

DISCLOSURE SUMMARY PAGE

DR-2 (Rev. 12/2005)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	1490
Logged In	
Scanned	
Computer	WRS
Audited	9-18-07
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)
 SHOMSHOR FOR IOWA HOUSE CAMPAIGN DISCLOSURE BD.
 IA ETHICS AND CAMPAIGN DISCLOSURE BD.
 pm 6-20

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 PAUL SHOMSHOR	Political Party (if applicable) DEMOCRAT
Office Sought IOWA HOUSE	District (if Senate or House) 100

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.

Paul Shomshor
 SIGNATURE OF PERSON FILING REPORT

712-325-0638
 TELEPHONE

06/19/07
 DATE SIGNED

I AM FILING A 10/19/06 REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR.
 (report date) Indicate by # 1

CHECK IF AMENDMENT TO REPORT DATED 10/19/06

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.)	\$	22,995.93
ADD TOTAL MONEY TAKEN IN THIS PERIOD		
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)		24,465.00
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	\$	47,460.93
SUBTRACT TOTAL MONEY SPENT THIS PERIOD		
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)		8,573.36
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)	\$	38,887.57
**UNPAID BILLS (From Schedule D - Attach Schedule D)	\$	- 0 -
**IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)	\$	450.00
**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)	\$	- 0 -
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)	\$	- 0 -

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

DISCLOSURE SUMMARY PAGE

COMMITTEE NAME (Must be same as on Statement of Organization)
7006 D100 0001 7845 2670
SHOMSHOR FOR IOWA HOUSE

IMPORTANT: Indicate by # type of committee you are reporting for: **1**
 (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: **PAUL SHOMSHOR** Political Party (if applicable): **DEMOCRAT**
 Office Sought: **IOWA HOUSE** District (if Senate or House): **100**

FILED OCT 19 2006 PM 10-16

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

For Office Use Only
 Comm. # **1490**
 Logged In **S**
 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.

Paul Shomshor 712-325-0638 10/19/06
 SIGNATURE OF PERSON FILING REPORT TELEPHONE DATE SIGNED

I AM FILING A 10/19/06 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.)

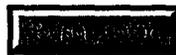
Local Committees, enter Date of Election _____
 County & Local Committees, enter County in which Election is held _____

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>23,434.68</u>
ADD TOTAL MONEY TAKEN IN THIS PERIOD		
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)	\$	<u>23,465.00</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>46,899.68</u>
SUBTRACT TOTAL MONEY SPENT THIS PERIOD		
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)	\$	<u>8,573.36</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>38,326.32</u>
**UNPAID BILLS (From Schedule D - Attach Schedule D)	\$	<u>- 0 -</u>
**IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)	\$	<u>450.00</u>
**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)	\$	<u>- 0 -</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 -</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)

SHOMSHOR FOR IOWA HOUSE

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
06/23/06	ID# 6056 CK# 3492	BANKERS UNITE IN LEGISLATIVE DECISIONS PAC 2800 NW 62ND AVE - JOHNSTON IA 50131		\$ 2,000.00	<input type="checkbox"/>
07/07/06	ID# CK# 3170	CENTRAL IOWA BUILDING + CONSTRUCTION TRADES COUNCIL PAC PO BOX 7310 - DES MOINES IA 50309		250.00	<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"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

\$ 2,250.00

TOTAL (if last page of this schedule)

\$

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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)
 SHOMSHOR FOR IOWA HOUSE

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.

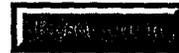
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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
07/14/06	ID# CK# 1263	ROBERT MYERS 66 WESTOWN PARKWAY WEST DES MOINES IA 50266		\$ 125.00	<input type="checkbox"/>
07/14/06	ID# CK# 1263	JAMES MYERS 66 WESTOWN PARKWAY WEST DES MOINES IA 50266		125.00	<input type="checkbox"/>
07/17/06	ID# CK# 1337	MICHAEL MEDVED 66 WESTOWN PARKWAY WEST DES MOINES IA 50266		125.00	<input type="checkbox"/>
07/18/06	ID# CK# 1500	LINDA MYERS 66 WESTOWN PARKWAY WEST DES MOINES IA 50266		125.00	<input type="checkbox"/>
07/21/06	ID# CK# 2338	BORRY JOSE 1601 AVENUE COUNCIL BLUFFS IA 51501		100.00	<input type="checkbox"/>
07/25/06	ID# 6021 CK# 2010	CREDIT UNION PAC PO BOX 10409 DES MOINES IA 50306		1,000.00	<input type="checkbox"/>
08/02/06	ID# CK# 1044	ROD CAMERON 3 SUMMIT CIRCLE COUNCIL BLUFFS IA 51503		25.00	<input type="checkbox"/>
08/04/06	ID# CK# 6433	ALLIANT ENERGY GOV'T ACTION COMM 4902 NORTH BILTMORE LANE MADISON WI 53703		500.00	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
SUB-TOTAL				\$ 2,125.00	
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)

SHOMSHOR FOR IOWA HOUSE

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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08/10/06	ID# CK# 1602	POTTAWATTAMIE COUNTY DEMOCRATIC CENTRAL COMMITTEE PO BOX 233 COUNCIL BLUFFS IA 51502		\$ 500.00	<input type="checkbox"/>
08/16/06	ID# CK# 1544	WELL PAC 630 GRAND AVE - #13 DES MOINES IA 50309		500.00	<input type="checkbox"/>
08/22/06	ID# CK# 2189	IBEW LOCAL 347 PAC FUND 850 - 18TH STREET DES MOINES IA 50314		200.00	<input type="checkbox"/>
07/17/06	ID# 6116 CK# 1640	IOWA DEALERS - PAC PO BOX 65840 WEST DES MOINES IA 50265		100.00	<input type="checkbox"/>
07/24/06	ID# 6069 CK# 2318	ZZ PAC 904 WALNUT - ST - SUITE 100 DES MOINES IA 50309		500.00	<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

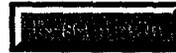
\$1,800.00

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)

SHOMSHOR FOR IOWA HOUSE

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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
08/20/06	ID# CK# 4450	AGC OF IOWA PAC 701 E. COURT AVE DES MOINES IA 50309		\$ 1,500.00	<input type="checkbox"/>
08/23/06	ID# CK# 11585	CRAIG NEILSEN 8620 TITLEIST CIRCLE LAS VEGAS NV 89117		750.00	<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"/>
	ID# CK#				<input type="checkbox"/>
SUB-TOTAL				\$ 2,250.00	
TOTAL (if last page of this schedule)				\$	

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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)
 SIMONSITOR FOR IOWA HOUSE

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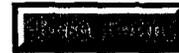
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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	IF FOR FUND-RAISER INCOME
09/11/06	ID# 6087 CK# 1496	IOWA TELECOMMUNICATIONS INDUSTRY - PAC 2987-100TH ST - URBANDALE IA 50322		\$ 250.00	<input type="checkbox"/>
09/11/06	ID# 6146 CK# 1692	HOMEBUILDERS PAC DES MOINES IA		250.00	<input type="checkbox"/>
09/05/06	ID# 6073 CK# 998	IOWA MEDICAL PAC 1001 GRAND AVE. WEST DES MOINES IA 50265		100.00	<input type="checkbox"/>
09/06/06	ID# 6161 CK# 3228	MOTOR CARRIERS PAC BOX 6121 DES MOINES IA 50309		500.00	<input type="checkbox"/>
09/06/06	ID# CK#	CASH-PASS THE HAT		40.00	<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				\$ 1,140.00	
TOTAL (if last page of this schedule)				\$	

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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)
SHOMSHOR FOR IOWA HOUSE

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.

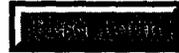
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DATE RECEIVED (MM/DD/YY)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
10/05/06	ID# CK# 4417	MARVIN ARPRIESTER 101 SUNNY RIDGE DR COUNCIL BLUFFS IA 51503		\$ 50.00	<input type="checkbox"/>
09/05/06	ID# 6237 CK# 1904	ABATE PAC 3118 EASTERN AVE NE CEDAR RAPIDS IA 52402		150.00	<input type="checkbox"/>
08/02/06	ID# 6082 CK# 1196	MIDAMERICAN EBC 666 GRAND AVE DES MOINES IA 50303		500.00	<input type="checkbox"/>
09/26/06	ID# 6052 CK# 3080	I IAA PAC 4000 WESTOWN PKWY WEST DES MOINES IA 50265		500.00	<input type="checkbox"/>
09/20/06	ID# CK# 2575	FORWARD TOGETHER PAC 201 N. UNION ST. - STE 350 ALEXANDRIA VA 22314		1,000.00	<input type="checkbox"/>
09/21/06	ID# CK# 2172	HARRAH'S PAC ONE HARRAH'S COURT LAS VEGAS NV 89119		300.00	<input type="checkbox"/>
09/22/06	ID# CK# 1030	ALL CHILDREN MATTER 126 CHARLES PARK DRIVE COUNCIL BLUFFS IA 51503		\$ 1,000.00	<input type="checkbox"/>
09/29/06	ID# 6125 CK# 2594	IOWA REALTORS PAC 1370 NW 114TH ST-#100 LIVE IA 50325		2,000.00	<input type="checkbox"/>
09/15/06	ID# 6062 CK# 244	IOWA CPA PAC 950 OFFICE PARK ROAD-#300 WEST DES MOINES IA 50265		750.00	<input type="checkbox"/>
09/22/06	ID# CK# 8683	BNSF PAC 700 13TH ST- NW 220 WASHINGTON DC 20005		250.00	<input type="checkbox"/>
SUB-TOTAL				\$6,500.00	
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)

SHOMSHOR FOR IOWA HOUSE

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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09/30/06	ID# CK# 1319	GROCCERS PAC 2540 106TH ST-STE 102 DES MOINES IA 50322		\$ 200.00	<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"/>
	ID# CK#				<input type="checkbox"/>
SUB-TOTAL				\$ 200.00	
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
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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

SHOMSHOR FOR IOWA HOUSE

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
89/15/06	ID# CK# 1520	KENNETH MEATES 26075 HWY K45 ONAWA IA 51040		\$ 100.00	<input type="checkbox"/>
10/05/06	ID# 6351 CK# 1119	PETROLEUM MARKETERS 1303-50TH WEST DES MOINES IA 50266		250.00	<input type="checkbox"/>
10/06/06	ID# 6323 CK# 3081	MASTER BUILDERS PAC 221 PARK ST DES MOINES IA 50306		1,000.00	<input type="checkbox"/>
10/06/06	ID# CK# 2117	IOWA FORT 8525 DOUGLAS - #48 DES MOINES IA 50322		400.00	<input checked="" type="checkbox"/>
10/09/06	ID# 1420 CK# 9659	FEDERATION OF IA INSURERS PAC Box 1756 DES MOINES IA 50306		250.00	<input checked="" type="checkbox"/>
10/09/06	ID# CK# 1077	MERIDITH CORPORATION - PAC DES MOINES IA 50309		150.00	<input checked="" type="checkbox"/>
10/09/06	ID# CK# 1032484	FRANK SANTANA WEST DES MOINES IA 50266		500.00	<input checked="" type="checkbox"/>
10/09/06	ID# CK# 1615	WELL PAC 636 GRAND AVE - #13 DES MOINES IA 50309		500.00	<input checked="" type="checkbox"/>
10/06/06	ID# CK# 1711	PRIN PAC 711 HIGH ST. DES MOINES IA 50392		500.00	<input type="checkbox"/>
09/27/06	ID# CK# 10786	IBEW EDUCATION COMMITTEE 900 SEVENTH ST - NW WASHINGTON DC 20001		200.00	<input type="checkbox"/>
SUB-TOTAL				\$ 3,850.00	
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



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)

SHOWSHOR FOR IOWA HOUSE

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.

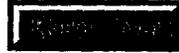
NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

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
10/02/06	ID# 6067 CK# 3571	IOWA HEALTH PAC 6750 WESTOWN PIKE #100 WEST DES MOINES IA 50266		\$ 200.00	<input type="checkbox"/>
08/07/06	ID# 6059 CK# 2793	ZCAR 1111 OFFICE PARK RD. WEST DES MOINES IA 50265		500.00	<input type="checkbox"/>
09/08/06	ID# 6107 CK# 3551	QWEST PAC 925 HIGH ST. DES MOINES IA 50309		500.00	<input type="checkbox"/>
09/12/06	ID# CK# 1022	SMITHFIELD FOODS INC PAC 499 PARK AVE - SUITE 600 NEW YORK NY 10022		200.00	<input type="checkbox"/>
09/13/06	ID# CK# 1393	FEDERATION OF IA ZNSYRANS PAC BOX 1756 DES MOINES IA 50306		250.00	<input type="checkbox"/>
09/14/06	ID# 6072 CK# 1224	IFPAC - IOWA 431 E. LOCUST ST - STE 300 DES MOINES IA 50309		300.00	<input type="checkbox"/>
09/18/06	ID# CK# 4125	ZFRF PAC 5400 UNIVERSITY AVE WEST DES MOINES IA 50266		1,500.00	<input type="checkbox"/>
09/19/06	ID# 6098 CK# 3494	IOWA REV PAC 321 WALNUT - STE 310 DES MOINES IA 50309		400.00	<input type="checkbox"/>
09/12/06	ID# CK# 1278	GRUCERS PAC 2540 106TH STE 102 DES MOINES IA 50322		300.00	<input type="checkbox"/>
09/16/06	ID# 6 1542 CK# 6282	H4-VEE PAC 5820 WESTOWN PARKWAY WEST DES MOINES IA 50266		200.00	<input type="checkbox"/>
SUB-TOTAL				4,350.00 4,350.00	
TOTAL (if last page of this schedule)				\$ 23,465.00	

* 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)
 SHOMSHOR FOR IOWA HOUSE

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
07/15/06	ID# CK# 1030	CARTER PRINTING GRAND AVE DES MOINES IA	BROCHURES - CAMPAIGN	\$ 603.90
09/01/06	ID# CK# 1035	IOWA DEMOCRATIC PARTY 5661 FLEUR DR DES MOINES IA 50309	CONTRIBUTION	3,000.00
09/01/06	ID# CK# 1036	UNIONIST PRINTING OMAHA NE	CAMPAIGN CARDS	16.05
09/01/06	ID# CK# 1037	CARTER PRINTING GRAND AVE - DES MOINES CAMPAIGN CARDS IA	CAMPAIGN CARDS	127.37
09/19/06	ID# CK# 1038	IOWA DEMOCRATIC PARTY 5661 FLEUR DES MOINES IA	CONTRIBUTION	3,250.00
09/19/06	ID# CK# 1061	US POST OFFICE COUNCIL BLUFFS IA 51501	POSTAGE FOR MAILING	1,576.04
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$ 8,573.36
TOTAL (if last page of this schedule)				\$ 8,573.36

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).)

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

SHOMSHOR FOR IOWA HOUSE

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

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
09/01/06	ISFA DES MOINES IA 50309		MAILING LIST	\$ 100.00	<input type="checkbox"/>
08/27/06	FORWARD TOGETHER 201 UNION ST. - STE 350 ALEXANDRIA VA 22314		ORGANIZATION PHONE CALLS	350.00	<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 \$ 450.00

TOTAL (if last page of this schedule) \$ 450.00

*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.