



DISCLOSURE SUMMARY PAGE

FORM DR-2 (Rev. 12/2005)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	1683
Logged In	e
Scanned	
Computer	
Audited	
File with: Iowa Ethics and Campaign Disclosure Board 510 E. 12 th , Ste. 1A Des Moines, Iowa 50319 Fax: 515-281-3701	

COMMITTEE NAME (Must be same as on Statement of Organization)
Friends for Connie Jacobson

IMPORTANT: Indicate # 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: Connie Jacobson Political Party (if applicable): R

Office Sought: State House District (if Senate or House): HD 39

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.

Don King 319-446-7860 11/2/06
SIGNATURE OF PERSON FILING REPORT TELEPHONE DATE SIGNED

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

CHECK IF AMENDMENT TO REPORT DATED 10/17/06

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

Local Committees, enter Date of Election _____

County & Local Committees, enter County in which Election is held _____

There is a math error on page 2 of contributions.

CASH ON HAND

at the beginning of the reporting period

ADDED

Sc

Sc

Sc

\$

\$

Schedule F: Loan Repayments (total) _____

ASH ON HAND

held by the candidate at the end of the reporting period

(i) \$ 3271.40

see in-kind below) \$ 12415.00

(j) \$ _____

only) _____

SUB-TOTAL \$ 15686.40

debts and loans below) \$ 11545.65

CASH ON HAND at the end of this reporting period (if final report balance must be zero) (Attach DR-3) \$ 4140.75

****UNPAID BILLS** (From Schedule D - Attach Schedule D) \$ 2890.92

****IN KIND CONTRIBUTIONS** (From Schedule E - Attach Schedule E) \$ 123535.81

****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.

Reset Form

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Comm. #	<u>1683</u>
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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)
FRIENDS FOR CONNIE JACOBSEN

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 CONNIE JACOBSEN Political Party (if applicable) R
Office Sought STATE HOUSE District (if Senate or House) HD 39

IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD
OCT 18 2006
FILED

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.

Don King SIGNATURE OF PERSON FILING REPORT 319-446-7860 TELEPHONE 10/17/06 DATE SIGNED

I AM FILING A Oct/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
11/7/06
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>3271.40</u>
ADD TOTAL MONEY TAKEN IN THIS PERIOD		
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)		<u>11515.00</u>
Schedule F: Loans Received total (Attach Schedule F)		_____
Schedule H: Total Sales of Campaign Property (Attach Schedule H)		_____
(Schedule H applies to Candidates' Committees Only)		
SUB-TOTAL	\$	<u>14786.40</u>
SUBTRACT TOTAL MONEY SPENT THIS PERIOD		
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)		<u>11545.65</u>
Schedule F: Loan Repayments total (Attach Schedule F)		_____
CASH ON HAND at the end of this reporting period (if final report balance must be zero) (Attach DR-3)	\$	<u>3240.75</u>
**UNPAID BILLS (From Schedule D - Attach Schedule D)	\$	<u>2890.92</u>
**IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)	\$	<u>123535.81</u>
**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)	\$	_____
CONSULTANT BREAKDOWN (Schedule G Attached?)	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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 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)
Friends for Connie Jacobson

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
7/30/06	ID# 10181 CK# 2222	DONALD + CAROL JENSEN 7849 20th Ave BLAIRSTOWN, IA 52209		\$ 20 ⁰⁰	<input type="checkbox"/>
7/30/06	ID# CK# 9441	CAROL + EVELYN BORDER 1210 8th St. Belle Plaine, IA 52208		20 ⁰⁰	<input type="checkbox"/>
7/30/06	ID# CK# 7355	RICHARD + DONNA SCHAEER 3366 73rd St. FAIRFAX, IA 52228		750 ⁰⁰	<input type="checkbox"/>
7/30/06	ID# CK# 7156	SHARON MYERS PO Box 57 MT. AUBURN, IA 52313		50 ⁰⁰	<input type="checkbox"/>
7/30/06	ID# CK# 14542	JAMES + MERI MOTT 109 HARBERT ST. SW Shellsburg, Ia 52332		10 ⁰⁰	<input type="checkbox"/>
7/30/06	ID# CK# 5382	DUANE + DARLUS SELKEN 6987 15th Ave Keystone, IA 52249		20 ⁰⁰	<input type="checkbox"/>
7/30/06	ID# CK# 9062	ARTHUR + HARRIET RINDERKNECHT P.O. Box 153 ATKINS, IA 52206		25 ⁰⁰	<input type="checkbox"/>
7/30/06	ID# CK# CASH	WAYNE MCLARTY 84 Northrup Ave ATKINS, IA 52206		20 ⁰⁰	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
SUB-TOTAL				\$ 315 ⁰⁰	
TOTAL (if last page of this schedule)				\$	

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For Instructions, See Back of Form

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)
Friends for Connie Jacobsen

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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
8/2/06	ID# 6069 CK# 2339	IA Industry PAC 904 WALNUT Suite 100 Des Moines, IA 50309-3503		\$ 1000 ⁰⁰	<input type="checkbox"/>
8/8/06	ID# CK# 2770	HAROLD & BETTY DeBOEF 10972 170 th ST WHAT CHEER, IA 50268		50 ⁰⁰	<input type="checkbox"/>
8/8/06	ID# CK# 2281	The Commonwealth PAC, Iowa 42 School ST 2nd floor Boston, MA. 02108		750 ⁰⁰	<input type="checkbox"/>
8/24/06	ID# CK# 5139	DARLENE KUCERA P.O. Box 345 Newhall, IA 52315		20 ⁰⁰	<input type="checkbox"/>
8/24/06	ID# 6155 CK# 004463	IA FOR TAX RELIEF PAC P.O. Box 209 MUSCATINE, IA 52761-0069		1000 ⁰⁰	<input type="checkbox"/>
9/2/06	ID# CK# 1080 1080	IA Fed Republican Women Dist. #5 400 N. Bureau St CRESTON, IA 50801-1945		50 ⁰⁰	<input type="checkbox"/>
9/02/06	ID# CK# 4371	ALAN & Joyce Schanbacher 7089 31st Ave ATKINS, IA 52206		20 ⁰⁰	<input type="checkbox"/>
9/02/06	ID# CK# 866	Theresa Werner 515 E. 8th St. VINTON, IA 52349-2033		10 ⁰⁰	<input type="checkbox"/>
9/11/06	ID# CK# 6164	Douglas & Doreen Anderson 400 4th St E PO Box 417 Newhall, Iowa 52315		25 ⁰⁰	<input type="checkbox"/>
9/11/06	ID# CK# 2384	GARY & Vivian Beatty 804th Ave ATKINS, Iowa 52206		20 ⁰⁰	<input type="checkbox"/>
SUB-TOTAL				\$2045.00	
TOTAL (if last page of this schedule)				\$	

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For Instructions, See Back of Form

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)
Friends for Connie Jacobson

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
9/22/06	ID# CK# 735	Benton Co Republicans 40 Kelly Geater 5460 26 Ave Vinton, Iowa 52349-9599		\$ 1000.00	<input type="checkbox"/>
9/23/06	ID# 8442 CK# 1225	The Hawkeye PAC 3400 Woodland Ln. Alexandria, VA 22309		2500.00	<input type="checkbox"/>
9/23/06	ID# CK# 12012	NFIB-Iowa Safe TRUST 1201 F St. NW. Suite 200 Washington DC 20004		250.00	<input type="checkbox"/>
10/7/06	ID# CK# 1034	21 Century Freedom ST PAC 355 Lexington Ave New York, NY 10017		2500.00	<input type="checkbox"/>
10/7/06	ID# 6155 CK# 004520	IA for Tax Relief PAC PO Box 209 Muscatine, IA 52761-0069		1000.00	<input type="checkbox"/>
10/7/06	ID# 6027 CK# 2513	Deere PAC Iowa 666 Grande Ave Suite 1767 Des Moines, IA 50309-2507		500.00	<input type="checkbox"/>
10/7/06	ID# 6008 CK# 2166	ASSOC BUILDERS & CONTRACTORS 475 Alices Rd, Ste A Waukee, IA 50263-9637		250.00	<input type="checkbox"/>
10/7/06	ID# CK# 5471	HALL A KOONTZ TREE 167 KYAIE S.E. CEDAR RAPIDS, IA 52403		35.00	<input type="checkbox"/>
10/7/06	ID# CK# 3623	Dudley F Fleck 1909 GreenTree Ct. NW CEDAR RAPIDS, IA 52405		50.00	<input type="checkbox"/>
10/7/06	ID# CK# 1435	B.D. & BARBARA COOPER 14621 SAFE LANDING CT FORT MEYERS, FL 33908		100.00	<input type="checkbox"/>
SUB-TOTAL				\$8185.00	
TOTAL (if last page of this schedule)				\$	

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For Instructions, See Back of Form

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)
Friends for Connie Jacobson

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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
10/12/06	ID# CK#	Benton Co. Republicans c/o Kelly Geater 5460 26 Ave Vinton, IA 52344		\$ 400.00	<input type="checkbox"/>
10/12/06	ID# CK#	Kenneth & Marilyn Andersen 520 MAIN ST. PO Box 276 Center Point, IA 52213		20.00	<input type="checkbox"/>
10/16/06	ID# 6069 CK# 2398	IA Industry PAC 904 Walnut Suite 100 Des Moines, IA 50309-3503		500.00	<input type="checkbox"/>
10/16/06	ID# [REDACTED] CK# 13181	Buddy & Susan Nichols 3600 High Ridge DR Cedar Rapids, IA 52403		50.00	<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

\$ 970.00
~~11515.00~~
11515.00

TOTAL (if last page of this schedule)

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FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

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

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

COMMITTEE NAME (Must be same as on Statement of Organization)
Friends for Connie Jacobsen

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
8/16/06	ID# CK# 1001	U.S. BANK	Building Rent	\$ 25.00
8/21/06	ID# CK# 1002	VOID		
8/25/06	ID# CK# 1003	RPI	XXXXXXXXXX donation	5000.00
9/8/06	ID# CK# 1004	VICTORY STORE 5200 SW 30 ST. DAVENPORT, IA 52802	4'x4' signs (50)	736.17
9/22/06	ID# CK# 1005	VICTORY STORE	yard signs	\$7247
9/25/06	ID# CK# 1006	RPI	donation	2500.00
10/7/06	ID# CK# 1007	CONNIE JACOBSEN 72 4 Ave ATKINS, IA 52206	postage	212.01
10/12/06	ID# CK# 1008	RPI	donation	2500.00

SUB-TOTAL \$ 11545.65

TOTAL (if last page of this schedule) \$ 11545.65

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

SCHEDULE E (Rev. 06/97)	IN-KIND CONTRIBUTIONS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)
Friends for Connie Jacobsen

Reset Form

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
7/29/06	Connie Jacobsen 72 4th Ave Albion, La 52206		parade candy	\$ 25.95	<input type="checkbox"/>
7/30/06	Connie		parade candy	12.35	<input type="checkbox"/>
8/16/06	Connie		parade candy	11.82	<input type="checkbox"/>
8/14/06	RPI 621 E. 9th Des Moines, Ia 50309		postage	1351.71	<input type="checkbox"/>
8/21/06	Connie Jacobsen 72 4th Ave Albion, La 52206		parade candy	41.90	<input type="checkbox"/>
8/29/06	RPI 621 E 9th Des Moines, Ia 50309		Mailhouse Charge	578.91	<input type="checkbox"/>
8/29/06	RPI		mailhouse charge	603.03	<input type="checkbox"/>
8/23/06	RPI		Design & mail	2000.00	<input type="checkbox"/>
8/23/06	RPI		Biography mail design	510.00	<input type="checkbox"/>
8/30/06	RPI		Postage	552.99	<input type="checkbox"/>
SUB-TOTAL				\$ 5678.66	
TOTAL (if last page of this schedule)				\$	

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FOR INSTRUCTIONS, SEE BACK OF FORM

SCHEDULE E (Rev. 06/97)	IN-KIND CONTRIBUTIONS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)
Friends for Connie Jacobson

Reset Form

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
9/05/06	RPI		Radio ads	\$ 17669.00	<input type="checkbox"/>
9/18/06	S. Engel 7461 Ben-Linn Rd Fairfax, Va 52228		Postage	31.20	<input type="checkbox"/>
9/13/06	RPI		direct mail	1026.56	<input type="checkbox"/>
9/13/06	RPI		direct mail postage + production	1682.89	<input type="checkbox"/>
9/15/06	RPI		printing	300.00	<input type="checkbox"/>
9/15/06	RPI		direct mail postage + printing	1552.12	<input type="checkbox"/>
9/20/06	Connie Jacobson 72 4 Ave Atkins, Va 52206		mailing supplies	30.28	<input type="checkbox"/>
9/15/06	RPI		direct mail Buys	419.79	<input type="checkbox"/>
9/27/06	Connie Jacobson 72 4 Ave Atkins, Va 52206		parade candy	22.23	<input type="checkbox"/>
9/27/06	RPI		direct mail + postage	1598.85	<input type="checkbox"/>
SUB-TOTAL				\$ 894332.92	
TOTAL (if last page of this schedule)				\$	

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FOR INSTRUCTIONS, SEE BACK OF FORM

SCHEDULE E (Rev. 06/97)	IN-KIND CONTRIBUTIONS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)
Friends for Connie Jacobsen

Reset Form

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
9/22/06	RPI		direct mail printing & mailing	\$ 1592.68	<input type="checkbox"/>
9/22/06	RPI		direct mail	1717.68	<input type="checkbox"/>
9/29/06	RPI		radio ad buys	15000.00	<input type="checkbox"/>
10/05/06	La Industria PAC 904 Walnut St Suite 100 Des Moines, Ia 50309		food for fundraiser	90.29	<input type="checkbox"/>
10/9/06	RPI		direct mail printing & postage	2041.97	<input type="checkbox"/>
7/24/06	RPI		radio TV ad buys	55800.00	<input type="checkbox"/>
7/24/06	RPI		TV Ad Shoot	1065.38	<input type="checkbox"/>
10/09	RPI		direct mail design & mailing	1769.02	<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

SUB-TOTAL \$79077.02

TOTAL (if last page of this schedule) \$ [REDACTED]

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FOR INSTRUCTIONS, SEE BACK OF FORM

SCHEDULE
E
(Rev. 06/97) IN-KIND
CONTRIBUTIONS

COMMITTEE NAME (Must be same as on Statement of Organization)
Friends for Connie Jacobsen

Reset Form

CHECK THIS BOX IF
AMENDING FORM

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
10/12/06	Lora Schulte 305 Apache Dr Norway, IA 52318		postage & absentee charters	\$ 78.00	<input type="checkbox"/>
10/12/06	Lora Schulte 305 Apache Dr Norway, Ia. 52318		postage	14.40	<input type="checkbox"/>
10/14/06	Lora Schulte 305 Apache Dr Norway, Ia. 52318		yard sign supplies	25.31	<input type="checkbox"/>
10/11/06	RPI 621 E 9th Des Moines, Ia 50309		direct mail printing & postage	1929.50	<input type="checkbox"/>
10/10/06	RPI		TV Ads Buys	12400.00	<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

SUB-TOTAL \$ 14447.21
TOTAL (if last page of this schedule) \$ 123535.81

*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.