

Reset Form

DISCLOSURE SUMMARY PAGE

FORM DR-2 (Rev. 12/2005) DISCLOSURE REPORT. For Office Use Only: Comm. # 1646. File with: Iowa Ethics and Campaign Disclosure Board, 510 E. 12th, Ste. 1A, Des Moines, Iowa 50319, Fax: 515-281-3701.

COMMITTEE NAME (Must be same as on Statement of Organization) Citizens for Blanchard. IMPORTANT: Indicate by # type of committee you are reporting for: 1. CANDIDATE COMMITTEES ONLY: Candidate Name Barbara Blanchard, Political Party (if applicable) Republican, Office Sought Iowa Senate, District (if Senate or House) 1.

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 TELEPHONE DATE SIGNED

I AM FILING A January 19, 2007 REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR. (report date) Indicate by # 1

CHECK IF AMENDMENT TO REPORT DATED January 19, 2007. Check if this is final (termination) report and attach Notice of Dissolution Form DR-3. DECEIVED AUG 27 2007

STATEMENT OF CASH ON HAND

Table with columns for description and amount. Rows include: CASH ON HAND at the beginning of the reporting period (\$6,016.04), ADD TOTAL MONEY TAKEN IN THIS PERIOD (Schedule A: 1,870.95, Schedule F: Loans Received total, Schedule H: Total Sales of Campaign Property), SUBTRACT TOTAL MONEY SPENT THIS PERIOD (Schedule B: Expenditures total 6,774.59, Schedule F: Loan Repayments total), CASH ON HAND at the end of this reporting period (\$1,112.40), **UNPAID BILLS (\$1,859.74), **IN KIND CONTRIBUTIONS (\$396.19), **OUTSTANDING LOANS, CONSULTANT BREAKDOWN (YES/NO), CANDIDATE COMMITTEES ONLY: VALUE OF CAMPAIGN PROPERTY (\$), STATE COMMITTEES.

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

FOR INSTRUCTIONS, SEE BACK OF FORM

SCHEDULE D (Rev. 08/98)	INCURRED INDEBTEDNESS
<input checked="" type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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

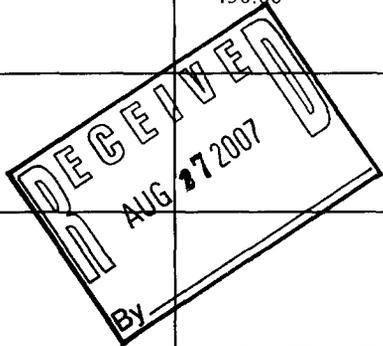
NOTE: Debts previously reported that remain unpaid must be included on this Schedule, as well as any new obligations incurred in this period.

Reset Form

**DEBTS/OBLIGATIONS REMAINING THIS REPORTING PERIOD
(DO NOT INCLUDE LOANS -- SHOW LOANS ON SCHEDULE F)**

An "incurred debt" is a debt for goods or services ordered or received, but not paid for by the end of the reporting period, regardless of whether an invoice has been received.

DATE INCURRED (MM/DD/YR)	NAME AND ADDRESS OF PERSON TO WHOM DEBT OR OBLIGATION IS OWED	DESCRIPTION OF GOODS OR SERVICES PROVIDED OR PURCHASED	BALANCE OWED AT CLOSE OF REPORTING PERIOD*
10/13/2006	Heartland Marketing Group P.O. Box 125 Early IA 50535	Postage for mailing postcards	\$ 474.29
10/13/2006	Heartland Marketing Group P.O. Box 125 Early IA 50535	Printing, mailing postcards	835.45
10/11/2006	OP Printing 2610 Park Avenue Muscatine IA 52761	Voter list	100.00
11/30/2006	Heartland Marketing Group P.O. Box 125 Early IA 50535	Rent for campaign headquarters	450.00
SUB-TOTAL			\$ 1,859.74
TOTAL DEBTS OWED BY COMMITTEE AT THE END OF THIS REPORTING PERIOD			\$ 1,859.74



*If actual figure is unknown, show "estimated" beside the figure.

CANDIDATE COMMITTEES NOTE:
*Incurred indebtedness also includes each person/entity with whom the candidate's committee has entered into a contract during the reporting period for future or continuing performance. Enter the name of the consultant who provides or procures services for items such as advertising, fund-raising, polling, managing, or organizing services. Report on Schedule G the nature of performance and the estimated performance reasonably expected of the consultant.

FOR INSTRUCTIONS, SEE BACK OF FOI.

DISCLOSURE SUMMARY PAGE

FORM DR-2 (Rev. 12/2005)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	1646
Logged In	S e
Scanned	
Computer	WKS
Audited	3-12-07 e
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)
Citizens for Blanchard

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: IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD
 Candidate Name: Barbara Blanchard
 Office Sought: Iowa Senate
 Political Party (if applicable): Republican
 District (if Senate or House): 1
 JAN 19 2007

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] 712-239-8785 1/18/2007
 SIGNATURE OF PERSON FILING REPORT TELEPHONE DATE SIGNED

I AM FILING A January 19, 2007 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.)	\$ 6,016.04 ✓
ADD TOTAL MONEY TAKEN IN THIS PERIOD	
Schedule A: Cash Contributions total (Attach Schedule A) (*also see In-kind below)	1,870.95 ✓
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	\$ 7,886.99
SUBTRACT TOTAL MONEY SPENT THIS PERIOD	
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)	6,774.59
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)	\$ 1,112.40 ✓
**UNPAID BILLS (From Schedule D - Attach Schedule D)	\$
IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)	\$ 396.19
**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)	\$
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.	

DISCLOSURE SUMMARY PAGE

FORM DR-2 (Rev. 12/2005)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	1646
Logged In	
Scanned	previously
Computer	pared
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)

Citizens for Blanchard

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

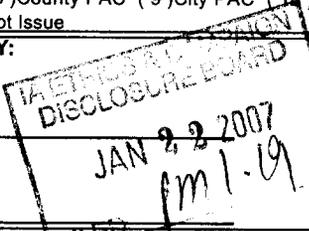
CANDIDATE COMMITTEES ONLY:

Candidate Name
Barbara Blanchard

Political Party (if applicable)
Republican

Office Sought
Iowa Senate

District (if Senate or House)
1



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] 712-239-8785 1/18/2007
SIGNATURE OF PERSON FILING REPORT TELEPHONE DATE SIGNED

I AM FILING A January 19, 2007 REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR.
(report date) Indicate by # 1

CHECK IF AMENDMENT TO REPORT DATED _____

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(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.)	\$	6,016.04
ADD TOTAL MONEY TAKEN IN THIS PERIOD		
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)		1,870.95
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	\$	7,886.99
SUBTRACT TOTAL MONEY SPENT THIS PERIOD		
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)		6,774.59
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)	\$	1,112.40
**UNPAID BILLS (From Schedule D - Attach Schedule D)	\$	
*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)	\$	396.19
**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)	\$	
CONSULTANT BREAKDOWN (Schedule G Attached?)		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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 For



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)

Citizens for Blanchard

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
11/01/06	ID# CK#	Ron Wieck 920 Morningside Ave. Sioux City IA 51108		\$50.00	<input type="checkbox"/>
11/01/06	ID# CK#	Norma Adema 16 Deer Haven Drive Sioux City IA 51104		25.00	<input type="checkbox"/>
11/01/06	ID# CK#	Mary Ann Audino 4421 Manor Circle Sioux City IA 51104		25.00	<input type="checkbox"/>
11/01/06	ID# CK#	Karen Jaeger 33598 South Ridge Road Sioux City IA 51108		50.00	<input type="checkbox"/>
11/01/06	ID# CK#	Dwight Birkley 3338 Jennings St Sioux City IA 51104	<i>See amended page</i>	25.00	<input type="checkbox"/>
11/01/06	ID# CK#	Doug Rice 28 Quail Ct Sioux City IA 51104		200.00	<input type="checkbox"/>
11/01/06	ID# CK#	John Spies 914 Springbrook Hinton IA 51024		100.00	<input type="checkbox"/>
11/01/06	ID# CK#	Unitemized		5.00	<input type="checkbox"/>
11/22/06	ID# CK#	Timothy Moran 2001 Hamilton Blvd, Suite D Sioux City IA 51104		100.00	<input type="checkbox"/>
11/22/06	ID# CK#	M. J. Hoffman 3905 Sylvian Ave. Sioux City IA 51104		200.00	<input type="checkbox"/>

SIB 780.00 SUB-TOTAL

\$	830.00
\$	

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

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN
(Including candidate's personal funds)

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

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

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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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
11/01/06	ID# CK#	Ron Wieck 920 Morningside Ave. Sioux City IA 51108		\$50.00	<input type="checkbox"/>
11/01/06	ID# CK#	Norma Adema 16 Deer Haven Drive Sioux City IA 51104		25.00	<input type="checkbox"/>
11/01/06	ID# CK#	Mary Ann Audino 4421 Manor Circle Sioux City IA 51104		25.00	<input type="checkbox"/>
11/01/06	ID# CK#	Karen Jaeger 33598 South Ridge Road Sioux City IA 51108		50.00	<input type="checkbox"/>
11/01/06	ID# CK#	Dwight Birkley 3338 Jennings St Sioux City IA 51104		25.00	<input type="checkbox"/>
11/01/06	ID# CK#	Doug Rice 28 Quail Ct Sioux City IA 51104		200.00	<input type="checkbox"/>
11/01/06	ID# CK#	John Spies 914 Springbrook Hinton IA 51024		100.00	<input type="checkbox"/>
11/01/06	ID# CK#	Unitemized		5.00	<input type="checkbox"/>
11/22/06	ID# CK#	Timothy Moran 2001 Hamilton Blvd, Suite D Sioux City IA 51104		100.00	<input type="checkbox"/>
11/22/06	ID# CK#	M. J. Hoffman 3905 Sylvian Ave. Sioux City IA 51104		250.00	<input type="checkbox"/>
SUB-TOTAL				\$ 830.00	
TOTAL (if last page of this schedule)				\$	

APR - 5 2007

* 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



CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (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 Blanchard

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
11/22/06	ID# 8445 CK# 6268	Volunteer PAC P. O. Box 158552 Nashville TN 37215		\$500.00	<input type="checkbox"/>
11/22/06	ID# CK#	Dr. Mark Johnson 4280 Sergeant Road Sioux City, IA 51106		92.75	<input type="checkbox"/>
12/20/06	ID# CK#	KCAU-TV 7th and Douglas Sioux City, IA 51101	Refund	110.00	<input type="checkbox"/>
12/20/06	ID# CK#	M&M 422 Pierce St. Sioux City IA 51101	Refund	338.30	<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"/>

2/15/07
3/12/07

See amended page

918 1041.05 SUB-TOTAL
 \$ 1040.95
TOTAL (if last page of this schedule)
 918 1821.05
 \$ 1870.95

* 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)
Citizens for Blanchard

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
11/01/06	ID# CK#	OP Printing P.O. Box 747 Muscatine IA 52761-0747	Printing	\$ 2429.93
11/01/06	ID# CK#	M & M Copy Quick Printing 422 Pierce Street Sioux City IA 51101	Printing	51.42
11/01/06	ID# CK#	M & M Copy Quick Printing 422 Pierce Street Sioux City IA 51101	Printing	51.42
11/01/06	ID# CK#	Linda Holub 1218 46th Street Sioux City IA 51104	Reimburse for office expenses	111.66
11/03/06	ID# CK#	Full Effect 3300 Northbrook Drive, #B Sioux City IA 51105	Video	895.00
11/03/06	ID# CK#	KMEG 100 Gold Cir Dakota Dunes SD 57049	Advertising	705.50
11/04/06	ID# CK#	KSCJ 2000 Indian Hills Drive Sioux City IA 51104	Advertising	780.00
11/06/06	ID# CK#	Full Effect 3300 Northbrook Drive, #B Sioux City IA 51105	Video	105.00
SUB-TOTAL				\$ 5129.93
TOTAL (if last page of this schedule)				\$

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



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)
Citizens for Blanchard

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
11/10/06	ID# CK#	Clear Channel Box 3009 Sioux City IA 51102	Advertising	\$ 749.70
11/30/06	ID# CK# 1129	Linda Holub 1218 46th Street Sioux City IA 51104	Office Reimburse	42.96
12/14/06	ID# CK# 1130	Barbara Blanchard 1300 46th Street Sioux City IA 51104	Reimburse for mileage, meals, etc.	698.60
12/14/06	ID# CK#	Kinko's 1801 Hamilton Blvd Sioux City IA 51103	Copying	128.40
12/28/06	ID# CK#	Sioux-Perior Parking 419 Douglas Sioux City IA 51101	Parking	25.00
	ID# CK#			
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$ 1644.66
TOTAL (if last page of this schedule)				\$ 6774.59

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

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



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
11/01/06	Republican Party of Iowa 621 East 9th Street Des Moines, IA 50309		Payment for printing, mailing	\$ 396.19	<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<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	\$ 396.19
TOTAL (if last page of this schedule)	\$ 396.19

*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.