

DISCLOSURE SUMMARY PAGE

NOV 3 2006
PM 11:25

FORM DR-2 (Rev. 01/98)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	<u>57</u>
Indexed	_____
Audited	_____
Computer	_____

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

IMPORTANT: Indicate type of committee you are reporting for: 1

(1) Statewide/Legislative Candidate (2) Statewide PAC (3) State Party (4) County/Local Candidate
 (5) County PAC (6) Ballot Issue/Franchise Committee (7) County/City Central Committee
 (8) Support State of Candidates

[Signature] 319-365-2182
 SIGNATURE OF TREASURER (or person filing this report) TELEPHONE

10-31-06
 DATE SIGNED

Routine Penalties Due For Late Filed Reports Range from \$20 to \$800

SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE:

I AM FILING A Nov 3, 06 REPORT FOR AN/A (1) ELECTION //(2) NON-ELECTION YEAR.
 (report date) . Indicate one 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 Notice of Dissolution 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. (This is the total of all monies 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.)

\$ 10,958.42

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A)

2,825.00

Schedule F: Loans Received total (Attach Schedule F)

0

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

0

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL.....\$

13,783.42

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B)

7,159.44

Schedule F: Loan Repayments total (Attach Schedule F)

0

CASH ON HAND at the end of this reporting period (if final report, balance must be zero) (Attach DR-3)

\$ 6,623.98

UNPAID BILLS (From Schedule D - Attach Schedule D)

\$ 0

IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)

\$ 0

OUTSTANDING LOANS (From Schedule F - Attach Schedule F)

\$ 0

CANDIDATE COMMITTEES ONLY:

CONSULTANT BREAKDOWN (Schedule G Attached?)

___ YES NO

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

\$ 369.00

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

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

COMMITTEE NAME (Must be same as on Statement of Organization) 51

REFLECTION OF WALLY HORN COMMITTEE

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/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
10-23-06	ID# 6118 CK# 2379	IA. OPTOMETRIC ASSN. PAC 1454-30TH ST., STE 204 WEST DES MOINES, IA 50266		\$ 250.00	<input type="checkbox"/>
10-23-06	ID# 6070 CK# 3462	IOWA LAW PAC 521 EAST LOCUST ST., FL 3rd DM, IA 50309-1939		500.00	<input type="checkbox"/>
10-23-06	ID# 6478 CK# 1188	IA ASSOC. OF NURSE ANESTHETISTS 303 LOCUST STREET DM, IA 50309-1770		100.00	<input type="checkbox"/>
10-23-06	ID# CK#	RICHARD WHITEHEAD 522 UTHOFF DR WALFORD, IA 52351		25.00	<input type="checkbox"/>
10-23-06	ID# 6062 CK# 309	IA CERTIFIED PUBLIC ACCOUNTANTS 950 OFFICE PARK RD. SUITE 300 PAC WEST DM, IA 50265-2548		200.00	<input type="checkbox"/>
10-23-06	ID# CK# 2150	HARRAH'S ENTERTAINMENT, INC MULTI-CANDIDATE PAC ONE HARRAH'S CT. LAS VEGAS, NV 89119		200.00	<input type="checkbox"/>
10-23-06	ID# CK# 10693	F. B. E. W EDUCATIONAL COMMITTEE 900 - SEVENTH ST. NW WASHINGTON, DC 20001		500.00	<input type="checkbox"/>
10-23-06	ID# 6052 CK# 3049	INDEPENDENT INS AGENTS OF IA - PAC 4000 WESTOWN PKWY., STE 200 WEST DM, IA 50265		250.00	<input type="checkbox"/>
10-31-06	ID# CK#	MICHAEL STARCEVICH 6401 KIARKWOOD BLVD. SW CR, IA 52404-5262		50.00	<input type="checkbox"/>
10-31-06	ID# CK#	STEVEN OVEL 2259 WASHINGTON AVE. SE CR, IA 52403		50.00	<input type="checkbox"/>
SUB-TOTAL				\$ 2125.00	
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



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) 57
 REELECTION of WALLY HORN COMMITTEE

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
10-23-06	ID# CK#	DEMOCRAT PARTY DES MOINES, IA	SENATE MAJORITY FUND	\$2500.00
10-23-06	ID# CK#	DEMOCRAT PARTY DES MOINES, IA	V.A.N. BUY-IN	2500.00
10-23-06	ID# CK#	WALLY HORN 101 STONEY PT RD SW CEDAR RAPIDS, IA 52404	REIMBURSEMENT FOR TRAVEL & LODGING TO NCSL EXEC MTG IN JACKSONVILLE, KY	1341.55
10-23-06	ID# CK#	WALLY HORN 101 STONEY PT RD SW CEDAR RAPIDS, IA 52404	REIMBURSEMENT FOR a NEW FAX MACHINE AND MISC. SUPPLIES	817.89
	ID# CK#			
SUB-TOTAL				\$
TOTAL (if last page of this schedule)				\$ 7,159.44

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).)

THIS FORM IS USED BY CANDIDATES' COMMITTEES ONLY

SCHEDULE H (Rev. 02/96)	CAMPAIGN PROPERTY
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization) 57
 REFLECTION OF WALLY HORN COMMITTEE

Reset Form

PART I - ONGOING INVENTORY OF CAMPAIGN PROPERTY

PART II - SALES OR TRANSFERS OF CAMPAIGN PROPERTY **

Date Purchased (Schedule B) or Date Received (Schedule E) (MM/DD/YR)	Description of Property	Purchase Price or Est. Value When Acquired*	Current Value at Fair Market This Report
10/14/06	FAX MACHINE	\$368.63	\$368.00

Date (MM/DD/YR)	Name and Address of Purchaser/Donee	Description of Property	Sold? Y/N	Sale Price	Value of Donation

TOTAL VALUE CAMPAIGN PROPERTY THIS REPORT (TRANSFER TO SUMMARY PAGE) \$ ~~0.00~~ 368.00

** PROPERTY SALES & TRANSFERS TOTAL (TRANSFER TO SUMMARY PAGE) \$ _____ TOTALS \$ _____ \$ _____

* If estimated, show **est.** beside figure.

(Attach Additional Schedules if Needed)