

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

COMMITTEE NAME (Must be same as on Statement of Organization)
Employers Mutual Casualty Co Political Action Comm for Responsible State Govt
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 Political Party (if applicable)
Office Sought District (if Senate or House)

FORM DR-2 DISCLOSURE REPORT
(Rev. 12/2005)
For Office Use Only
Comm. # 4033
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

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: Anne S. Kelly
Telephone: 515-280-2950
Date Signed: 5-15-06

I AM FILING A May 19, 2006 REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR.
Indicate by # 1
CHECK IF AMENDMENT TO REPORT DATED
Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
(You must continue to file reports until a DR-3 is filed.)
Local Committees, enter Date of Election
County & Local Committees, enter County in which Election is held

STATEMENT OF CASH ON HAND

Table with columns for description and amount. Rows include: CASH ON HAND at the beginning of the reporting period (\$6,953.95), ADD TOTAL MONEY TAKEN IN THIS PERIOD (Schedule A: 2,231.18, Schedule F: 0.00, Schedule H: 0.00), SUB-TOTAL (\$9,185.13), SUBTRACT TOTAL MONEY SPENT THIS PERIOD (Schedule B: 700.00, Schedule F: 0.00), CASH ON HAND at the end of this reporting period (\$8,485.13), **UNPAID BILLS (\$0.00), **IN KIND CONTRIBUTIONS (\$0.00), **OUTSTANDING LOANS (\$0.00), CONSULTANT BREAKDOWN (YES/NO), CANDIDATE COMMITTEES ONLY: VALUE OF CAMPAIGN PROPERTY (\$), 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. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization) Employers Mutual Casualty Co Political Action Comm for Responsible State Govt

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
1/13, 1/21 2/10, 2/24 3/10, 3/24 4/7, 4/21	ID# CK# 06	Ron Herman 1209 Benwood Ct Altoona, IA 8 x \$3.25 =		\$26.00	<input type="checkbox"/>
"	ID# CK#	Greg Christianson 7819 Hwy 5 52N Baxter, IA 50028 8 x \$3.25 =		26.00	<input type="checkbox"/>
"	ID# CK#	Tim Wylder 8512 Horton Ave Des Moines, IA 8 x \$3.50 =		28.00	<input type="checkbox"/>
"	ID# CK#	Jerry Richards 1301 Merle Hay Rd Des Moines, IA 8 x \$5.00 =		40.00	<input type="checkbox"/>
"	ID# CK#	Scott Behrens 416 Grand Ave West Des Moines, IA 50265 8 x \$1.50 =		12.00	<input type="checkbox"/>
"	ID# CK#	Heather Boustead 7618 Madison Ave Des Moines, IA 8 x \$3.25 =		26.00	<input type="checkbox"/>
"	ID# CK#	James Dawson 9017 Ridgeview Dr Johnston, IA 50131 8 x \$2.50 =		20.00	<input type="checkbox"/>
"	ID# CK#	David Grzeskowiak 4400 Park Ave., #16 Des Moines, IA 50321 8 x \$2.50 =		20.00	<input type="checkbox"/>
"	ID# CK#	Martin Reed 737 E Walnut, #29 Richard, IA 50073 8 x \$4.00 =		32.00	<input type="checkbox"/>
"	ID# CK#	Scott Butler 100 30th St Des Moines, IA 50312 8 x \$4.00 =		32.00	<input type="checkbox"/>
SUB-TOTAL				\$ 262.00	
TOTAL (if last page of this schedule)				\$	

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CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

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1/13, 1/27, 2/10, 2/24, 3/10, 3/24, 4/7, 4/21/06	ID# CK#	Denise Mornka 4328 New York Ave Des Moines, IA 50310 8 x \$1.75 =		\$14.00	<input type="checkbox"/>
"	ID# CK#	Bob Morlan 3404 Wakonda Ct Des Moines, IA 50321 8 x \$20.00 =		160.00	<input type="checkbox"/>
"	ID# CK#	Joe Smith 6885 Sharon Dr Urbandale, IA 50322 8 x \$4.62 =		36.96	<input type="checkbox"/>
"	ID# CK#	Deana Clark P. O. Box 248 Monroe, IA 50170 8 x \$3.25 =		26.00	<input type="checkbox"/>
"	ID# CK#	Ken Cumpston 1900 NW 152nd St Clive, IA 50325 8 x \$2.75 =		22.00	<input type="checkbox"/>
"	ID# CK#	Dave Hixenbaugh 4903 Lakewood Dr Norwalk, IA 50211 8 x \$3.25 =		26.00	<input type="checkbox"/>
"	ID# CK#	Mike Bloomberg 4638 Elm West Des Moines, IA 50265 8 x \$1.50 =		12.00	<input type="checkbox"/>
"	ID# CK#	Ron Hallenbeck 5880 Brentwood Johnston, IA 8 x \$5.00 =		40.00	<input type="checkbox"/>
"	ID# CK#	Doug Nuehring 14430 Bryn Mawr Urbandale, IA 50323 8 x \$2.00 =		16.00	<input type="checkbox"/>
"	ID# CK#	Curtis Husske 300 Baldwin St Maxwell, IA 50161 8 x \$1.92 =		15.36	<input type="checkbox"/>

SUB-TOTAL
\$ 368.32

TOTAL (if last page of this schedule)
\$

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For Instructions, See Back of 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)
Employers Mutual Casualty Co Political Action Comm for Responsible State Govt

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1/13, 1/21, 2/10, 2/24, 3/10, 3/24, 4/7, 4/21/06	ID# CK#	Nick Kolacia 8817 Hickman rd., Apt. 704 Urbandale, IA 50322 8 x \$10.00 =		\$80.00	<input type="checkbox"/>
"	ID# CK#	Allan Pauley 407 Hartford Des Moines, IA 8 x \$1.92 =		15.36	<input type="checkbox"/>
"	ID# CK#	John Power 217 Elm Ave Story City, IA 8 x \$5.00 =		40.00	<input type="checkbox"/>
"	ID# CK#	Georgia Rhoades 3633 Cornell Des Moines, IA 50313 8 x \$10.50 =		84.00	<input type="checkbox"/>
"	ID# CK#	Robert Greedy 1104 Clark Ames, IA 50010 8 x \$2.50 =		20.00	<input type="checkbox"/>
"	ID# CK#	Nathan Habben 210 S Prairie View Dr., Apt. 837 West Des Moines, IA 8 x \$4.00 =		32.00	<input type="checkbox"/>
"	ID# CK#	Mike McGinn 2621 NW Heritage Ave Ankenv, IA 50021 8 x \$2.50 =		20.00	<input type="checkbox"/>
"	ID# CK#	Mike Freel 4213 E Euclid Des Moines, IA 8 x \$3.25 =		26.00	<input type="checkbox"/>
"	ID# CK#	Monte Ball 304 41st St Des Moines, IA 8 x \$5.00 =		40.00	<input type="checkbox"/>
"	ID# CK#	Mark McColley 8901 Boston Ave Urbandale, IA 50322 8 x \$2.80 =		22.40	<input type="checkbox"/>
SUB-TOTAL				\$ 379.76	
TOTAL (if last page of this schedule)				\$	

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CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

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

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

Employers Mutual Casualty Co Political Action Comm for Responsible State Govt

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1/13, 1/21, 2/10, 2/24, 3/10, 3/24, 4/7, 4/21/06	ID# CK#	Herb Suffel 990 3rd Waukee, IA 50263 8 x \$3.75 =		\$30.00	<input type="checkbox"/>
"	ID# CK#	Rob Friedman 9390 Lakewood Circle Norwalk, IA 50211 8 x \$4.00 =		32.00	<input type="checkbox"/>
"	ID# CK#	Carole Hallenbeck 5880 Brentwood Johnston, IA 8 x \$3.25 =		26.00	<input type="checkbox"/>
"	ID# CK#	Beech Turner 1904 75th St Des Moines, IA 50322 8 x \$2.50 =		20.00	<input type="checkbox"/>
"	ID# CK#	Sharon Gentsch 408 Lacona Des Moines, IA 50315 8 x \$1.25 =		10.00	<input type="checkbox"/>
"	ID# CK#	Leann Goebel 2608 68th St Urbandale, IA 50322 8 x \$1.00 =		8.00	<input type="checkbox"/>
"	ID# CK#	Joan Bolin 3419 St. Johns Rd Des Moines, IA 50312 8 x \$5.00 =		40.00	<input type="checkbox"/>
"	ID# CK#	Joe Burkle 14421 Bryn Mawr Urbandale, IA 50323 8 x \$4.00 =		32.00	<input type="checkbox"/>
"	ID# CK#	Ron Paine 10577 Elmcrest Dr West Des Moines, IA 50325 8 x \$3.75 =		30.00	<input type="checkbox"/>
"	ID# CK#	Dennis Ryan 3207 E 42nd St Ct Des Moines, IA 50317 8 x \$3.25 =		26.00	<input type="checkbox"/>
SUB-TOTAL				\$ 254.00	
TOTAL (if last page of this schedule)				\$	

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CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
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COMMITTEE NAME (Must be same as on Statement of Organization)

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1/13, 1/27, 2/10, 2/24, 3/10, 3/24, 4/7, 4/21/06	ID# CK#	Alison Cate 6709 Compton Ct Johnston, IA 50131 8 x \$1.00		\$8.00	<input type="checkbox"/>
"	ID# CK#	Ray Davis 12926 Timberline Dr Urbandale, IA 50323 8 x \$3.27 =		26.16	<input type="checkbox"/>
"	ID# CK#	Kevin Hovick 13560 Lake Shore Dr Clive, IA 50325 8 x \$2.50 =		20.00	<input type="checkbox"/>
"	ID# CK#	Ron Jean 2214 Ridgewood Dr Altoona, IA 8 x \$6.00 =		48.00	<input type="checkbox"/>
"	ID# CK#	Bruce Kelley 14 Glenview Dr Des Moines, IA 50312 8 x \$6.16 =		49.28	<input type="checkbox"/>
"	ID# CK#	William Murray 1770 Birchwood circle Waukee, IA 50263 8 X \$3.25 =		26.00	<input type="checkbox"/>
"	ID# CK#	Mark Reese 4765 NW Lovington Dr Des Moines, IA 50310 8 x \$3.25 =		26.00	<input type="checkbox"/>
"	ID# CK#	Sarah Bartholomew 2007 39th St Des Moines, IA 50310 8 x \$4.00 =		32.00	<input type="checkbox"/>
"	ID# CK#	Jerry McClelland 9609 Tanglewood Dr Urbandale, IA 8 x \$3.50 =		28.00	<input type="checkbox"/>
"	ID# CK#	Dennis Christy 1801 NW 81st St Clive, IA 50325 8 x \$3.25 =		26.00	<input type="checkbox"/>

SUB-TOTAL

\$ 289.44

TOTAL (if last page of this schedule)

\$

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CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

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

COMMITTEE NAME (Must be same as on Statement of Organization) Employers Mutual Casualty Co Political Action Comm for Responsible State Govt

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1/13, 1/27, 2/10, 2/24, 3/10, 3/24, 4/7, 4/21/06	ID# CK#	John Schumacher 4718 93rd St Urbandale, IA 50322 8 x \$3.25 =		\$26.00	<input type="checkbox"/>
"	ID# CK#	Bob Neswold 187 52nd St West Des Moines, IA 50265 8 x \$1.62 =		12.96	<input type="checkbox"/>
"	ID# CK#	Jim Fontanini 929 43rd St West Des Moines, IA 50265 8 x \$6.50 =		52.00	<input type="checkbox"/>
"	ID# CK#	Cynthia Lindaman 810 NW Logan Ankeny, IA 50021 8 x \$2.50 =		20.00	<input type="checkbox"/>
"	ID# CK#	Pam Heilskov 1006 SE Michael Dr Ankeny, IA 50021 8 x \$2.40 =		19.20	<input type="checkbox"/>
"	ID# CK#	Mike Hanback 4212 Adams Des Moines, IA 50310 8 x \$3.25 =		26.00	<input type="checkbox"/>
"	ID# CK#	Kathleen Knutsen 2500 Ashworth Rd West Des Moines, IA 50265 8 x \$5.00 =		40.00	<input type="checkbox"/>
"	ID# CK#	Jean Bloomberg 4638 Elm West Des Moines, IA 50265 8 x \$4.00 =		32.00	<input type="checkbox"/>
"	ID# CK#	Debra Cunningham 1804 57th St Des Moines, IA 50310 8 x \$3.25 =		26.00	<input type="checkbox"/>
"	ID# CK#	Sean Pelletier 13927 Bryn Mawr Dr Urbandale, IA 50323 8 x \$3.25 =		26.00	<input type="checkbox"/>
SUB-TOTAL				\$ 280.16	
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)
 Employers Mutual Casualty Co Political Action Comm for Responsible State Govt

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

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02-01-06	ID# CK#	Richard W. Hoffmann 717 S 25th Ct West Des Moines, IA 50265-6408	Cash	\$25.00	<input type="checkbox"/>
04-18-06	ID# CK#	Donald D. Klemme 3908 Muskogee Ave Des Moines, IA 50312	Cash	220.00	<input type="checkbox"/>
04-20-06	ID# CK#	Ellen R. Moore 2389 S Lakeview Dr Greenfield, IA 50849	Cash	12.50	<input type="checkbox"/>
04-21-06	ID# CK#	Randy Dickey 15427 Winston Ave Urbandale, IA 50323	Cash	17.50	<input type="checkbox"/>
04-21-06	ID# CK#	Kay Evans 2933 Shadow Creek Ln Des Moines, IA 50320	Cash	50.00	<input type="checkbox"/>
04-26-06	ID# CK#	Robert Link 214 NE 64th St Des Moines, IA 50327-9125	Cash	72.50	<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				\$ 397.50	
TOTAL (if last page of this schedule)				\$ 2231.18	

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FOR INSTRUCTIONS, SEE BACK OF FORM

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

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.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
--------------------------------------	--------------------------

CHECK THIS BOX IF AMENDING FORM

COMMITTEE NAME (Must be same as on Statement of Organization)
Employers Mutual Casualty Co. Political Action Committee for Responsible State Govt.

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
01-19-06	ID# 1626 CK# 1078	Noble for Senate 8915 NW Polk City Dr Ankeny, IA 50023	Candidate Campaign Contribution	\$ 100.00
03-09-06	ID# 1626 CK#	Noble for Senate 8915 NW Polk City Dr Ankeny, IA 50023	Candidate refunded contribution as he was advised he should not accept check while legislature in session.	-100.00
04-20-06	ID# CK# 1079	Republican Party of Iowa 621 E 9th St Des Moines, IA 50309	Building Fund	700.00
	ID# CK#			
SUB-TOTAL				\$
TOTAL (if last page of this schedule)				\$ 700.00

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)