

AMENDMENT

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

Reset Form

FORM DR-2 (Rev. 07/2004)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	1408
Logged In	
Scanned	
Computer	WRS
Audited	5-24-07

COMMITTEE NAME (Must be same as on Statement of Organization)  
Citizens for Bill Schickel

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 Bill Schickel Political Party (if applicable) Republican  
 Office Sought State Representative District (if Senate or House) HD-13

Late reports are subject to possible civil and criminal penalties.

SIGNATURE OF PERSON FILING REPORT \_\_\_\_\_ TELEPHONE 64-423-8394 DATE SIGNED 11/6/06

I AM FILING A \_\_\_\_\_ REPORT FOR (1) ELECTION (2) NON-ELECTION YEAR.  
 (repeal date) Indicate by # 1

CHECK IF AMENDMENT TO REPORT DATED Friday preceding general  
 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 \_\_\_\_\_

MAY 24 2007  
 pm illeg

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.)	\$	<u>15,510.52</u>
<b>ADD TOTAL MONEY TAKEN IN THIS PERIOD</b>		
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)		<u>14,191.16</u>
Schedule F: Loans Received total (Attach Schedule F)		
Schedule H: Total Sales of Campaign Property (Attach Schedule H)		
<u>(Schedule H applies to Candidates' Committees Only)</u>		
SUB-TOTAL	\$	<u>29,701.68</u>
<b>SUBTRACT TOTAL MONEY SPENT THIS PERIOD</b>		
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)		<u>14,728.25</u>
Schedule F: Loan Repayments total (Attach Schedule F)		
CASH ON HAND at the end of this reporting period (if final report balance must be zero) (Attach DR-3)	\$	<u>14,973.43</u>
**UNPAID BILLS (From Schedule D - Attach Schedule D)	\$	
*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)	\$	<u>7,035.91</u>
**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)	\$	
<b>CANDIDATE COMMITTEES ONLY:</b>		
CONSULTANT BREAKDOWN (Schedule G Attached?)		<input type="checkbox"/> YES <input type="checkbox"/> NO
VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)	\$	

OR INSTRUCTIONS, SEE BACK OF FORM

**EXPENDITURES - MONEY SPENT FROM COMMITTEE ACCOUNT**

SCHEDULE <b>B</b> (Rev. 09/97)	MONETARY EXPENDITURE
<input checked="" 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)  
*Citizens for Bill Schickel*

DATE EXPENDED (MM/DD/YY)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION) MAY 24 2007	AMOUNT EXPENDED
10/19/06	ID# CK# 1188	Eagle Media, LLC 309 Court Ave #207 Des Moines, IA. 50309	tv ads	\$10,295.
10/23/06	ID# CK# 1189	Postmaster Mason City, IA. 50401	post cards	88.40
10/23/06	ID# CK# 1190	Postmaster Mason City, IA. 50401	postage	1,315.87
10/24/06	ID# CK# 1191	Postmaster Mason City, IA. 50401	postcards	1,326.00
10/27/06	ID# CK# 1192	Larsons Printing Co. 714 S. Delaware Ave. Mason City, IA. 50401	printing - candidate bio brochure	1,624.98
10/28/06	ID# CK# 1193	Postmaster Mason City, IA. 50401	Stamps	78.00
	ID# CK#			
	ID# CK#			

SUB-TOTAL \$14,728.25  
TOTAL (if last page of this schedule) \$14,728.25

**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 detailed 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 56.6(2)(g).)

**DISCLOSURE SUMMARY PAGE**

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<b>FORM DR-2</b> (Rev. 07/2004)	<b>DISCLOSURE REPORT</b>
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Comm. #	<u>1408</u>
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Computer	
Audited	

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

Citizens for Bill Schickel

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 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: Bill Schickel Political Party (if applicable): Republican  
 Office Sought: State Representative District (if Senate or House): HD-13  
 Date: NOV - 8 2006 Time: pm 11-7

Bill Schickel  
**SIGNATURE OF PERSON FILING REPORT**

64-423-8394  
**TELEPHONE**

11/6/06  
**DATE SIGNED**

Late reports are subject to possible civil and criminal penalties.

I AM FILING A \_\_\_\_\_ REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR.  
 (report date) Indicate by # 1

CHECK IF AMENDMENT TO REPORT DATED Friday preceding general

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.) ..... \$ 15,510.52

**ADD TOTAL MONEY TAKEN IN THIS PERIOD**

Schedule A: Cash Contributions total (Attach Schedule A) (\*also see in-kind below) ..... 14,191.16

Schedule F: Loans Received total (Attach Schedule F) .....

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

**(Schedule H applies to Candidates' Committees Only)**

**SUB-TOTAL** ..... \$ 29,701.68

**SUBTRACT TOTAL MONEY SPENT THIS PERIOD**

Schedule B: Expenditures total (Attach Schedule B) (\*\*also see debts and loans below).... 14,728.25

Schedule F: Loan Repayments total (Attach Schedule F) .....

**CASH ON HAND** at the end of this reporting period (if final report balance must be zero) (Attach DR-3) ..... \$ 14,973.43

**\*\*UNPAID BILLS** (From Schedule D - Attach Schedule D) ..... \$

**\*IN KIND CONTRIBUTIONS** (From Schedule E - Attach Schedule E) ..... \$ 7,035.91

**\*\*OUTSTANDING LOANS** (From Schedule F - Attach Schedule F) ..... \$

**CANDIDATE COMMITTEES ONLY:**

**CONSULTANT BREAKDOWN** (Schedule G Attached?)  YES  NO

**VALUE OF CAMPAIGN PROPERTY** (From Schedule H - Attach Schedule H) \$

For Instructions, See Back of Form

NOV 8 2006  
 Rest Form

SCHEDULE <b>A</b> (Rev. 07/03)	MONETARY RECEIPTS
<input checked="" 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)

Citizens for Bill Schicke

**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
10/21/06	ID# 6069 CK# 2411	IA. Industry PAC 904 Walnut, Ste. 100 Des Moines, IA. 50309		\$ 2,000.	<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

\$2,000

TOTAL (if last page of this schedule)

\$14,191.16

\* 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.

# DISCLOSURE SUMMARY PAGE

Reset Form

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Comm. #	1408
Logged In	<input checked="" type="checkbox"/>
Scanned	
Computer	
Audited	

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

Citizens for Bill Schickel

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

Bill Schickel Political Party (if applicable) Republican

Office Sought

State Representative District (if Senate or House) HD-13

SIGNATURE OF PERSON FILING REPORT [Signature] TELEPHONE 641-443-8304

Late reports are subject to possible civil and criminal penalties.

DATE SIGNED 11/2/06

I AM FILING A Friday preceding general 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

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.) ..... \$ 15,510.52

### ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (\*also see in-kind below) ..... 12,191.16

Schedule F: Loans Received total (Attach Schedule F) ..... \_\_\_\_\_

Schedule H: Total Sales of Campaign Property (Attach Schedule H) ..... \_\_\_\_\_

**(Schedule H applies to Candidates' Committees Only)**

SUB-TOTAL ..... \$ 27,701.68

### SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (\*\*also see debts and loans below).... 14,728.25

Schedule F: Loan Repayments total (Attach Schedule F)..... \_\_\_\_\_

CASH ON HAND at the end of this reporting period (if final report balance must be zero) (Attach DR-3) ..... \$ 12,973.43

\*\*UNPAID BILLS (From Schedule D - Attach Schedule D)..... \$ \_\_\_\_\_

\*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E) ..... \$ 7,035.91

\*\*OUTSTANDING LOANS (From Schedule F - Attach Schedule F)..... \$ \_\_\_\_\_

### CANDIDATE COMMITTEES ONLY:

CONSULTANT BREAKDOWN (Schedule G Attached?)

YES  NO

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H) \$ \_\_\_\_\_

For Instructions, See Back of Form

Reset Form

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)  
*Citizens for Bill Schickel*

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.

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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
10/16/06	ID# CK#	interest on acct. US Bank Mason City, IA. 50401		\$ 1.16	<input type="checkbox"/>
10/18/06	ID# CK#	Rob Davis + Patricia Boddy 7932 Rocklyn Dr. Des Moines, IA. 50322		50.	<input type="checkbox"/>
10/19/06	ID# CK#	Lois Fogarty 136 Meadowlane Mason City, IA. 50401		25.	<input type="checkbox"/>
10/19/06	ID# 6069 CK# 2392	IA. Industry PAC 904 Walnut, Ste. 100 Des Moines, IA. 50309		500.	<input type="checkbox"/>
10/20/06	ID# CK#	Toms Mary Horvath 370 Sumac Mason City, IA. 50401		15.	<input type="checkbox"/>
10/20/06	ID# CK#	John + Mary Lou Ropes 120 Woodbine Mason City, IA. 50401		50.	<input type="checkbox"/>
10/20/06	ID# CK#	Jean + Murray Lawson 671 E. State Mason City, IA. 50401		50.	<input type="checkbox"/>
10/20/06	ID# CK#	Adel Makar 1000 Briarstone Mason City, IA. 50401		100.	<input type="checkbox"/>
10/20/06	ID# CK#	Scott + Maureen Leighty 1108 3rd NW Mason City, IA. 50401		100.	<input type="checkbox"/>
10/20/06	ID# CK#	Terry + Pamela Cobb 5095 S. Shore Dr. Clear Lake, IA. 50428		100.	<input type="checkbox"/>

SUB-TOTAL

\$ 996.16

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

**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)

Citizens for Bill Schickel

**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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10/20/06	ID# CK#	Jim & Norma Heiny 2040 Hunters Ridge Mason City, IA. 50401		\$ 50.	<input type="checkbox"/>
10/20/06	ID# CK#	Hal & Carol Winston 118 Linden Mason City, IA. 50401		150.	<input type="checkbox"/>
10/21/06	ID# CK#	Wilbur Stone 205 Meadow Lane Mason City, IA. 50401		50.	<input type="checkbox"/>
10/21/06	ID# CK#	Betty Buxley 166 N. Crescent Mason City, IA. 50401		15.	<input type="checkbox"/>
10/21/06	ID# CK#	Bill Gansemer 14 Riverheights Dr. Mason City, IA. 50401		100.	<input type="checkbox"/>
10/21/06	ID# CK#	George & Jayne Jessen 2 Field Rd. Mason City, IA. 50401		50.	<input type="checkbox"/>
10/21/06	ID# CK#	Debra & David Ulstad 30 Ridge Rd. Mason City, IA. 50401		100.	<input type="checkbox"/>
10/21/06	ID# CK#	Bruce & Diane Trimble 1038 Fairmeadow Dr. Mason City, IA. 50401		50.	<input type="checkbox"/>
10/21/06	ID# 6067 CK# 3584	IA. Health PAC 6750 Westown Pkwy #100 W. Des Moines, IA. 50266		100.	<input type="checkbox"/>
10/21/06	ID# CK#	Republican Party of IA 621 E. 9th St Des Moines, IA. 50309		3,200.	<input type="checkbox"/>

SUB-TOTAL

\$ 3865.

TOTAL (if last page of this schedule)

\$

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SCHEDULE <b>A</b> (Rev. 07/03)	MONETARY RECEIPTS
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**CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)  
 Citizens for Bill Schickel

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10/21/06	ID# 000413245 CK# 2506	Straight Talk America 211 N. Union St, Ste. 200 Alexandria, VA 22314		\$ 1000.	<input type="checkbox"/>
10/23/06	ID# CK#	Jean Johnson 629 S. La. Mason City, IA. 50401		10.	<input type="checkbox"/>
10/23/06	ID# 6237 CK# 1930	ABATE PAC 3118 Eastern Ave. NE Cedar Rapids, IA. 52402		150.	<input type="checkbox"/>
10/23/06	ID# 6118 CK# 2382	IA. Optometric Assn 1454 30th St, Ste. 204 W. Des Moines, IA. 50266		200.	<input type="checkbox"/>
10/23/06	ID# 9742 CK# 1076	All Children Matter 951 Iowa St. Dubuque, IA. 52001		1000.	<input type="checkbox"/>
10/24/06	ID# CK#	Don & Phyllis Morrison 4638 N. Shore Dr. Clear Lake, IA. 50428		25.	<input type="checkbox"/>
10/24/06	ID# CK#	John & Nancy Reuber 1511 N. Shore Dr. Clear Lake, IA. 50428		100.	<input type="checkbox"/>
10/24/06	ID# CK#	Bob & Debbie Friedrichs 940 N. Tyler Mason City, IA. 50401		25.	<input type="checkbox"/>
10/24/06	ID# CK#	Randy Gram 615 S. Shore Dr. Clear Lake, IA. 50428		50.	<input type="checkbox"/>
10/24/06	ID# CK#	John & Patricia Michel 7 Arrowwood Mason City, IA. 50401		25.	<input type="checkbox"/>

SUB-TOTAL

\$2585.

TOTAL (if last page of this schedule)

\$

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**CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

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

Citizens for Bill Schickel

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10/24/06	ID# CK#	Pat Romans 4126 12th St. NE Mason City, IA. 50401		\$ 50.	<input type="checkbox"/>
10/24/06	ID# CK#	Ed & Hazel Chuck 605 15th St. SE Mason City, IA. 50401		25.	<input type="checkbox"/>
10/25/06	ID# CK#	Michael Fiala 12 16th St. SE. Mason City, IA. 50401		50.	<input type="checkbox"/>
10/25/06	ID# CK#	Dr. Ew + Edwina Kopal 1461 Birch Dr. Mason City, IA. 50401		25.	<input type="checkbox"/>
10/25/06	ID# 6070 CK# 3451	IA. Law PAC 521 E. Locust St. Fl. 3rd Des Moines, IA. 50309		1000.	<input type="checkbox"/>
10/25/06	ID# 6498 CK# 1630	Well PAC 636 Grand Ave. Ste. 13 Des Moines, IA. 50309		250.	<input type="checkbox"/>
10/25/06	ID# CK#	Bill & Cheryl Donahoe 204 N. Taylor Mason City, IA. 50401		50.	<input type="checkbox"/>
10/27/06	ID# 6125 CK# 2637	IA. Realtors PAC 1370 N.W. 114th St. #100 Clive, IA. 50323		2,000.	<input type="checkbox"/>
10/27/06	ID# 6087 CK# 1510	IA. Telecommunications Industry PAC 2987 100th St. Urbandale, IA. 50322-5501		300.	<input type="checkbox"/>
10/28/06	ID# 6001 CK# 4570000086	Allied Group & Farmland PAC 1100 Locust Des Moines, IA. 50391		250.	<input type="checkbox"/>

SUB-TOTAL

\$ 4000.

TOTAL (if last page of this schedule)

\$

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FOR INSTRUCTIONS, SEE BACK OF FORM

**EXPENDITURES – MONEY SPENT FROM COMMITTEE ACCOUNT**

SCHEDULE <b>B</b> (Rev. 09/97)	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)  
*Citizens for Bill Schickel*

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# 1188	Eagle Media, LLC 309 Court Ave #207 Des Moines, IA. 50309	tv ads	\$10,295.
10/23/06	ID# CK# 1189	Postmaster Mason City, IA. 50401	post cards	88.40
10/23/06	ID# CK# 1190	Postmaster Mason City, IA. 50401	Postage	1,315.87
10/24/06	ID# CK# 1191	Postmaster Mason City, IA. 50401	postcards	1,326.00
10/27/06	ID# CK# 1192	Larsens Printing Co. 714 S. Delaware Ave. Mason City, IA. 50401	printing	1,624.98
10/28/06	ID# CK# 1193	Postmaster Mason City, IA. 50401	Stamps	78.00
	ID# CK#			
	ID# CK#			

SUB-TOTAL \$14,728.25

TOTAL (if last page of this schedule) \$14,728.25

**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 56.6(3)(f).)

FOR INSTRUCTIONS, SEE BACK OF FORM

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

Citizens for Bill Schickel

Reset Form

SCHEDULE <b>E</b> (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
10/26/06	Straight Talk America 211 N. Union St. 240 Alexandria, VA 22314		fundraisax travel	\$ 2,883.45	<input checked="" type="checkbox"/>
10/16/06	Republican Party of IA. 621 E. 9th Des Moines, IA. 50309		direct mail	1,634.03	<input type="checkbox"/>
10/25/06	Republican Party of IA 621 E. 9th Des Moines, IA. 50309		radio ad production	1,523.93	<input type="checkbox"/>
10/25/06	Republican Party of IA. 621 E. 9th Des Moines, IA. 50309		tv ad production	994.50	<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 \$  
7,035.91

TOTAL (if last page of this schedule) \$  
7,035.91

\*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.

Page 1 of 1  
(for Schedule E)