

Reset Form

DISCLOSURE SUMMARY PAGE

FORM DR-2 (Rev. 12/2005)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	11653
Logged In	S
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)

WILL REKER FOR IOWA HR99

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 Campaign Committee (6) County 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 REKER Political Party (if applicable): DEMOCRAT

Office Sought: IOWA HOUSE OF REPRESENTATIVES 99 District (if Senate or House):

IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD
 FILED
 OCT 13 2006 PM 10:17

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: [Signature] TELEPHONE: 712-322-2712 DATE SIGNED: 10-17-06

I AM FILING A OCTOBER 14, 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>3,454.70</u>
ADD TOTAL MONEY TAKEN IN THIS PERIOD	
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)	<u>1,400.00</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>
(Schedule H applies to Candidates' Committees Only)	
SUB-TOTAL	\$ <u>4,854.70</u>
SUBTRACT TOTAL MONEY SPENT THIS PERIOD	
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)	<u>2,502.15</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>2,352.55</u>
**UNPAID BILLS (From Schedule D - Attach Schedule D)	\$ <u>- 0 -</u>
*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)	\$ <u>10.00</u>
**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)	\$ <u>2,000.00</u>
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)	\$ <u>0.00</u>

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

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 REVER FOR IOWA HR 49

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/YY)	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
01/16/06	ID# CK#	MARIE E. BURKHART 720 ALLIANCE DRIVE VIRGINIA BEACH VA 23454		\$ 50.00	<input type="checkbox"/>
02/11/06	ID# CK#	POTTAWATTAMIE CTY DEMOCRATIC CENTRAL COMMITTEE PO BOX 233 COUNCIL BLUFFS IA 51502		500.00	<input type="checkbox"/>
02/21/06	ID# CK#	BILL L. HARRIST 711 PARKWILD RD COUNCIL BLUFFS IA 51503		50.00	<input type="checkbox"/>
09/15/06	ID# 6439 CK# 2046	CWA 369 CALIFORNIA ST WATERLOO IA 50703		100.00	<input type="checkbox"/>
09/24/06	ID# CK#	DENNIS M. LORRY 55416 FOXWORTHY LANE OSLEWOOD IA 51534		100.00	<input type="checkbox"/>
10/01/06	ID# CK#	JEAN MARIE HARTWELL 19806 290TH ST MCLELLAND IA 51548		40.00	<input type="checkbox"/>
10/04/06	ID# CK# 2325	ALL AMERICAN PAC 607 14TH ST N.W. SUITE 800 WASHINGTON, D.C. 20005		100.00	<input type="checkbox"/>
10/04/06	ID# 8026 CK# 10785	I.B.E.W. EDUCATIONAL COMMITTEE 900 7TH N.W. WASHINGTON, D.C. 20001		200.00	<input type="checkbox"/>
10/04/06	ID# CK#	JERRY GILMORE 318 MIDLAND DR COUNCIL BLUFFS IA 51503		10.00	<input type="checkbox"/>
10/13/06	ID# CK#	DENNIS M. LORRY 55416 FOXWORTHY LANE OSLEWOOD IA 51534		50.00	<input type="checkbox"/>
SUB-TOTAL				\$ 1,200.00	
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 Refer 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.

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
10/13/06	ID# CK#	CRAIG S. LOVSTAD 307 STUTSMAN ST COUNCIL BLUFFS, IA 51503		\$ 100.00	<input type="checkbox"/>
	ID# CK#	WOMENIZED CONTRIBUTIONS		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"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL \$ 200.00

TOTAL (if last page of this schedule) \$ 1,400.00

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EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

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

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)
Will REGER FOR Iowa HR99

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
07/16/06	ID# CK#	UNIONIST PRINTINGS 1309 N.W. RADIAL HWY OMAHA, NE 68132	BROCHURES	\$518.95
08/14/06	ID# CK#	IOWA DEMOCRATIC PARTY 5601 FLUER DR DES MOINES IA 50321	VAN VOTER ACTIVATION NETWORK	500.00
09/20/06	ID# CK#	WILL REGER 315 PARK AVE COUNCIL BLUFFS, IA 51502	REIMBURSEMENT FOR LUNCH IN ADAIR, IA ON 8-27-06	10.14
09/20/06	ID# CK#	WILL REGER 315 PARK AVE COUNCIL BLUFFS IA 51502	REIMBURSEMENT FOR FOR POSTAGE STAMPS	78.00
09/25/06	ID# CK#	UNIONIST PRINTINGS 1309 N.W. RADIAL HWY OMAHA, NE 68132	POSTCARDS	101.65
09/29/06	ID# CK#	COUNCIL BLUFFS POST OFFICE COUNCIL BLUFFS, IA 51501-9998	STAMPS	390.00
09/29/06	ID# CK#	THE DAILY WORKAREIL 535 WEST BROADWAY COUNCIL BLUFFS, IA 51503	ADS	387.86
10/02/06	ID# CK#	WILL REGER 315 PARK AVE COUNCIL BLUFFS, IA 51503	REIMBURSEMENT FOR ENVELOPES PURCHASED AT WALGREENS	1.06
SUB-TOTAL				\$1,987.66
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).)

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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)
WILL REFER FOR IOWA HR 99

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
10/13/06	ID# CK#	THE DAILY IOWAFAREL 535 W. BROADWAY COUNCIL BLUFFS IASIS03	ADS	\$ 412.84
10/13/06	ID# CK#	UNIONIST PRINTING 1309 N.W. RADIAL HWY OMAHA NE 68132	POSTCARDS	101.65
	ID# CK#			
SUB-TOTAL				\$ 515.49
TOTAL (if last page of this schedule)				\$ 2502.15

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)
WILL REUSER FOR IOWA HR 99

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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
07/11/06	IOWA STATE EDUCATION ASSOCIATION POLITICAL ACTION COMMITTEE 777 3rd STREET DES MOINES IA 50309		ISEA ROSTER	\$ 10.00	<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
SUB-TOTAL				\$	
TOTAL (if last page of this schedule)				\$	
				10.00	
				10.00	

*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.

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

COMMITTEE NAME (Must be same as on Statement of Organization)
WILL REHEAR FOR IOWA HF 99

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

TOTAL UNPAID LOANS FROM LAST REPORTING PERIOD \$ 2,000.00

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.)

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE (If Applicable*)	AMOUNT OF LOAN
			\$

TOTAL (PART I) \$ _____

PART II - MONETARY LOAN REPAYMENTS MADE THIS REPORTING PERIOD

(Loans forgiven must be reported on Schedule E - In-kind Contributions.)

DATE PAID (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE* (If Applicable)	AMOUNT REPAY
			\$

TOTAL CASH REPAYMENTS (PART II) \$ -0-

From Schedule E -- TOTAL LOANS FORGIVEN \$ -0-

TOTAL OUTSTANDING LOANS END OF REPORT PERIOD \$ 2,000.00

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