

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

DISCLOSURE SUMMARY PAGE

FORM <b>DR-2</b> (Rev. 12/2005)	DISCLOSURE REPORT
<b>For Office Use Only</b>	
Comm. #	<u>1304</u>
Logged In	<u>[Signature]</u>
Scanned	_____
Computer	_____
Audited	_____
File with: Iowa Ethics and Campaign Disclosure Board 510 E. 12 <sup>th</sup> Ste. 1A Des Moines, Iowa 50319 Fax: 515-281-3701	

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

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

CANDIDATE COMMITTEES ONLY:  
Candidate Name: Jack Hatch Political Party (if applicable): Dem  
Office Sought: State Senate District (if Senate or House): 33

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) 244-2941 10/20/06  
SIGNATURE OF PERSON FILING REPORT TELEPHONE DATE SIGNED

I AM FILING A Oct 19, 2006 REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR.  
(report date) Indicate by #

CHECK IF AMENDMENT TO REPORT DATED Oct 19, 2006

Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.  
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election \_\_\_\_\_  
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 <b>MUST</b> 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>1,287.06</u>
<b>ADD TOTAL MONEY TAKEN IN THIS PERIOD</b>		
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)		<u>14,579.07</u>
Schedule F: Loans Received total (Attach Schedule F)		_____
Schedule H: Total Sales of Campaign Property (Attach Schedule H)		_____
<u>(Schedule H applies to Candidates' Committees Only)</u>		
SUB-TOTAL	\$	<u>15,866.13</u>
<b>SUBTRACT TOTAL MONEY SPENT THIS PERIOD</b>		
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)		<u>14,970.79</u>
Schedule F: Loan Repayments total (Attach Schedule F)		<u>0</u>
CASH ON HAND at the end of this reporting period (if final report balance must be zero) (Attach DR-3)	\$	<u>895.34</u>

\*\*UNPAID BILLS (From Schedule D - Attach Schedule D) ..... \$ 245.00  
\*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) \$ 0

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 checked="" 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)  
*Neighbors for Hatch*

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.

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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
8/8/06	ID# 1067 CK# 3493	<i>Iowa Health PAC 6750 Westtown Pkwy West DM 50262</i>		\$1000.00	<input checked="" type="checkbox"/>
8/8/02	ID# CK#	<i>Steve Ackerson 1634 NW 131<sup>st</sup> St. Colum, Ia</i>	OCT 23 2006	500.00	<input checked="" type="checkbox"/>
8/8/02	ID# CK#	<i>Norm McDaniel 2733 NW 161<sup>st</sup> Ct Colum, Ia 50325</i>		250.00	<input checked="" type="checkbox"/>
11	ID# CK#	<i>Richard Allbee PO Box 436 Hampton, Ia 50441</i>		200.00	<input checked="" type="checkbox"/>
11	ID# CK#	<i>Ray Osthus 2302 Bittersweet Rd Marshalltown, Ia 50158</i>		100.00	<input checked="" type="checkbox"/>
11	ID# CK#	<i>Cindy Biddleho 325 251<sup>st</sup> West Des Moines, Ia 50261</i>		100.00	<input checked="" type="checkbox"/>
11	ID# CK#	<i>Michael Hamrin 12917 Timberline Dr Urbandale, Ia 50323</i>		100.00	<input checked="" type="checkbox"/>
11	ID# CK#	<i>Doug Johnson 13416 Ridgelyview Dr. Urbandale, Ia 50323</i>		100.00	<input checked="" type="checkbox"/>
11	ID# CK#	<i>Kenneth Carlson 3259 Hickory Hollow Waukee, Ia 50263</i>		100.	<input checked="" type="checkbox"/>
11	ID# CK#	<i>Susan + Michael Cameron 600 B Kentwood Dr Waukee, Ia 50263</i>		100.00	<input checked="" type="checkbox"/>
SUB-TOTAL				\$2600	
TOTAL (if last page of this schedule)				\$	

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Reset Form

SCHEDULE <b>A</b> (Rev. 07/03)	MONETARY RECEIPTS
<input checked="" 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)  
*Neighbors for Hatch*

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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OCT 13 2006

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
8/8/06	ID# CK#	Maureen Cahill 815 - 59th ST West Des Moines, Ia 50266		\$ 20.00	<input checked="" type="checkbox"/>
8/8/06	ID# CK#	Heath Bartness 216 - 23rd West Des Moines, Ia 50265		25.00	<input checked="" type="checkbox"/>
8/8/06	ID# <del>6086</del> CK# <del>13495</del>	ISEA-PAC 777-3rd ST Des Moines, Ia 50309		100.00	<input type="checkbox"/>
8/8/06	ID# 6073 CK# 933	Ia. Medical PAC 1001 Grand Ave West DM, Ia 50265		1000.00	<input type="checkbox"/>
8/8/06	ID# 6063 CK# 2033	Ia Dental PAC 5530 West Parkway #100 Johnston, Ia 50131		1000	<input type="checkbox"/>
8/8/06	ID# 6021 CK# 2027	Credit Union PAC PO Box 10409 Des Moines, Ia 50306		250.00	<input type="checkbox"/>
8/8/06	ID# CK#	Michael Meckel 6600 Western Pkwy West DM, Ia 50266		500.-	<input type="checkbox"/>
8/8/06	ID# CK#	Linda Meyers Trust 6600 Western Pkwy W DM, Ia 50322		500.-	<input type="checkbox"/>
8/8/06	ID# CK#	Jane Meyers 6600 Western West Des Moines Ia 50266		500.-	<input type="checkbox"/>
8/8/06	ID# CK#	Robert Meyers 6600 Western West Des Moines Ia 50266		500.-	<input type="checkbox"/>
SUB-TOTAL				\$ 4395	
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)  
*Neighbors for Hatch*

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8/8/06	ID# CK#	David + Alecia Claypool 5754 Gullery Ct West Pm, Ia 50266		\$200.00	<input type="checkbox"/>
8/8/06	ID# CK#	Dorey Smit 307-5th St Dretm, Ia 50227		25.00	<input checked="" type="checkbox"/>
8/8/06	ID# CK#	David + Arlene VanNingen 1802 - 9th St Rock Valley, Ia 51247		25.00	<input checked="" type="checkbox"/>
8/8/06	ID# CK#	Michelle Herman Box 8 New Providence, Ia 50206		25.-	<input checked="" type="checkbox"/>
8/8/06	ID# CK#	Belle Dooley 415 Ave Q West Fort Dodge, Ia		25.-	<input checked="" type="checkbox"/>
8/8/06	ID# CK#	Brad Kling 1407 Greenbriar Dr. Fort Dodge, Ia 50501		50.-	<input checked="" type="checkbox"/>
8/8/06	ID# CK#	Anne Gruenewald 1412 Arthur Dr. Ames, Ia 50010		50.-	<input checked="" type="checkbox"/>
8/8/06	ID# CK#	Kathy Leggett 6106 Pinewood Ct Johnstone, Ia 50131		50.-	<input checked="" type="checkbox"/>
8/8/06	ID# CK#	Cheryl Goodwin 2800 Easton Blvd Davenport, Ia 52803		40	<input checked="" type="checkbox"/>
8/8/06	ID# CK#	Mike Heller 1621 South 50th Pl West Pm, Ia 50265		50	<input checked="" type="checkbox"/>
SUB-TOTAL				\$ 840	
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)  
*Neighbors for Hatch*

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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
8/8/06	ID# CK#	Paella Feltner + M. E. Burke 100 Water St Dm, Ia 50309		\$250	<input checked="" type="checkbox"/>
11	ID# CK#	Cheryl Clark 1121 Siloam Ave Down Falls, Ia 50126		10.00	<input checked="" type="checkbox"/>
11	ID# CK#	Astley Hubbar 1815-4th Ave Fnt Dodge, Ia 50501		10.-	<input checked="" type="checkbox"/>
11	ID# CK#	Kirk Tellier 1629 Lincoln Ave Hammond, Ia 50348		10.-	<input checked="" type="checkbox"/>
11	ID# CK#	La Shenelle Small 1206 520th Fnt Dodge, Ia 50504		5.-	<input checked="" type="checkbox"/>
11	ID# CK#	Teresa Anderson 147 E. Pleasant Rockwell city 50579		5.-	<input checked="" type="checkbox"/>
11	ID# CK#	Donna Lawler 909 Washington Eldora, Ia 50627		10.-	<input checked="" type="checkbox"/>
11	ID# CK#	Michael Baker 8117 Wilkewood Dr. Ralston, Ne		25.-	<input checked="" type="checkbox"/>
11	ID# CK#	Jane Hartman 215 21st St NW #1 Waverly, Ia 50677		50.-	<input checked="" type="checkbox"/>
11	ID# CK#	Jean McAtker 307 Lakeview Mason, City Ia 50401		50.-	<input checked="" type="checkbox"/>

SUB-TOTAL

\$425  
\$

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)  
*Neighbors for Hatcher*

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07/02/2006

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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
8/8/06	ID# CK#	Gloria Gray 300 Walnut St. Des Moines, Ia 50309		\$ 50.00	<input checked="" type="checkbox"/>
✓	ID# CK#	Clementine Karel 1530 - 9th Des Moines, Ia 50314		25.-	<input checked="" type="checkbox"/>
"	ID# CK#	Carol Wood 245 Glenridge Cr. Council Bluffs, Ia 51503		25.-	<input checked="" type="checkbox"/>
✓	ID# CK#	Marilyn Lantz 4617 Beaver Crest Rd Iowa, Ia 50310		50.-	<input checked="" type="checkbox"/>
✓	ID# CK#	Nick Juliano 5618 Spring St. Omaha, Ne 68106		100.-	<input checked="" type="checkbox"/>
8/8/06	ID# CK#	Joyce Zehr 3122 17th Fort Dodge, Ia 50501		50.-	<input checked="" type="checkbox"/>
10/4/06	ID# CK#	Cynthia Cox 667 Jefferson Belford, Ia 50833		50.-	<input checked="" type="checkbox"/>
10/4/06	ID# 00072769 CK# 1070	Roche Good Grant 340 Kingsland St Antley, N.J. 07110		150.-	<input type="checkbox"/>
10/4/06	ID# 6058 CK# 2964	Ia Chiropractic Society 1605 N. Ankeny Blvd Ankeny, Ia		200.-	<input type="checkbox"/>
10/4/06	ID# 1304 CK# 2559	Forward Together 201 North Union St # 35D Alexandria, Va		2000.-	<input type="checkbox"/>

SUB-TOTAL \$ 2700

TOTAL (if last page of this schedule) \$

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(Including candidate's personal funds)

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

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10/4/06	ID# 1304 CK# 2104	Richard Allbee PO Box 436 Hampton Ja 50441		\$400.00	<input type="checkbox"/>
10/4/06	ID# 6064 CK# 2104	Ja FORE 8525 Douglas Ave Des Moines, Ja		100.00	<input type="checkbox"/>
10/4/06	ID# 6062 CK# 232	Ja Certified Pub. Acct 950 Office Park Rd Des Moines, Ja 50265		200.	<input type="checkbox"/>
10/4/06	ID# CK#	Linda Jackeete PO Box 40 Cumming, Ja 50061		150.-	<input type="checkbox"/>
10/4/06	ID# 6004 CK# 4469	ASSO. Gen. Contractors 701 E COURT Des Moines, Ja 50309		1500.-	<input type="checkbox"/>
10/4/06	ID# 6282 CK# 1638	Hy-Vee Employees 5820 Westford Parkway West Des Moines, 50266		250.-	<input type="checkbox"/>
9/05/06	ID# 6079 CK# 2110	Ja. Podiatry PAC 525 SW 5th St Des Moines, Ja 50309		100.-	<input type="checkbox"/>
9/5/06	ID# CK# 3397	P. Feiger 235 E. 42nd St NYC, NY 10017		500.-	<input type="checkbox"/>
7/5/06	ID# CK#	Thomas Lapointe 5597 Marcelline Dr. Bm, Ja 50310		100.-	<input type="checkbox"/>
9/5/06	ID# CK#	Jack Hatch 1623 Woolleying Dr M Ja 50309		169.07	<input type="checkbox"/>
SUB-TOTAL				\$3469.07	
TOTAL (if last page of this schedule)				\$	

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7/05/06	ID# 6116 CK# 1328	Dr. Dealers PO Box 65840 West Des Moines, IA 50265		\$150.-	<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"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL \$150  
TOTAL (if last page of this schedule) \$14,579.07

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*Neighbors for Harkh*

IMPORTANT: Indicate by # type of committee you are reporting for:  
 ( 1 )Statewide/Legislative/Judge Standing for Retention Candidate ( 2 )State PAC ( 3 )State Party  
 ( 4 )County Central Committee ( 5 )County Candidate PAC ( 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: *Jack Harkh* Political Party (if applicable): *Dem*  
 Office Sought: *State Senate - 33* District (if Senate or House):

**FORM DR-2** DISCLOSURE REPORT  
 (Rev. 12/2005)

**For Office Use Only**  
 Comm. # *1304*  
 Logged In *[Signature]*  
 Scanned *[Signature]*  
 Computer \_\_\_\_\_  
 Audited \_\_\_\_\_

File with:  
 Iowa Ethics and Campaign  
 Disclosure Board  
 510 E. 12<sup>th</sup>, 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]* SIGNATURE OF PERSON FILING REPORT      *244-2941* TELEPHONE      *10/19/06* DATE SIGNED

I AM FILING A *October 19, 2006* REPORT FOR (1) ELECTION // (2) NON-ELECTION YEAR.  
 (report date)      Indicate by #  1

- CHECK IF AMENDMENT TO REPORT DATED \_\_\_\_\_
- Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.  
 (You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election \_\_\_\_\_

County & Local Committees, enter County in which Election is held \_\_\_\_\_

## STATEMENT OF CASH ON HAND

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Schedule A: Cash Contributions total (Attach Schedule A) (**also see in-kind below)	\$	<u>14,079.07</u>
Schedule F: Loans Received total (Attach Schedule F)	\$	<u>0</u>
Schedule H: Total Sales of Campaign Property (Attach Schedule H)	\$	<u>0</u>
<b>(Schedule H applies to Candidates' Committees Only)</b>		
<b>SUB-TOTAL</b>	\$	<u>15,366.13</u>
<b>SUBTRACT TOTAL MONEY SPENT THIS PERIOD</b>		
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)	\$	<u>14,970.79</u>
Schedule F: Loan Repayments total (Attach Schedule F)	\$	<u>0</u>
CASH ON HAND at the end of this reporting period (if final report balance must be zero) (Attach DR-3)	\$	<u>395.34</u>
**UNPAID BILLS (From Schedule D - Attach Schedule D)	\$	<u>0</u>
**IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)	\$	<u>0</u>
**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)	\$	<u>0</u>
CONSULTANT BREAKDOWN (Schedule G Attached?)	YES	<input checked="" type="checkbox"/> NO
<b>CANDIDATE COMMITTEES ONLY:</b>		
VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)	\$	<u>0</u>

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

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)  
*Neighbors In Harm*

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
7/20/06	ID# CK# 630	<i>Center Printings 1739 E. Grand Ave Dm Ia 50309</i>	<i>printing for fund raiser</i>	<i>\$ 25.79</i>
7/20/06	ID# CK# 631	<i>Ethics + Campaign Disclosure 510 E. 12th Dm, Ia 50319</i>	<i>late fee penalty</i>	<i>50.00</i>
7/28/06	ID# CK# 632	<i>Ethics + Campaign Disclosure 510 E. 12th Dm, Ia 50319</i>	<i>late fee</i>	<i>50.00</i>
8/21/06	ID# CK# 633	<i>Children's Family Soc. 1111 University Ave Dm 50314</i>	<i>reception</i>	<i>25.00</i>
9/10/06	ID# CK# 634	<i>Sisters on Target PO Box 915 Des Moines, Ia 50301</i>	<i>advertisement</i>	<i>100.00</i>
9/10/06	ID# CK# 635	<i>Breadeaux Foundation</i>	<i>reception</i>	<i>150.00</i>
9/15/06	ID# CK# 636	<i>Senata Murgatroyd Fund 566 Flinn Dm 50321</i>	<i>contribution</i>	<i>8000.00</i>
9/18/06	ID# CK#	<i>Pack Co. Remounts 566 Flinn Dm 50321</i>	<i>contribution</i>	<i>1000.00</i>
SUB-TOTAL				\$
TOTAL (if last page of this schedule)				\$

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

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

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

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

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

SCHEDULE <b>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)  
*Neighbors for Hask*

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
9/17/06	ID# CK# 638	<i>Meddy Well Cofe 20 W. Main St Marshalltown, Ia</i>	<i>Rm Rental</i>	<i>\$ 420.00</i>
9/26/06	ID# CK# 639	<i>St. Historical Society 600 E. Locust Iowa</i>	<i>Reception</i>	<i>50.00</i>
10/13/06	ID# CK# 640	<i>Iowa Dem. Party 561 Fleer Iowa</i>	<i>contribution</i>	<i>100.00</i>
10/13/06	ID# CK# 641	<i>Senate Majority Fund 561 Fleer Iowa</i>	<i>contribution</i>	<i>5000.00</i>
	ID# CK#			

SUB-TOTAL \$

TOTAL (if last page of this schedule) *\$14,079.07*

**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).)