

Reset Form

DISCLOSURE SUMMARY PAGE

FORM DR-2 (Rev. 12/2005) DISCLOSURE REPORT. For Office Use Only: 1444. File with: Iowa Ethics and Campaign Disclosure Board, 510 E. 12th, Ste. 1A, Des Moines, Iowa 50319.

COMMITTEE NAME (Must be same as on Statement of Organization) COMMITTEE TO ELECT WES WHITEAD. IMPORTANT: Indicate by # type of committee you are reporting for: 1. CANDIDATE COMMITTEES ONLY: Candidate Name MR. WES WHITEAD, Political Party DEMOCRAT, Office Sought LEGISLATOR, District IA HOUSE DIST. 1.

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 (Handwritten signature), TELEPHONE (712) 255-8094, DATE SIGNED 10/26/06

I AM FILING A 10/19/2006 REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR. Indicate by # 1

[X] CHECK IF AMENDMENT TO REPORT DATED 10/17/06. [] Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.

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

STATEMENT OF CASH ON HAND

Table with 2 columns: Description and Amount. Rows include: CASH ON HAND at the beginning of the reporting period (\$3,095.25), ADD TOTAL MONEY TAKEN IN THIS PERIOD (Schedule A: 13,255.00, Schedule F: 0.00, Schedule H: 0.00), SUB-TOTAL (\$16,350.25), SUBTRACT TOTAL MONEY SPENT THIS PERIOD (Schedule B: 9,726.94, Schedule F: 0.00), CASH ON HAND at the end of this reporting period (\$6,623.31), **UNPAID BILLS (0.00), **IN KIND CONTRIBUTIONS (186.77), **OUTSTANDING LOANS (0.00), CONSULTANT BREAKDOWN (YES/NO), CANDIDATE COMMITTEES ONLY: VALUE OF CAMPAIGN PROPERTY (\$), STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

FOR INSTRUCTIONS, SEE BACK OF FORM

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)

COMMITTEE TO ELECT WES WHITEHEAD

FILED
OCT 30 2006
IOWA CAMPAIGN
DISCLOSURE BOARD

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
7/24/06	IOWA DEMOCRATIC PARTY 5661 FLEUR DRIVE DES MOINES, IA 50321		Invitations for Fundraiser	\$ 13.33	<input checked="" type="checkbox"/>
7/24/06	IOWA DEMOCRATIC PARTY 5661 FLEUR DRIVE DES MOINES, IA 50321		Invitations for Fundraiser	26.67	<input checked="" type="checkbox"/>
7/24/06	IOWA LAW PAC 521 EAST LOCUST DESMOINES, IOWA 50309		Legislative Fundraiser	146.77	<input checked="" 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				\$ 186.77	
TOTAL (if last page of this schedule)				\$ 186.77	

*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.

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

DISCLOSURE SUMMARY PAGE

COMMITTEE NAME (Must be same as on Statement of Organization)
 COMMITTEE TO ELECT WES WHITEAD

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) Ethics PAC (9) Ethics PAC (10) School Board or Other Political
 Subdivision PAC (11) Local Ethics PAC

CANDIDATE COMMITTEES ONLY:

Candidate Name: MR. WES WHITEAD Political Party (if applicable): DEMOCRAT
 Office Sought: LEGISLATOR District (if Senate or House): IA HOUSE DIST. 1

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

For Office Use Only
 Comm. # 1444
 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

FILED
 OCT 17 2006
 IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD

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 _____ TELEPHONE (712) 255-8094 DATE SIGNED 10/17/06

I AM FILING A 10/19/2006 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.)	\$ 3,095.25
ADD TOTAL MONEY TAKEN IN THIS PERIOD	
Schedule A: Cash Contributions total (Attach Schedule A) (**also see in-kind below)	13,255.00
Schedule F: Loans Received total (Attach Schedule F)	0.00
Schedule H: Total Sales of Campaign Property (Attach Schedule H)	0.00
<u>(Schedule H applies to Candidates' Committees Only)</u>	
SUB-TOTAL	\$ 16,350.25
SUBTRACT TOTAL MONEY SPENT THIS PERIOD	
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)	9,726.94
Schedule F: Loan Repayments total (Attach Schedule F)	0.00
CASH ON HAND at the end of this reporting period (if final report balance must be zero) (Attach DR-3)	\$ 6,623.31
**UNPAID BILLS (From Schedule D - Attach Schedule D)	\$ 0.00
**IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)	\$ 40.00
**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)	\$ 0.00
CONSULTANT BREAKDOWN (Schedule G Attached?)	YES <input checked="" type="checkbox"/> NO
CANDIDATE COMMITTEES ONLY:	
VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)	\$ 0.00

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)
 COMMITTEE TO ELECT WES WHITEHEAD

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(8), 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
7/16/06	ID# 6070 CK# 3260	IOWA LAW PAC 521 EAST LOCUST ST., FL 3RD DES MOINES, IA 50309-1939		\$200.00	<input type="checkbox"/>
7/16/06	ID# 6429 CK# 2054	HEAVY HIGHWAY PAC 2415 INGERSOLL AVENUE DES MOINES, IA 50312-5233		500.00	<input type="checkbox"/>
7/16/06	ID# 6432 CK# 1228	PLUMBERS & STEAMFITTERS PAC 2501 BELL AVENUE DES MOINES, IA 50321-1118		500.00	<input type="checkbox"/>
7/17/06	ID# 6089 CK# 373	OPERATING ENGINEERS, LOCAL #234 4880 HUBBELL DES MOINES, IA 50317		500.00	<input type="checkbox"/>
7/19/06	ID# 6116 CK# 1337	IOWA DEALERS P.O. BOX 65840 WEST DES MOINES, IA 50265		100.00	<input type="checkbox"/>
7/20/06	ID# 6070 CK# 3347	IOWA LAW PAC 521 EAST LOCUST ST., FL 3RD DES MOINES, IA 50309-1939		100.00	<input type="checkbox"/>
7/21/06	ID# 6144 CK# 416	NW IOWA LABOR COUNCIL 3038 S. LAKEPORT, SUITE 100 SIOUX CITY, IA 51106		250.00	<input type="checkbox"/>
7/24/06	ID# 6064 CK# 2007	IOWA F.O.R.E 8525 DOUGLAS AVE., SUITE 48 DES MOINES, IA 50322		100.00	<input type="checkbox"/>
7/24/06	ID# 6058 CK# 2843	IOWA CHIROPRACTIC SOCIETY 1605 N. ANKENY BLVD., SUITE 100 ANKENY, IA 50021-4159		100.00	<input checked="" type="checkbox"/>
7/24/06	ID# 6237 CK# 1846	ABATEPAC 3118 EASTERN AVE. NE CEDAR RAPIDS, IA 52402		150.00	<input checked="" type="checkbox"/>
SUB-TOTAL				\$ 2,500.00	
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)
COMMITTEE TO ELECT WES WHITEAD

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
9/24/06	ID# 6118 CK# 2338	IOA-PAC 1454 - 30TH STREET, SUITE 204 WEST DES MOINES, IA 50266		\$200.00	<input checked="" type="checkbox"/>
7/24/06	ID# 6430 CK# 1416	IOWA RURAL WATER STATE PAC 4221 S. 22ND AVE. E. NEWTON, IA 50208		50.00	<input checked="" type="checkbox"/>
7/27/06	ID# CK# 6077	MR. JOHN C. GRAY 3801 ORCHARD ST. SIOUX CITY, IA 51104		50.00	<input type="checkbox"/>
7/27/06	ID# CK# 3195	MR. TIMOTHY A. CLAUSEN 4611 GRAYHAWK RIDGE DR. SIOUX CITY, IA 51106		100.00	<input type="checkbox"/>
7/28/06	ID# CK# 10095	MS. LILLIE E. PARRETT 6805 CORRECTIONVILLE RD. SIOUX CITY, IA 51106		50.00	<input type="checkbox"/>
7/31/06	ID# CK# 11609	MR. AL STURGEON 507 7TH STREET, STE. 540 SIOUX CITY, IA 51101		50.00	<input type="checkbox"/>
8/4/06	ID# 6046 CK# 4162	JUSTICE FOR ALL PAC 218 6TH AVENUE, STE 526 DES MOINES, IA 50309		100.00	<input type="checkbox"/>
8/4/06	ID# 6082 CK# 1211	MIDAMERICAN ENERGY CO. 666 GRAND AVENUE; P.O. BOX 657 DES MOINES, IA 50303		250.00	<input type="checkbox"/>
8/24/06	ID# 9716 CK# 2172	IBEW, LOCAL 237 850 - 18TH STREET DES MOINES, IA 50314		500.00	<input type="checkbox"/>
8/29/06	ID# CK#	UNITEMIZED CASH CONTRIBUTION		5.00	<input checked="" type="checkbox"/>
SUB-TOTAL				\$ 1,355.00	
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)
COMMITTEE TO ELECT WES WHITEAD

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
8/29/06	ID# CK#	UNITEMIZED CASH CONTRIBUTION		\$5.00	<input checked="" type="checkbox"/>
8/29/06	ID# CK#	UNITEMIZED CASH CONTRIBUTION		10.00	<input checked="" type="checkbox"/>
8/29/06	ID# CK#	UNITEMIZED CASH CONTRIBUTION		20.00	<input checked="" type="checkbox"/>
8/29/06	ID# CK#	UNITEMIZED CASH CONTRIBUTION		20.00	<input checked="" type="checkbox"/>
8/29/06	ID# CK#	UNITEMIZED CASH CONTRIBUTION		5.00	<input checked="" type="checkbox"/>
8/29/06	ID# CK#	UNITEMIZED CASH CONTRIBUTION		20.00	<input checked="" type="checkbox"/>
8/29/06	ID# CK#	UNITEMIZED CASH CONTRIBUTION		20.00	<input checked="" type="checkbox"/>
8/29/06	ID# CK# 8357	MR. DOUG MEISNER 3116 EVERETT STREET SIOUX CITY, IA 51103		100.00	<input checked="" type="checkbox"/>
8/29/06	ID# CK# 9565	MS. JANET ROSENBURY 4559 HAMILTON BLVD SIOUX CITY, IA 51104-1142		100.00	<input checked="" type="checkbox"/>
8/29/06	ID# CK# 32478	MR. MACDONALD SMITH 505 FIFTH STREET, SUITE 530 SIOUX CITY, IA 51101		500.00	<input checked="" type="checkbox"/>
SUB-TOTAL				\$ 800.00	
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)
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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
8/29/06	ID# CK# 4426	MS. MARGO ELZEINI 1317 WINONA COURT SIOUX CITY, IA 51104		\$20.00	<input checked="" type="checkbox"/>
8/29/06	ID# CK# 2776	MS. MARY P. BUKTA 604 SOUTH 32ND STREET CLINTON, IA 52732		50.00	<input checked="" type="checkbox"/>
8/29/06	ID# CK# 2122	MS. LUETTA M. BOTTARO 502 TALBOT; P.O. BOX 77 SALIX, IA 51052		200.00	<input checked="" type="checkbox"/>
8/29/06	ID# CK# 11138	MR. THOMAS A. BEAUVAIS 21 GILMAN TER. SIOUX CITY, IA 51104		40.00	<input checked="" type="checkbox"/>
8/29/06	ID# CK# 3391	MR. DAVID SOMSKY 4518 4TH AVENUE SIOUX CITY, IA 51106		25.00	<input checked="" type="checkbox"/>
8/29/06	ID# CK# 5477	MS. ANNE N. JAMES 1309 35TH STREET SIOUX CITY, IA 51104		50.00	<input checked="" type="checkbox"/>
8/29/06	ID# CK# 5864	MR. AL STURGEON 809 N. RUSTIN ST. SIOUX CITY, IA 51105		25.00	<input checked="" type="checkbox"/>
8/29/06	ID# CK# 2002	MS. ROSANNE McINERTNY 3441 STONE PARK BLVD SIOUX CITY, IA 51104		20.00	<input checked="" type="checkbox"/>
8/29/06	ID# CK# 8720	MR. ROGER F. WENDT 2313 SENECA WAY SIOUX CITY, IA 51104		50.00	<input checked="" type="checkbox"/>
8/29/06	ID# CK# 2868	MS. BARBARA A. REDMOND 3700 JACKSON STREET SIOUX CITY, IA 51104		25.00	<input checked="" type="checkbox"/>
SUB-TOTAL				\$ 505.00	
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)

COMMITTEE TO ELECT WES WHITEHEAD

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
8/29/06	ID# CK# 6469	MS. SUZANE E. BODEN 4526 MANOR CIRCLE SIOUX CITY, IA 51104		\$30.00	<input checked="" type="checkbox"/>
8/29/06	ID# CK# 8421	MR. ROGER D. IVERSON 33354 GROUSE AVENUE SIOUX CITY, IA 51108		50.00	<input checked="" type="checkbox"/>
8/29/06	ID# CK# 7143	MR. JOHN F. HAMM 109 W. GILMAN TER. SIOUX CITY, IA 51104		50.00	<input checked="" type="checkbox"/>
8/29/06	ID# CK# 7342	MS. RHODA J. GANZEL 3150 NORMAN DRIVE SIOUX CITY, IA 51104		150.00	<input checked="" type="checkbox"/>
8/29/06	ID# CK# 3215	MR. RICK ARNOLD 4100 PERRY WAY SIOUX CITY, IA 51104		25.00	<input checked="" type="checkbox"/>
8/29/06	ID# CK# 16468	MR. PATRICK J. MURPHY 155 NORTH GRANDVIEW AVENUE DUBUQUE, IA 52001		25.00	<input checked="" type="checkbox"/>
8/30/06	ID# 6008 CK# 4456	ASSOC. GEN. CONTRACTORS OF IA PAC 701 E. COURT AVENUE DES MOINES, IA 50309		1,500.00	<input type="checkbox"/>
9/2/06	ID# 6331 CK# 1058	TEAMSTERS LOCAL #554 IA D.R.I.V.E. 4349 SOUTH 90TH STREET OMAHA, NE 68127		500.00	<input type="checkbox"/>
9/5/06	ID# CK# 9224	MR. DAVID BERNSTEIN P.O. BOX 5104 SIOUX CITY, IA 51102		150.00	<input type="checkbox"/>
9/7/06	ID# 6073 CK# 1014	IOWA MEDICAL PAC 1001 GRAND AVENUE WEST DES MOINES, IA 50265		100.00	<input type="checkbox"/>
SUB-TOTAL				\$ 2,580.00	
TOTAL (if last page of this schedule)				\$	

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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)
COMMITTEE TO ELECT WES WHITEAD

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
9/7/06	ID# 6084 CK# 798	IOWA STATE UAW -PAC 2700 S. RIVER RD., STE. 200 DES PLAINES, IL 60018		\$500.00	<input type="checkbox"/>
9/9/06	ID# CK# 6311	DR. MARK E. JOHNSTON 3924 ORCHARD STREET SIOUX CITY, IA 51104		100.00	<input type="checkbox"/>
9/12/06	ID# CK# 5236	MS. FLORA M. LEF 1608 CASSELMAN STREET SIOUX CITY, IA 51103		20.00	<input checked="" type="checkbox"/>
9/12/06	ID# CK# 8311	MS. JACKIE WARNSTADT 4628 CENTRAL AVENUE SIOUX CITY, IA 51108		100.00	<input checked="" type="checkbox"/>
9/12/06	ID# CK# 7145	MS. MARY J. HAMM 109 W. GILMAN TER. SIOUX CITY, IA 51104		25.00	<input checked="" type="checkbox"/>
9/12/06	ID# CK# 1507	MR. KENNETH J. MERTES 26075 HIGHWAY K45 ONAWA, IA 51040		25.00	<input checked="" type="checkbox"/>
9/12/06	ID# CK#	UNITEMIZED CASH CONTRIBUTION		20.00	<input checked="" type="checkbox"/>
9/12/06	ID# CK#	UNITEMIZED CASH CONTRIBUTION		20.00	<input checked="" type="checkbox"/>
9/12/06	ID# CK#	UNITEMIZED CASH CONTRIBUTION		20.00	<input checked="" type="checkbox"/>
9/10/06	ID# CK#	UNITEMIZED CASH CONTRIBUTION		10.00	<input checked="" type="checkbox"/>
SUB-TOTAL				\$ 840.00	
TOTAL (if last page of this schedule)				\$	

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For Instructions, See Back of Form

Reset Form

SCHEDULE	
A	MONETARY RECEIPTS
(Rev. 07/03)	
<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)
 COMMITTEE TO ELECT WES WHITEAD

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
9/12/06	ID# CK#	UNITEMIZED CASH CONTRIBUTION		\$5.00	<input checked="" type="checkbox"/>
9/12/06	ID# CK#	UNITEMIZED CASH CONTRIBUTION		5.00	<input checked="" type="checkbox"/>
9/12/06	ID# CK#	UNITEMIZED CASH CONTRIBUTION		5.00	<input checked="" type="checkbox"/>
9/12/06	ID# CK#	UNITEMIZED CASH CONTRIBUTION		5.00	<input checked="" type="checkbox"/>
9/12/06	ID# CK#	UNITEMIZED CASH CONTRIBUTION		5.00	<input checked="" type="checkbox"/>
9/14/06	ID# 6439 CK# 2042	CWA - COPE FUND 369 CALIFORNIA STREET WATERLOO, IA 50703		100.00	<input type="checkbox"/>
9/20/06	ID# 6439 CK# 0918	CWA - COPE FUND 369 CALIFORNIA STREET WATERLOO, IA 50703		100.00	<input type="checkbox"/>
9/20/06	ID# 6064 CK# 2093	IOWA F.O.R.E. 8525 DOUGLAS AVE., SUITE 48 DES MOINES, IA 50322		100.00	<input type="checkbox"/>
9/22/06	ID# 6144 CK# 421	NW IOWA LABOR COUNCIL 3038 S. LAKEPORT, SUITE 100 SIOUX CITY, IA 51106		500.00	<input type="checkbox"/>
9/22/06	ID# CK# 2588	FORWARD TOGETHER PAC 201 NORTH UNION STREET, SUITE 350 ALEXANDRIA, VA 22314		1,000.00	<input type="checkbox"/>
SUB-TOTAL				\$ 1,825.00	
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

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)
 COMMITTEE TO ELECT WES WHITEAD

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
9/25/06	ID# CK# 8679	BNSF RAIL PAC 700 13TH STREET NW, 220 WASHINGTON, D.C. 20005		\$250.00	<input type="checkbox"/>
9/25/06	ID# CK# 1087	MR. IRVING F. JENSEN, JR. 4320 PERRY WAY SIOUX CITY, IA 51104		500.00	<input type="checkbox"/>
9/27/06	ID# CK# 10753	IBEW, EDUCATIONAL COMMITTEE 900 SEVENTH STREET, NW WASHINGTON, D.C. 2001		200.00	<input type="checkbox"/>
9/27/06	ID# CK# 6786	MR. JAMES BERNSTEIN 940 SPYGLASS CIR. DAKOTA DUNES, SD 57049		100.00	<input type="checkbox"/>
9/30/06	ID# 6282 CK# 001552	HY-VEE, INC. EMPLOYEE'S PAC 5820 WESTOWN PARKWAY WEST DES MOINES, IA 50266		200.00	<input type="checkbox"/>
10/4/06	ID# 6067 CK# 3570	IOWA HEALTH PAC 6750 WESTOWN PARKWAY #100 WEST DES MOINES, IA 50266		100.00	<input type="checkbox"/>
10/7/06	ID# 6323 CK# 3042	MASTER BUILDERS OF IOWA PAC 221 PARK ST.; P.O. BOX 695 DES MOINES, IA 50303		250.00	<input type="checkbox"/>
10/7/06	ID# CK# 2035	MR. JAY M. SMITH 7425 WISTFUL VISTA DRIVE #605 WEST DES MOINES, IA 50266		50.00	<input type="checkbox"/>
10/9/06	ID# 9673 CK# 1503	LOCAL NO. 1142 UFCW P.O. BOX 3151 SIOUX CITY, IA 51102		400.00	<input type="checkbox"/>
10/9/06	ID# 6096 CK# 1974	MANUFACTURED HOUSING PAC 1400 DEAN AVENUE DES MOINES, IA 50316		250.00	<input type="checkbox"/>

SUB-TOTAL

\$ 2,300.00

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)
COMMITTEE TO ELECT WES WHITEHEAD

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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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
10/12/06	ID# 6101 CK# 3258	MOTOR CARRIERS PAC P.O. BOX 6121, EAST DES MOINES STN. DES MOINES, IA 50309		\$250.00	<input type="checkbox"/>
10/12/06	ID# CK# 1051	SMITHFIELD FOODS, INC. PAC 499 PARK AVENUE, SUITE 600 NEW YORK, NY 10022		200.00	<input type="checkbox"/>
10/13/06	ID# CK# 1742	MR. THOMAS J. JOCHUM 1137 - 36TH DES MOINES, IA 50311		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				\$ 550.00	
TOTAL (if last page of this schedule)				\$ 13,255.00	

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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)
COMMITTEE TO ELECT WES WHITEAD

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
7/22/06	ID# CK#1092	ORCHID SUITES, INC. 2001 S. STREET NW, SUITE 550 WASHINGTON, D.C. 2009	WEBSITE FEE	\$ 45.00
7/27/06	ID# CK#1093	IOWA DEMOCRATIC PARTY 5661 FLEUR DRIVE DES MOINES, IA 50321	TRUMAN FUND	1,000.00
7/27/06	ID# CK# 1094	MR. WES WHITEAD 2108 ROOSEVELT SIOUX CITY, IA 51109	REIMBURSEMENT FOR CAMPAIGN EXPENSES	25.00
9/15/06	ID# CK#1095	RECORD PRINTING 1117 VILLA AVENUE SIOUX CITY, IA 51103	PRINTING OF CAMPAIGN MATERIALS	248.55
9/27/06	ID# CK#1096	MEYER ASSOC. TELESERVICES 14 NORTH SEVENTH AVENUE ST. CLOUD, MN 56303	ROBO CALLS	6.70
9/27/06	ID# CK#1097	MEYER ASSOC. TELESERVICES 14 NORTH SEVENTH AVENUE ST. CLOUD, MN 56303	ROBO CALLS	7.90
9/28/06	ID# CK#1098	IOWA DEMOCRATIC PARTY 5661 FLEUR DRIVE DES MOINES, IA 51109	TRUMAN FUND	2,000.00
10/6/06	ID# CK# 1099	MS. DONNA WHITEAD 2108 ROOSEVELT SIOUX CITY, IA 51109	REIMBURSEMENT - POSTAGE	65.00
SUB-TOTAL				\$ 3,398.15
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 88A.402(3)(f).)

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)
 COMMITTEE TO ELECT WIS WHITEAD

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
10/6/06	ID# CK# 1100	MS. DONNA WHITEAD 2108 ROOSEVELT STOUC CITY, IA 51109	REIMBURSEMENT - POSTAGE	\$ 26.00
10/7/06	ID# CK# 1101	STRATEGIC MEDIA LTD. 1111 WEST SAN MARNAN DR. WATERLOO, IA 50701	PRINTING OF CAMPAIGN MATERIALS	6,302.79
	ID# CK#			
SUB-TOTAL				\$ 6,328.79
TOTAL (if last page of this schedule)				\$ 9,726.94

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

COMMITTEE NAME (Must be same as on Statement of Organization)
 COMMITTEE TO ELECT WBS WHITEAD

Reset Form

SCHEDULE E (Rev. 06/97)	IN-KIND CONTRIBUTIONS
<input type="checkbox"/> 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
7/24/06	IOWA DEMOCRATIC PARTY 5661 FLEUR DRIVE DES MOINES, IA 50321		Invitations for Fundraiser	\$ 13.33	<input checked="" type="checkbox"/>
7/24/06	IOWA DEMOCRATIC PARTY 5661 FLEUR DRIVE DES MOINES, IA 50321		Postage for Fundraiser	26.67	<input checked="" 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				\$ 40.00	
TOTAL (if last page of this schedule)				\$ 40.00	

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