDATE (If Applicable) | AMOUNT REPAYED |
|----------------------|---|---|----------------|
| | | | \$ |
| | | | |
| | | | |
| | | | |

TOTAL (PART I) \$ 2000.00

TOTAL CASH REPAYMENTS (PART II) \$ _____

From Schedule E - TOTAL LOANS FORGIVEN \$ _____

TOTAL OUTSTANDING LOANS END OF REPORT PERIOD \$ _____

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