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DISCLOSURE SUMMARY PAGE

FORM DR-2 DISCLOSURE REPORT (Rev. 12/2005) For Office Use Only Comm. # 1683

COMMITTEE NAME (Must be same as on Statement of Organization) Friends for Connie Jacobsen

CANDIDATE COMMITTEES ONLY: Candidate Name Connie Jacobsen Political Party R Office Sought State House District HD 39

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: Don King Telephone: 319-446-7860 Date signed: 11/2/06

I AM FILING A November 3, 2006 REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR. Indicate by # 1

CHECK IF AMENDMENT TO REPORT DATED 7/2/06. Check if this is final (termination) report and attach Notice of Dissolution Form DR-3. Local Committees, enter Date of Election 11/7/06

STATEMENT OF CASH ON HAND

Table with columns for description and amount. Rows include: CASH ON HAND at the beginning of the reporting period (\$4140.75), ADD TOTAL MONEY TAKEN IN THIS PERIOD (Schedule A: 3025.00, Schedule F: Loans Received total, Schedule H: Total Sales of Campaign Property), SUB-TOTAL (\$7165.75), SUBTRACT TOTAL MONEY SPENT THIS PERIOD (Schedule B: Expenditures total, Schedule F: Loan Repayments total), CASH ON HAND at the end of this reporting period (\$1018.26)

\*\*UNPAID BILLS (From Schedule D - Attach Schedule D) \$ \*\*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E) \$ 10119.74 \*\*OUTSTANDING LOANS (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

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SCHEDULE <b>A</b> (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)  
*Friends for Connie Jacobson*

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
10/29/06	ID# CK# 1568	21 Century Freedom PAC 355 Lexington Ave Suite 1001 New York, NY, 10017		\$ 2500.00	<input type="checkbox"/>
10/21/06	ID# CK# 4571	MARY DAY 345 N 12 Ave Hiawatha, IA 52233-2350		25.00	<input type="checkbox"/>
10/30/06	ID# CK# 1604	RESTORE AMERICA PAC P.O. Box 12526 Shawnee Mission, KS, 66282		500.00	<input type="checkbox"/>
	ID# CK# <del>1604</del>				<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 \$3025.00

TOTAL (if last page of this schedule) \$3025.00

\* 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

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**EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT**

SCHEDULE <b>B</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)  
*Friends for Connie Jacobson*

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
10/26/06	ID# CK# 1009	RPI 621 E. 9th St. Des Moines, IA 50309	Direct Mail Design & Postage	\$2500.00
10/30/06	ID# CK# 1010	Creative Leap Inc 1001 Office Park Rd 121 W. Des Moines, Ia 50265	Post cards.	621.00
10/30/06	ID# CK# 1011	Creative Leap.	Palm cards & invitations	976.00
10/30/06	ID# CK# 1012	O.P Printing 2610 Park Ave Muscatine, Ia. 52761	Brochures	1212.36
10/30/06	ID# CK# 1013	Texas Schulte 305 Apache DR Norway, Ia. 52318	newspaper ads	838.13
	ID# CK#			
	ID# CK#			
	ID# CK#			

SUB-TOTAL \$ 6147.49  
TOTAL (if last page of this schedule) \$ 6147.49

**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

SCHEDULE <b>E</b> (Rev. 06/97)	IN-KIND CONTRIBUTIONS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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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
10/16/06	RPI 621 E. 4th ST DES MOINES, IA 50309		Direct Mail + Postage	\$ 2559.85	<input type="checkbox"/>
7/26/06	RPI		Rebuild Logo	619.50	<input type="checkbox"/>
10/18/06	RPI		Direct Mail Design + Postage	1872.14	<input type="checkbox"/>
10/18/06	RPI		Radio Ad	1053.15	<input type="checkbox"/>
10/20/06	RPI		Direct Mail Printing + Mail Shop	1,929.50	<input type="checkbox"/>
10/20/06	RPI		TV Ads	1,968.60	<input type="checkbox"/>
10/25/06	Loras Schulte 305 Apache DR Norway, IA 52318		Postage	117.00	<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

SUB-TOTAL \$ 10119.74  
 TOTAL (if last page of this schedule) \$ 10119.74

\*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.