

DISCLOSURE SUMMARY PAGE

FORM DR-2 (Rev. 12/2005)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	1695
Logged In	[Signature]
Scanned	[Signature]
Computer	WRS
Audited	10-31-06

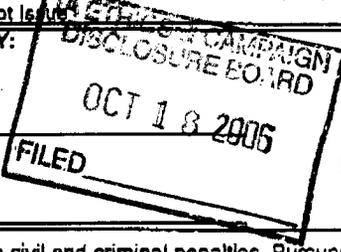
COMMITTEE NAME (Must be same as on Statement of Organization)

Campaign For Committee to Elect Jeff Johannsen

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: Jeff Johannsen Political Party (if applicable): Independent
 Office Sought: State House District (if Senate or House): 106



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] Treasurer
 SIGNATURE OF PERSON FILING REPORT

(515) 284-6003
 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

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>1100.00</u>
Schedule F: Loans Received total (Attach Schedule F)		<u>0.00</u>
Schedule H: Total Sales of Campaign Property (Attach Schedule H)		<u>0.00</u>
<u>(Schedule H applies to Candidates' Committees Only)</u>		
SUB-TOTAL	\$	<u>1100.00</u>
SUBTRACT TOTAL MONEY SPENT THIS PERIOD		
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)		<u>340.40</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>759.60</u>
**UNPAID BILLS (From Schedule D - Attach Schedule D)	\$	<u>2379.00</u>
*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)	\$	<u>217.23</u>
**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)	\$	<u>0.00</u>
CONSULTANT BREAKDOWN (Schedule G Attached?)	YES	<input checked="" type="checkbox"/> NO
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.		



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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)

Campaign For Committee to Elect Jeff Johannsen

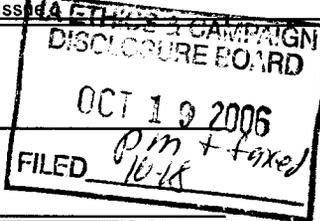
IMPORTANT: Indicate by # type of committee you are reporting for:

(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: Jeff Johannsen Political Party (if applicable): Independent

Office Sought: State House District (if Senate or House): 16



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: W. Johannsen Treasurer TELEPHONE: (515) 284-6003 DATE SIGNED: 10/19/06

I AM FILING A October 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

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>1100.00</u>
Schedule F: Loans Received total (Attach Schedule F).....		<u>0.00</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>1100.00</u>
SUBTRACT TOTAL MONEY SPENT THIS PERIOD		
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below).....		<u>340.40</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>759.60</u>
**UNPAID BILLS (From Schedule D - Attach Schedule D)	\$	<u>2319.00</u>
**IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)	\$	<u>217.23</u>
**OUTSTANDING LOANS (From Schedule F - Attach Schedule F).....	\$	<u>0.00</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



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)

Campaign For Committee to Elect Jeff Johannsen

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
09/07/06	ID# CK#	Roxanne Rogers 100 market St. Des Moines, IA 50309		\$ 200.00	<input type="checkbox"/>
09/20/06	ID# CK#	Jacob Liederman 300 Walnut Des Moines, IA 50309		500.00	<input type="checkbox"/>
10/02/06	ID# CK#	Andrea Johannsen 3954 Valley View Dr. Bellendorf, IA 52722	Mother	200.00	<input type="checkbox"/>
10/02/06	ID# CK#	Bruce Gerleman 303 Locust Ste #150 Des Moines, IA 50309		100.00	<input type="checkbox"/>
10/13/06	ID# CK#	Christopher Greenfield 0800 Ridge Road Des Moines, 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"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

\$ 1100.00

TOTAL (if last page of this schedule)

\$ 1100.00

* 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



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

COMMITTEE NAME (Must be same as on Statement of Organization)
Campaign For Committee to Elect Jeff Johannsen

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
9/26/06	ID# CK#	Office Max 2900 University Ave West Des Moines, IA 50265	Printing Flyers	\$ 11.92
9/20/06	ID# CK#	American Marketing 440 E. Grand Des Moines, IA 50309	Name Badge	6.89
10/09/06	ID# CK#	Carter Printing 1739 E. Grand Ave Des Moines, IA 50316	letterhead & envelopes	287.30
9/19/06	ID# CK#	Harland Check CO "ACH"	Check order	32.17
9/18/06	ID# CK#	Wells Fargo Bank NA 1446 Walnut St. Des Moines, IA 50309	Bank Service charges	2.12
	ID# CK#			
	ID# CK#			
	ID# CK#			

SUB-TOTAL \$340.40

TOTAL (if last page of this schedule) \$ 340.40 ✓

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).)

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)

Campaign For Committee to Elect Jeff Johannisen



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
8/21/06	Barnes & Noble 4550 University Ave West Des Moines, IA 50265	Self	office Supp	\$ 31.75	<input type="checkbox"/>
8/18/06	Chester Culver Sec. State of IA	Self	Copies	5.00	<input type="checkbox"/>
9/8/06	Chester Culver Sec. State of IA	Self	Filing Fees	13.00	<input type="checkbox"/>
9/21/06	Jolesch Photography 2771-104th St #E Des Moines, IA 50322	Self	Photo's	127.20	<input type="checkbox"/>
8/21/06	Copy Center	Self	Copies	4.28	<input type="checkbox"/>
8/21/06	Copy Center	Self	copies	36.00	<input type="checkbox"/>
					<input type="checkbox"/>
*	Should be candidate as contributors -	Self			<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

SUB-TOTAL \$ 217.23

TOTAL (if last page of this schedule) \$ 217.23

*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.

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

COMMITTEE NAME (Must be same as on Statement of Organization)
Johannsen for State House Committee

IA ETHICS & CAMPAIGN
DISCLOSURE BOARD

Reset Form

NOV 20 2006

FILED *pin 11-17*

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
8/21/06	Jeff Johannsen 400 Second Ave #232 Des Moines, IA 50309	Self	Office Supplies	\$ 31.75	<input type="checkbox"/>
8/18/06	Jeff Johannsen 400 Second Ave #232 Des Moines, IA 50309	Self	Copies	5.00	<input type="checkbox"/>
9/8/06	Jeff Johannsen 400 Second Ave #232 Des Moines, IA 50309	Self	Filing Fees	13.00	<input type="checkbox"/>
9/21/06	Jeff Johannsen 400 Second Ave #232 Des Moines, IA 50309	Self	Photo's	127.20	<input type="checkbox"/>
8/21/06	Jeff Johannsen 400 Second Ave #232 Des Moines, IA 50309	Self	Copies	4.28	<input type="checkbox"/>
8/21/06	Jeff Johannsen 400 Second Ave #232 Des Moines, IA 50309	Self	Copies	36.00	<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

SUB-TOTAL \$ **217.23**

TOTAL (if last page of this schedule) \$ **217.23**

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