



DISCLOSURE SUMMARY PAGE

FORM DR-2 (Rev. 12/2005)	DISCLOSURE REPORT
For Office Use Only	
Comm. # <u>1689</u>	
Logged In <u>[Signature]</u>	
Scanned _____	
Computer _____	
Audited _____	
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)

LIVINGSTON FOR SENATE

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

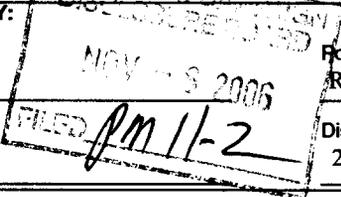
CANDIDATE COMMITTEES ONLY:

Candidate Name
LINDA LIVINGSTON

Office Sought
STATE SENATE

Political Party (if applicable)
REPUBLICAN

District (if Senate or House)
23



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.

Janifer C. Livingston 515-292-9167 11-1-06
 SIGNATURE OF PERSON FILING REPORT TELEPHONE DATE SIGNED

I AM FILING A 11-1-06 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.)	\$ 18,518.74
ADD TOTAL MONEY TAKEN IN THIS PERIOD	
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below).....	9,615.00
Schedule F: Loans Received total (Attach Schedule F).....	0.00
Schedule H: Total Sales of Campaign Property (Attach Schedule H)	0.00
(Schedule H applies to Candidates' Committees Only)	
SUB-TOTAL	\$ 28,133.74
SUBTRACT TOTAL MONEY SPENT THIS PERIOD	
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below).....	28,079.62
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).....	\$ 54.12
**UNPAID BILLS (From Schedule D - Attach Schedule D)	\$ 0.00
*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)	\$ 13,076.59
**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)	\$ 5,000.00
CONSULTANT BREAKDOWN (Schedule G Attached?)	___ YES <input checked="" type="checkbox"/> NO
CANDIDATE COMMITTEES ONLY:	
VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)	\$ _____

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)
LIVINGSTON FOR SENATE

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
10-19-06	ID# CK#	JENI LIVINGSTON 824 IDAHO AVE AMES, IOWA 50014	Sister in law	\$100.00	<input checked="" type="checkbox"/>
10-19-06	ID# CK#	SHERRY SARGENT 1932 BUCHANAN DRIVE AMES, IOWA 50010		250.00	<input checked="" type="checkbox"/>
10-19-06	ID# 6146 CK# 1701	HOMEBUILDERS ASSOCIATION PAC DES MOINES, IOWA		500.00	<input checked="" type="checkbox"/>
10-19-06	ID# 6101 CK# 3256	MOTOR CARRIERS PAC P.O. BOX 6121 E. DES MOINES STN DES MOINES, IOWA 50309		500.00	<input type="checkbox"/>
10-19-06	ID# 9744 CK# 1576	21ST CENTURY FREEDOM PAC 355 LEXINGTON AVE NEW YORK, NY 10017		1250.00	<input type="checkbox"/>
10-19-06	ID# 9161 CK#	REPUBLICAN PARTY OF IOWA 621 E. 9TH STREET DES MOINES, IOWA 50309		5000.00	<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

\$ 7600.00
\$ 7600.00

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)
 LIVINGSTON FOR SENATE

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10-19-06	ID# CK#	REINHARD FRIEDRICH 1300 KINYON CIRCLE AMES, IOWA 50010		\$35.00	<input checked="" type="checkbox"/>
10-19-06	ID# CK#	ROBERT FRIEDRICK 619 E LINCOLN WAY AMES, IOWA 50010		35.00	<input checked="" type="checkbox"/>
10-19-06	ID# CK#	TOM RANDALL 2521 PARK VISTA CIRCLE AMES, IOWA 50014		35.00	<input checked="" type="checkbox"/>
10-19-06	ID# CK#	JOHN JENNETT 207 RHINEHART STREET DALLAS CENTER, IOWA 50063		35.00	<input checked="" type="checkbox"/>
10-19-06	ID# CK#	BRAIN MEESE 811 GASKILL DRIVE AMES, IOWA 50014		35.00	<input checked="" type="checkbox"/>
10-19-06	ID# CK#	A.J. SPIKER 1305 CURTISS AVE AMES, IOWA 50010		35.00	<input checked="" type="checkbox"/>
10-19-06	ID# CK#	DANIEL STOLTZE 511 DUFF AVE, SUITE 200 AMES, IOWA 50010		35.00	<input checked="" type="checkbox"/>
10-19-06	ID# CK#	SINDY FRIEDRICH 3414 HONEYSUCKLE ROAD AMES, IOWA 50014		70.00	<input checked="" type="checkbox"/>
10-19-06	ID# CK#	DAN MOSIMAN 1327 L. AVE NEVADA, IOWA 50201		100.00	<input checked="" type="checkbox"/>
10-19-06	ID# CK#	AUDREY BOND 3128 KINGMAN ROAD AMES, IOWA 50010		70.00	<input checked="" type="checkbox"/>

SUB-TOTAL

TOTAL (if last page of this schedule)

\$
\$ 485.00

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(for Schedule A)

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)
LIVINGSTON FOR SENATE

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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10-16-06	ID# CK#	JEAN STOUT 2111 GREENBRIAR CIRCLE AMES, IOWA 50014		\$50.00	<input type="checkbox"/>
10-17-06	ID# CK#	RUSS CROSS 3409 OAKLAND STREET AMES, IOWA 50014		50.00	<input type="checkbox"/>
10-19-06	ID# 6400 CK# 562	IOWA RESTAURANT ASSOCIATION 8525 DOUGLAS AVE SUITE 47 DES MOINES, IOWA 50322		250.00	<input type="checkbox"/>
10-21-06	ID# CK#	TOM SCOTT 415 WESTWOOD AMES, IOWA 50014		25.00	<input type="checkbox"/>
10-23-06	ID# CK#	GAIL OLSON 532 6TH STREET BOONE, IOWA 50036		25.00	<input type="checkbox"/>
10-19-06	ID# CK#	KEITH ADAMS 2108 N. DAKOTA AVE AMES, IOWA 50014		100.00	<input checked="" type="checkbox"/>
10-19-06	ID# CK#	MARVIN WALTER 2035 COUNTRY CLUB BLVD AMES, IOWA 50014		35.00	<input checked="" type="checkbox"/>
10-19-06	ID# CK#	KIM KILZER 5011 TODD DRIVE AMES, IOWA 50014		35.00	<input checked="" type="checkbox"/>
10-19-06	ID# CK#	ED HENDRICKSON 115 S. SHELDON, SUITE 100 AMES, IOWA 50010		50.00	<input checked="" type="checkbox"/>
10-19-06	ID# CK#	DARLENE ROSE 701 TAMA CIRCLE SLATER, IOWA 50244		50.00	<input checked="" type="checkbox"/>

SUB-TOTAL

\$ 670.00

TOTAL (if last page of this schedule)

\$ 670.00

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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)
LIVINGSTON FOR SENATE

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10-11-06	ID# 6069 CK# 2389	IIPAC 904 WALNUT, SUITE 100 DES MOINES, IOWA 50309		\$500.00	<input type="checkbox"/>
10-19-06	ID# CK#	EILEEN ADAMS 2108 N. DAKOTA AVE AMES, IOWA 50014		70.00	<input checked="" type="checkbox"/>
10-19-06	ID# CK#	LINDA SORENSEN 2924 RIDGETOP ROAD AMES, IOWA 50014		70.00	<input checked="" type="checkbox"/>
10-19-06	ID# CK#	DAVID STAFF 2904 CYPRESS CIRCLE AMES, IOWA 50014		50.00	<input checked="" type="checkbox"/>
10-19-06	ID# CK#	JANIS JOHNSON 3628 WASHINGTON AVE STRATFORD, IOWA 50249		70.00	<input checked="" 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

\$ 760.00
\$ 760.00

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)
LIVINGSTON FOR SENATE

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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
10-29-06	ID# 25070 CK# 1014	HBA BUILD PAC 623 DAYTON AVE AMES, IOWA 50010		\$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"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL \$
TOTAL (if last page of this schedule) \$ 100.00

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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)

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
10-19-06	ID# CK# 1016	AUNT MAUDES 547 MAIN STREET AMES, IOWA 50010	FOOD FOR FUNDRAISER	\$ 905.20
10-21-06	ID# 9161 CK# 1017	REPUBLICAN PARTY OF IOWA 6210E. 9TH STREET DES MOINES, IOWA 50309	TV, RADIO, AND MAILINGS FOR ADVERTISING	20,000.00
10-29-06	ID# CK# 1018	LINDA LIVINGSTON 3108 ROXBORO DRIVE AMES, IOWA 50010	REINBURSEMENT FOR SIGNS	1003.13
10-29-06	ID# CK# 1019	VICTORY ENTERPRISES 5200 30TH STREET. SW #7 DAVENPORT, IOWA 52802	CREATION AND PRODUCTION OF T.V. AD. TORNADO	780.00
10-31-06	ID# CK# 1020	WILCOX PRINTING P.O. BOX 177 MADRID, IOWA 50156	ADVERTISING IN THE MADRID PAPER	150.00
10-31-06	ID# CK# 1021	O.P. PRINTING 2610 PARK AVE MUSCATINE, IOWA 52761	BROCHURES	755.69
10-31-06	ID# CK# 1022	LINDA LIVINGSTON 3108 ROXBORO DRIVE AMES, IOWA 50010	REINBURSEMENT FOR ADS IN AMES TRIBUNE	4485.60
	ID# CK#			
SUB-TOTAL				\$
TOTAL (if last page of this schedule)				\$ 28079.62

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)
 LIVINGSTON FOR SENATE

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
10-16-06	REPUBLICAN PARTY OF IOWA 621 EAST 9TH STREET DES MOINES, IOWA 50309		RADIO AD	\$ 9,541.63	<input type="checkbox"/>
10-25-06	REPUBLICAN PARTY OF IOWA 621 EAST 9TH STREET DES MOINES, IOWA 50309		POSTCARD DESIGN	305.00	<input type="checkbox"/>
10-20-06	REPUBLICAN PARTY OF IOWA 621 EAST 9TH STREET DES MOINES, IOWA 50309		RADIO AD PRODUCTION	450.00	<input type="checkbox"/>
10-25-06	REPUBLICAN PARTY OF IOWA 621 EAST 9TH STREET DES MOINES, IOWA 50309		AD DESIGN	150.00	<input type="checkbox"/>
10-25-06	REPUBLICAN PARTY OF IOWA 621 EAST 9TH STREET DES MOINES, IOWA 50309		RADIO AD PRODUCTION	1,532.10	<input type="checkbox"/>
10-19-06	PAUL LIVINGSTON 3108 ROXBORO DRIVE AMES, IOWA 50010	HUSBAND	BILLBOARD AND PAPER PRODUCTION	825.00	<input type="checkbox"/>
10-28-06	PAUL LIVINGSTON 3108 ROXBOPRO DRIVE AMES, IOWA 50010	HUSBAND	Conferance room, food and beverage for event	272.86	<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
SUB-TOTAL				\$	
TOTAL (if last page of this schedule)				\$	13,076.59

*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

SCHEDULE F (Rev. 07/03)	LOANS RECEIVED & REPAID
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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

NOTE: This schedule reports money loaned to the committee which is deposited in the committee account.

TOTAL UNPAID LOANS FROM LAST REPORTING PERIOD \$ 5000.00

PART I - MONETARY LOANS RECEIVED THIS REPORTING PERIOD
(Original source of loan, such as a bank, must be shown if a third party is involved. Include loans from candidate's personal funds.)

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE (If Applicable*)	AMOUNT OF LOAN
			\$

TOTAL (PART I) \$ _____

PART II - MONETARY LOAN REPAYMENTS MADE THIS REPORTING PERIOD
(Loans forgiven must be reported on Schedule E -- In-kind Contributions.)

DATE PAID (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE* (If Applicable)	AMOUNT REPAID
			\$

TOTAL CASH REPAYMENTS (PART II) \$ 0.00
 From Schedule E -- TOTAL LOANS FORGIVEN \$ 0.00
 TOTAL OUTSTANDING LOANS END OF REPORT PERIOD \$ 5000.00

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