

# DISCLOSURE SUMMARY PAGE

<b>FORM DR-2</b> (Rev. 12/2005)	DISCLOSURE REPORT
<b>For Office Use Only</b>	
Comm. #	890
Logged In	<i>[Signature]</i>
Scanned	
Computer	
Audited	
File with: Iowa Ethics and Campaign Disclosure Board 510 E. 12 <sup>th</sup> , Ste. 1A Des Moines, Iowa 50319 Fax: 515-281-3701	

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

*Nancy Boettger for State Senate Comm.*

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: *Nancy Boettger* Political Party (if applicable): *Republican*

Office Sought: *State Senator* District (if Senate or House): *29*

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.

*Nancy Boettger* **SIGNATURE OF PERSON FILING REPORT** *712-744-3290* **TELEPHONE** *11/2/06* **DATE SIGNED**

*NOV 2 2006* **FILED**

I AM FILING A November 3, 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

<b>CASH ON HAND</b> at the beginning of the reporting period. (Total of all funds held by the committee. This amount <b>MUST</b> 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>11,226.19</u>
<b>ADD TOTAL MONEY TAKEN IN THIS PERIOD</b>		
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below).....		<u>2,775.00</u>
Schedule F: Loans Received total (Attach Schedule F) .....		_____
Schedule H: Total Sales of Campaign Property (Attach Schedule H).....		_____
<b>(Schedule H applies to Candidates' Committees Only)</b>		
<b>SUB-TOTAL</b> .....	\$	<u>14,001.19</u>
<b>SUBTRACT TOTAL MONEY SPENT THIS PERIOD</b>		
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below) .....		<u>2,348.04</u>
Schedule F: Loan Repayments total (Attach Schedule F) .....		_____
<b>CASH ON HAND</b> at the end of this reporting period (if final report balance must be zero) (Attach DR-3) .....	\$	<u>11,653.15</u>

<b>**UNPAID BILLS</b> (From Schedule D - Attach Schedule D).....	\$	<u>4,022.46</u>
<b>**IN KIND CONTRIBUTIONS</b> (From Schedule E - Attach Schedule E) .....	\$	<u>150.00</u>
<b>**OUTSTANDING LOANS</b> (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.

For Instructions, See Back of Form

**CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

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

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

*Nancy Boettger for State Senate Com.*

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.

CAUTION: Section 68B.32A(6), Iowa Code, 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
10/14/06	ID# 9742 CK# 1117	All Children Matter Iowa 951 Iowa St. Dubuque Ia. 52001		\$ 1000.00	<input type="checkbox"/>
10/16/06	ID# 6072 CK# 1235	IFADPA - Iowa 431 E Locust St - Ste 300 Des Moines, Ia. 50309		350.00	<input type="checkbox"/>
10/16/06	ID# CK# 10518	Myron Pungel 2237 49th St. Aurelia, Ia. 51005		50.00	<input type="checkbox"/>
10/16/06	ID# 8480 CK# 1015	Golden Grain Energy PAC 1822 43rd SW Mason City, Ia. 50401		300.00	<input type="checkbox"/>
10/16/06	ID# 8478 CK# 1023	Snowland Energy/Riviera Coop PAC 3870 Garfield Ave Sinn Center, Ia		100.00	<input type="checkbox"/>
10/16/06	ID# 8608 CK# 102	Midwest Grain Processor PAC 1660 428th St. Lakota, Ia. 50451		300.00	<input type="checkbox"/>
10/16/06	ID# 6478 CK# 1184	IANA - PAC 40 John Knorr 11 St Forest St, Carroll, IA 51401		200.00	<input type="checkbox"/>
10/23/06	ID# 6014 CK# 1026	Hearing Aid Assoc. PAC 1001 Office Bldg Rd Ste 105 West Des Moines, Ia. 50255-2509		75.00	<input type="checkbox"/>
10/23/06	ID# CK# 221	Shelby Co Republican Women 409 Miller St 1309 19th Hartland, Ia. 51537		50.00	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

\$2425.00

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.



**IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD**

510 EAST 12<sup>th</sup>, SUITE 1A  
 DES MOINES, IA 50319  
 www.iowa.gov/ethics

Reset Form

Form  
**VERIFIED STATEMENT  
 REGISTRATION**  
 (Out-of-State Committees)  
 (Rev. 03/05)

For office use only  
 Comm. # 8480  
 Indexed \_\_\_\_\_  
 Audited \_\_\_\_\_  
 Checked \_\_\_\_\_  
 Computer \_\_\_\_\_

**VERIFIED STATEMENT REGISTRATION**  
 (Out-of-State Committee)

COMMITTEES NOT ORGANIZED IN IOWA TO COMPLETE IN DUPLICATE.  
 SEND A COPY TO THE BOARD WITHIN 15 DAYS OF THE CONTRIBUTION DATE AND  
 ONE COPY WITH EACH CONTRIBUTION TO THE IOWA COMMITTEE WITH THE CONTRIBUTION.  
 PLEASE REFER TO DETAILED INSTRUCTIONS ON BACK OF FORM.  
**THIS FORM MUST BE FILED FOR EACH CONTRIBUTION IN EXCESS OF \$50**

**COMMITTEE NAME**

Official Name of Out-of-State Committee (Do not abbreviate committee name. Written explanation must be provided for Acronym).  
Golden Grain Energy, LLC Political Action Committee

Mailing Address  
1822 43rd Street SW

City, State, Zip Code  
Mason City IA 50401

Area Code & Telephone No.  
641.423.8525

**CONTACT PERSON FOR THE COMMITTEE:**

Jerry Calease

Name  
1822 42nd Street SW

Mailing Address  
jkcal@butler-bremer.com

Email Address (Optional)

Mason City IA 50401

City, State, Zip  
641.423.8525

Area Code & Telephone Number

**Purpose of Committee/Contribution : (Please indicate by checking appropriate box)**

- Candidate  Ballot Issue PAC  Other PAC  Party (State or Central Committee)

**STATE OR FEDERAL JURISDICTION WHERE COMMITTEE IS REGISTERED OR OPERATES**

**PARENT ENTITY, AFFILIATE, SPONSOR OF COMMITTEE**  
 (Use separate page if needed to list more than one entity)

Name of Jurisdiction <u>Federal Elections Commission</u> Mailing Address <u>999 E Street NW</u> City, State, Zip Code <u>Washington DC 2046</u> Area Code & Telephone No.	Name <u>Golden Grain Energy, LLC</u> Mailing Address <u>1822 43rd Street SW</u> City, State, Zip Code <u>Mason City IA 50401</u>
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**IOWA RESIDENT AGENT**

**IOWA COMMITTEE RECEIVING CONTRIBUTION**

Typed Name of Iowa Resident <u>Jerry Calease</u> Mailing Address <u>1826 130th Street</u> City, State, Zip Code <u>Waverly, IA 50677</u> Area Code & Telephone No. <u>(319) 275-4493</u>	Name of Committee <u>Nancy Boettger for State Senate Committee</u> Mailing Address <u>926 Ironwood Road Harlan IA 51537</u> Date <u>9/22/06</u> Amount <u>\$ 300.00</u> If In-Kind Contribution, Describe Check # <u>1015</u> Committee ID # <u>890</u>
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**VERIFIED STATEMENT OF COMMITTEE:**

Chris Schwark attests that the contribution reported above is accurate and that the information about this out-of-state committee is correct and accurate to the best of my knowledge. I also attest that the reports filed in the named jurisdiction comply with requirements that are substantially similar to Iowa Code section 68A.402A, including the disclosure of all contributions received and all expenditures made. I further attest that the contribution reported above was made from an account that does not accept contributions from corporations or other prohibited contributors under Iowa Code section 68A.503, unless the Iowa recipient committee is a ballot issue committee. I understand that potential civil and criminal penalties may apply unless a copy of this form has been filed with the Iowa Ethics and Campaign Disclosure Board within 15 days of the date of the contribution.

Chris M Schwark (Person submitting form) Treas (Title) 9-25-06 (Date)

**IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD**

510 EAST 12<sup>th</sup>, SUITE 1A  
 DES MOINES, IA 50319  
 www.iowa.gov/ethics

Reset Form

**VERIFIED STATEMENT REGISTRATION**  
 (Out-of-State Committee)

Form  
**VERIFIED STATEMENT  
 REGISTRATION**  
 (Out-of-State Committees)  
 (Rev. 03/05)

For office use only  
 Comm. # 8508  
 Indexed \_\_\_\_\_  
 Audited \_\_\_\_\_  
 Checked \_\_\_\_\_  
 Computer \_\_\_\_\_

COMMITTEES NOT ORGANIZED IN IOWA TO COMPLETE IN DUPLICATE.  
 SEND A COPY TO THE BOARD WITHIN 15 DAYS OF THE CONTRIBUTION DATE AND  
 ONE COPY WITH EACH CONTRIBUTION TO THE IOWA COMMITTEE WITH THE CONTRIBUTION.  
 PLEASE REFER TO DETAILED INSTRUCTIONS ON BACK OF FORM.  
**THIS FORM MUST BE FILED FOR EACH CONTRIBUTION IN EXCESS OF \$50**

**COMMITTEE NAME**

Official Name of Out-of-State Committee (Do not abbreviate committee name. Written explanation must be provided for Acronym). <b>Midwest Grain Processors PAC</b>		
Mailing Address <b>1660 428th St</b>		
City, State, Zip Code <b>Lakota, IA 50451</b>	Area Code & Telephone No. <b>515-886-2222</b>	

**CONTACT PERSON FOR THE COMMITTEE:**

Name <b>Robert D Cole</b>		
Mailing Address <b>18 Charlestown Sq</b>	City, State, Zip <b>Mason City, IA 50401</b>	
Email Address (Optional) <b>bobcole@netconx.net</b>	Area Code & Telephone Number <b>641-425-5734</b>	

**Purpose of Committee/Contribution : (Please indicate by checking appropriate box)**

Candidate     Ballot Issue PAC     Other PAC     Party (State or Central Committee)

**STATE OR FEDERAL JURISDICTION WHERE COMMITTEE IS REGISTERED OR OPERATES**

**PARENT ENTITY, AFFILIATE, SPONSOR OF COMMITTEE**  
 (Use separate page if needed to list more than one entity)

Name of Jurisdiction <b>Federal Election Commission</b>	Name <b>Midwest Grain Processors LLC</b>
Mailing Address <b>999 E Street NW</b>	Mailing Address <b>1660 428th St</b>
City, State, Zip Code <b>Washington, DC 204</b>	City, State, Zip Code <b>Lakota, IA 50451</b>
Area Code & Telephone No. <b>202-694-1100</b>	

**IOWA RESIDENT AGENT**

**IOWA COMMITTEE RECEIVING CONTRIBUTION**

Typed Name of Iowa Resident <b>Robert D Cole</b>		Name of Committee <b>Nancy Boettger for State Senate Committee</b>	
Mailing Address <b>18 Charlestown Sq</b>		Mailing Address <b>926 Ironwood Road, Harlan, IA 51537</b>	
City, State, Zip Code <b>Mason City, IA 50401</b>	Area Code & Telephone No. <b>641-425-5734</b>	Date <b>10/03/06</b>	If In-Kind Contribution, Describe
		Amount <b>\$ 300.00</b>	Check # <b>102</b>
			Committee ID # <b>890</b>

**VERIFIED STATEMENT OF COMMITTEE:**

Robert D Cole attest that the contribution reported above is accurate and that the information about this out-of-state committee is correct and accurate to the best of my knowledge. I also attest that the reports filed in the named jurisdiction comply with requirements that are substantially similar to Iowa Code section 68A.402A, including the disclosure of all contributions received and all expenditures made. I further attest that the contribution reported above was made from an account that does not accept contributions from corporations or other prohibited contributors under Iowa Code section 68A.503, unless the Iowa recipient committee is a ballot issue committee. I understand that potential civil and criminal penalties may apply unless a copy of this form has been filed with the Iowa Ethics and Campaign Disclosure Board within 15 days of the date of the contribution.

Robert D. Cole (Person submitting form)    Treasurer (Title)    10/3/2006 (Date)

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

510 EAST 12<sup>th</sup>, SUITE 1A  
 DES MOINES, IA 50319  
 www.iowa.gov/ethics

Reset Form

Form  
**VERIFIED STATEMENT  
 REGISTRATION**  
 (Out-of-State Committees)  
 (Rev. 03/05)

**For office use only**

Comm. # 8478

Indexed \_\_\_\_\_

Audited \_\_\_\_\_

Checked \_\_\_\_\_

Computer \_\_\_\_\_

**VERIFIED STATEMENT REGISTRATION**  
 (Out-of-State Committee)

COMMITTEES NOT ORGANIZED IN IOWA TO COMPLETE IN DUPLICATE.  
 SEND A COPY TO THE BOARD **WITHIN 15 DAYS OF THE CONTRIBUTION DATE** AND  
 ONE COPY WITH EACH CONTRIBUTION TO THE IOWA COMMITTEE WITH THE CONTRIBUTION.  
 PLEASE REFER TO DETAILED INSTRUCTIONS ON BACK OF FORM.  
**THIS FORM MUST BE FILED FOR EACH CONTRIBUTION IN EXCESS OF \$50**

**COMMITTEE NAME**

Official Name of Out-of-State Committee (Do not abbreviate committee name. Written explanation must be provided for Acronym).  
Siouxland Energy & Livestock Cooperative PAC

3890 Garfield Ave Mailing Address

City, State, Zip Code: Sioux Center, IA 51250 Area Code & Telephone No.: 712-722-4904 ext. 1

**CONTACT PERSON FOR THE COMMITTEE:**

Bernie Punt Name

645 6th St. NW Mailing Address Sioux Center, IA 51250 City, State, Zip

bernep@selcl.com Email Address (Optional) 712-722-4901 ext. 1 Area Code & Telephone Number

**Purpose of Committee/Contribution :** (Please indicate by checking appropriate box)

Candidate  Ballot Issue PAC  Other PAC  Party (State or Central Committee)

**STATE OR FEDERAL JURISDICTION WHERE COMMITTEE IS REGISTERED OR OPERATES**

**PARENT ENTITY, AFFILIATE, SPONSOR OF COMMITTEE**  
 (Use separate page if needed to list more than one entity)

Name of Jurisdiction <u>Federal Election Commission</u> Mailing Address <u>999 E St. NW</u> City, State, Zip Code <u>Washington D.C. 800-424-9530</u> Area Code & Telephone No.	Name <u>Siouxland Energy &amp; Livestock Cooperative PAC</u> Mailing Address <u>3890 Garfield Ave</u> City, State, Zip Code <u>Sioux Center, IA 51250</u>
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**IOWA RESIDENT AGENT**

**IOWA COMMITTEE RECEIVING CONTRIBUTION**

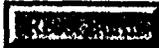
Typed Name of Iowa Resident <u>Lyle Hulshof</u> Mailing Address <u>2291 500th St.</u> City, State, Zip Code <u>Ireton, IA 51027</u> Area Code & Telephone No. <u>712-278-2393</u>	Name of Committee <u>Nancy Beutger for State Senate Committee</u> Mailing Address <u>906 Ironwood Road Harlan IA 51557</u> Date <u>9-22-06</u> Amount <u>\$100 cash</u>	If In-Kind Contribution, Describe Check # <u>1073</u> Committee ID # <u>890</u>
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**VERIFIED STATEMENT OF COMMITTEE:**

Lyle Hulshof, attest that the contribution reported above is accurate and that the information about this out-of-state committee is correct and accurate to the best of my knowledge. I also attest that the reports filed in the named jurisdiction comply with requirements that are substantially similar to Iowa Code section 68A.402A, including the disclosure of all contributions received and all expenditures made. I further attest that the contribution reported above was made from an account that does not accept contributions from corporations or other prohibited contributors under Iowa Code section 68A.503, unless the Iowa recipient committee is a ballot issue committee. I understand that potential civil and criminal penalties may apply unless a copy of this form has been filed with the Iowa Ethics and Campaign Disclosure Board within 15 days of the date of the contribution.

Lyle Hulshof (Person submitting form) Treasurer (Title) 9-22-06 (Date)

FOR INSTRUCTIONS, SEE BACK OF 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.

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

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

*Nancy Boettger for State Senate Committee*

DATE EXPENDED (MM/DD/YYR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
10/17/06	ID# CK# 924	Ia Newspaper Assoc	ads in all papers	\$ 1925.91
10/29/06	ID# CK# 925	Sarah Moore 3399 S Ave Adel, Ia. 50003	Secretarial Service	120.00
10/30/06	ID# CK# 926	Dave Boettger 926 Ironwood Rd Huxlar, Ia. 51537	mileage 10/15/06 - 10/30/06 746 mi @ .405 = 302.13	302.13
	ID# CK#			
SUB-TOTAL				\$ 2348.04
TOTAL (if last page of this schedule)				\$ 2348.04

**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)(f).)



