

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

DISCLOSURE SUMMARY PAGE

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

FOEGE FOR CITIZIENS #887

IMPORTANT: Indicate by # type of committee you are reporting for: 7
(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 ROMAINE FOEGE	Political Party (if applicable) DEMOCRATIC
Office Sought STATE REPRESENTATIVE	District (if Senate or House) 29

FORM DR-2 (Rev. 12/2005)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	<u>887</u>
Logged in	<u>S e</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	

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.

Andrew Kopperman
SIGNATURE OF PERSON FILING REPORT

(319) 895-6001
TELEPHONE

1.15.07
DATE SIGNED

I AM FILING A DECEMBER 31, 2006
(report date)

REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR.

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.)

JAN 17 2007
pm 1:16

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.)	\$	<u>13,235.69</u>
ADD TOTAL MONEY TAKEN IN THIS PERIOD		
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)		<u>4,150.00</u>
Schedule F: Loans Received total (Attach Schedule F)		<u>0</u>
Schedule H: Total Sales of Campaign Property (Attach Schedule H)		<u>0</u>
<u>(Schedule H applies to Candidates' Committees Only)</u>		
SUB-TOTAL	\$	<u>17,385.69</u>
SUBTRACT TOTAL MONEY SPENT THIS PERIOD		
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)		<u>8,389.72</u>
Schedule F: Loan Repayments total (Attach Schedule F)		<u>0</u>
CASH ON HAND at the end of this reporting period (if final report balance must be zero) (Attach DR-3)	\$	<u>8,995.97</u>
**UNPAID BILLS (From Schedule D - Attach Schedule D)	\$	<u>0</u>
*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)	\$	<u>0</u>
**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)	\$	<u>0</u>
CONSULTANT BREAKDOWN (Schedule G Attached?)		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
CANDIDATE COMMITTEES ONLY:		
VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)	\$	<u>0</u>

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 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)
FOEGE FOR CITIZENS #887

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#	ARTHUR SCHUT PO BOX 684 SOLON, IA 52333		\$50.00	<input type="checkbox"/>
11/01/06	ID# CK#	PEGGY LIAUTAUD 250 EAST SHORE DRIVE LAKE VIEW IA 51450		50.00	<input type="checkbox"/>
11/01/06	ID# CK#	ED CONLOW 4801 OBSERVATORY RD DES MOINES, IA 50311		50.00	<input type="checkbox"/>
11/01/06	ID# CK#	THERESA KENINGER 2909 SHERRY LANE URRANDALE IA 50322		25.00	<input type="checkbox"/>
11/01/06	ID# CK#	KATHLEEN KEMP 40 OLIVE CT IOWA CITY, IA 52246		25.00	<input type="checkbox"/>
11/01/06	ID# CK#	STEPHEN SMITH 4056 WATER POINT CT SW CEDAR RAPIDS, IA 52404		25.00	<input type="checkbox"/>
11/01/06	ID# CK#	JANE HARTMAN 215 21ST ST NW #1 WAVERLY, IA 50677		50.00	<input type="checkbox"/>
11/01/06	ID# CK#	VERNE KELLEY 376 KOSER AVENUE IOWA CITY, IA 52246		25.00	<input type="checkbox"/>
11/01/06	ID# CK#	LETA WALL 156 CHERRY HILL RD NW CEDAR RAPIDS, IA 52405-3025		15.00	<input type="checkbox"/>
11/01/06	ID# CK#	GAYLE STRICKLER 222 PLEASANT VIEW RD MARSHALLTOWN, IA 50158		25.00	<input type="checkbox"/>
SUB-TOTAL				\$ 340.00	
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

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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)
FOEGE FOR CITIZENS #887

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11/01/06	ID# CK#	JANE BALIK 1710 CAMPBELL DRIVE MARSHALLTOWN, IA 50158		\$50.00	<input type="checkbox"/>
11/01/06	ID# CK#	JULIE FLEMING 1139 46TH STREET DES MOINES, IA 50311		25.00	<input type="checkbox"/>
11/01/06	ID# CK#	LORELEI HEISINGER 411 FOUR SEASONS DR WATERLOO, IA 50701		100.00	<input type="checkbox"/>
11/01/06	ID# CK#	CHARLES SILLIMAN 2125 NORCOR AVE #4 CORALVILLE, IA 52241		100.00	<input type="checkbox"/>
11/01/06	ID# CK#	ROBERT SAUTTER 501 A WASHINGTON CT MOUNT VERNON, IA 52314		20.00	<input type="checkbox"/>
11/01/06	ID# CK#	LOIS CRANE 601 N WHITE ST MOUNT PLEASANT, IA 52641		120.00	<input type="checkbox"/>
11/01/06	ID# CK#	JAMES BEHLE 130 SAGERT DR WEST BRANCH, IA 52358		25.00	<input type="checkbox"/>
11/01/06	ID# CK#	ROBYN KRELL 3221 VINE AVENUE SE CEDAR RAPIDS, IA 52403		25.00	<input type="checkbox"/>
11/01/06	ID# CK#	KIMBERLY LYTLE 5741 J ST SW CEDAR RAPIDS, IA 52404		25.00	<input type="checkbox"/>
11/01/06	ID# CK#	LEON SCHMIDT 2811 HENRY CT NW CEDAR RAPIDS, IA 52405		25.00	<input type="checkbox"/>
SUB-TOTAL				\$ 515.00	
TOTAL (if last page of this schedule)				\$	

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For Instructions, See Back of Form

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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)
FOEGE FOR CITIZENS #887

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11/01/06	ID# CK#	JACKIE SCHREDER 501 SCOBAY ROAD MOUNT VERNON, IA 52314		\$25.00	<input type="checkbox"/>
11/01/06	ID# CK#	MARY ANDRES 523 ROCKVALLEY DR SW CEDAR RAPIDS, IA 52404		50.00	<input type="checkbox"/>
11/01/06	ID# CK#	MARY MCCUE 447 S SUMMIT ST IOWA CITY, IA 52240		50.00	<input type="checkbox"/>
11/01/06	ID# CK#	RICHARD FORDYCE 409 N 4TH ST W MOUNT VERNON, IA 52314		25.00	<input type="checkbox"/>
11/01/06	ID# CK#	RICHARD SKOTOWSKI PO BOX 262 MOUNT VERNON, IA 52314		50.00	<input type="checkbox"/>
11/01/06	ID# CK#	LEE BIRCHANSKY 2635 GRANITE CT NE CEDAR RAPIDS, IA 52402		100.00	<input type="checkbox"/>
11/04/06	ID# 6484 CK# 1600	IA SOCIETY OF ANESTHESIOLOGISTS 2155 NW 137TH ST CLIVE, IA 50325		400.00	<input type="checkbox"/>
11/04/06	ID# CK#	MARCIA ROGERS 2201 RIDGEWAY DR SE CEDAR RAPIDS, IA 52403		100.00	<input type="checkbox"/>
11/04/06	ID# CK#	JANICE AMENT BARNES 5022 BROADVIEW DRIVE SE CEDAR RAPIDS, IA 52403		75.00	<input type="checkbox"/>
11/04/06	ID# CK#	RITA TOMANEK 4665 RUNNING DEER WOODS NE IOWA CITY, IA 52240		25.00	<input type="checkbox"/>
SUB-TOTAL				\$ 900.00	
TOTAL (if last page of this schedule)				\$	

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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)
FOEGE FOR CITIZENS #887

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11/04/06	ID# CK#	NORMAN ARONS 4611 DOE RUN DR CEDAR RAPIDS, IA 52411		\$25.00	<input type="checkbox"/>
11/04/06	ID# 9737 CK# 1040	IA HARNESS HORSEMAN'S ASSOC PAC PO BOX 107 GRINNELL IA 50112		150.00	<input type="checkbox"/>
11/04/06	ID# CK#	BILL GROVE 2010 SOUTHBROOK DRIVE ELY, IA 52227		35.00	<input type="checkbox"/>
11/04/06	ID# CK#	YALUN TSAI 401 26TH STREET SE CEDAR RAPIDS, IA 52403		100.00	<input type="checkbox"/>
11/04/06	ID# CK#	MARDELLA JANSSEN 28240 580TH STREET PALMER, IA 50571		25.00	<input type="checkbox"/>
11/04/06	ID# CK#	RUTH HOFBAUER 3634 SUNRISE DRIVE SEBRING, FL 33872	SISTER	50.00	<input type="checkbox"/>
11/04/06	ID# CK#	BARBARA JACOBSEN 611 SUNWARD DRIVE O'FALLON, MO 63368		100.00	<input type="checkbox"/>
11/04/06	ID# CK#	CARLOS JAYNE 3523 SW 37TH STREET DES MOINES, IA 50321		30.00	<input type="checkbox"/>
11/04/06	ID# CK#	MILDRED MORF 1056 E BERTRAM ROAD MOUNT VERNON, IA 52314		100.00	<input type="checkbox"/>
11/04/06	ID# 6080 CK# 1069	IA PAC FOR CANDIDATE ELECTION 4211 GRAND AVE DES MOINES, IA 50312		500.00	<input type="checkbox"/>
SUB-TOTAL				\$ 1,115.00	
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)
FOEGE FOR CITIZENS #887

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11/04/06	ID# CK#	GARY PORT 411 TRUMAN ST LISBON, IA 52253		\$50.00	<input type="checkbox"/>
11/04/06	ID# CK#	MARK LEMON 1622 APACHE DR NE SOLON, IA 52333		50.00	<input type="checkbox"/>
11/07/06	ID# CK# 6936	WYETH GOOD GOVERNMENT FUND FIVE GIRALDA FARMS MADISON, NJ 07940		200.00	<input type="checkbox"/>
11/13/06	ID# CK#	KRISTINE WARFORD HENRY 2004 CAMBRIDGE DR CORALVILLE, IA 52241		50.00	<input type="checkbox"/>
11/13/06	ID# CK#	ROBERT BUNTZ 3000 ADIRONDACK DR NE CEDAR RAPIDS, IA 52402		25.00	<input type="checkbox"/>
11/13/06	ID# CK#	JUDITH MCROBERTS 2718 OAKMONT CT CORALVILLE, IA 52241		50.00	<input type="checkbox"/>
11/13/06	ID# CK#	JEAN KUEHL 3602 SUN VALLEY DRIVE NE NORTH LIBERTY, IA 52317		25.00	<input type="checkbox"/>
11/13/06	ID# CK#	JENNIFER SNELL 3105 ALLEGHANY DRIVE NE CEDAR RAPIDS, IA 52402		50.00	<input type="checkbox"/>
11/13/06	ID# CK#	GERRI BUGG 827 HODGE AVE AMES, IA 50010		100.00	<input type="checkbox"/>
11/27/06	ID# 9694 CK# 1006	CR PHYSICIAN-HOSPITAL ORGANIZATION 1500 SECOND AVE SE, SUITE 205 CEDAR RAPIDS, IA 52403		500.00	<input type="checkbox"/>

SUB-TOTAL
\$ 1,100.00
TOTAL (if last page of this schedule)
\$

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FOR INSTRUCTIONS, SEE BACK OF FORM

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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)
FOEGE FOR CITIZENS #887

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
11/02/06	ID# CK#649	US POST OFFICE MOUNT VERNON, IA 52314	POSTAGE FOR MAILING	\$ 1796.44
11/02/06	ID# CK#650	MELANIE FRIEDMAN ONE KNOLLWOOD LANE IOWA CITY, IA 52245	REIMBURSEMENT FOR CEDAR RAPIDS GAZETTE AD	1825.60
11/03/06	ID# CK# 651	CARTER PRINTING 1739 EAST GRAND AVE DES MOINES, IA 50316	POSTCARD PRINTING	1711.05
11/03/06	ID# CK#652	MELANIE FRIEDMAN ONE KNOLLWOOD LANE IOWA CITY, IA 52245	MAILING LABELS AND CONSULTING FEES	1983.59
11/24/06	ID# CK#653	SOLON ECONOMIST PO BOX 249 SOLON, IA 52333	ADVERTISING	92.75
11/24/06	ID# CK#654	CARTER PRINTING 1739 EAST GRAND AVE DES MOINES, IA 50316	THANK YOU POSTCARD PRINTING	121.90
11/24/06	ID# CK#655	DOSTAL'S CATERING 77 15TH AVE SW CEDAR RAPIDS, IA 52404	RECEPTION FOOD	70.00
11/27/06	ID# CK# 656	CR PHYSICIANS-HOSPITAL ORG 1500 SECOND AVE SE, SUITE 205 CEDAR RAPIDS, IA 52403	REFUND OF CAMPAIGN CONTRIBUTION FROM INCORRECT BANK ACCOUNT	500.00
SUB-TOTAL				\$ 8101.33
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

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EXPENDITURES – MONEY SPENT FROM COMMITTEE ACCOUNT

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

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FOEGE FOR CITIZENS #887

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
11/28/06	ID# CK#657	US POSTMASTER MOUNT VERNON, IA 52314	POSTAGE	\$ 7.80
12/16/06	ID# CK#658	HYBRID PUBLICATIONS PO BOX 249 SOLON, IA 52333	THANK YOU ADVERTISEMENT	131.00
12/28/06	ID# CK# 659	MT VERNON-LISBON SUN 108 1ST STREET W MOUNT VERNON, IA 52314	THANK YOU ADVERTISEMENT	148.50
11/04/06	ID# CK#	ACTBLUE PO BOX 382110 CAMBRIDGE, MA 02238	CREDIT CARD FEE	1.09
	ID# CK#			
SUB-TOTAL				\$ 288.39
TOTAL (if last page of this schedule)				\$ 8389.72

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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).)

Reset Form

SCHEDULE G (Rev. 02/96)	BREAKDOWN OF MONETARY EXPENDITURES BY CONSULTANT
	<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM

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

FOEGE FOR CITIZENS #887

PART I - NAME AND ADDRESS OF CONSULTANT

Name of Consultant		
MELANIE FREIDMAN		
Mailing Address		
ONE KNOLLWOOD LANE		
City	State	Zip Code
IOWA CITY, IOWA		52245

CONTRACT PERIOD (MM/DD/YR)	TOTAL ANTICIPATED COMPENSATION FOR PERFORMANCE
From 8-1-06	\$ 6,000.00
To 11-30-06	

ESTIMATES OF PERFORMANCE

TO PROVIDE POLITICAL CONSULTATION SERVICES AS
NEEDED

PART II- ITEMIZED BREAKDOWN OF UNREIMBURSED EXPENSES PAID BY CONSULTANT TO OTHERS IN PERFORMING SERVICES OF CONTRACT (These expenses should NOT be reported on Schedule B, as they are direct payment from the consultant.)

DATE EXPENDED (MM/DD/YR)	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE	AMOUNT EXPENDED
			\$

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