

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

Reset Form

FORM DR-2 (Rev. 05/2002)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	699
Indexed	S e
Audited	
Computer	

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

IMPORTANT: Indicate type of committee you are reporting for: **1**

(1) Statewide/Legislative Candidate (2) Statewide PAC (3) State Party (4) County/Local Candidate
 (5) County PAC (6) Ballot Issue/Franchise Committee (7) County/City Central Committee
 (8) Support State of Candidates

CANDIDATE COMMITTEES ONLY:

Candidate Name
STEVE KETTERING

Office Sought
SENATOR

Political Party
REPUBLICAN

District (if Senate or House)
26

STATE OF OHIO
 DISCLOSURE BOARD
 JAN 16 2007
 FILED pm 1-12

Steve Kettering
 SIGNATURE OF TREASURER (or person filing this report)

712-657-3347
 TELEPHONE

January 12, 2007
 DATE SIGNED

Routine Penalties Due For Late Filed Reports Range from \$20 to \$800

SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE:

I AM FILING A activity of 1-1-06 thru 12-31-06 REPORT FOR AN/A (1) ELECTION / (2) NON-ELECTION YEAR.
 (report date) Indicate one **2**

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 Notice of Dissolution 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. (This is the total of all monies 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.)\$ 12,915.20

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below) 10,947.00

Schedule F: Loans Received total (Attach Schedule F)..... .00

Schedule H: Total Sales of Campaign Property (Attach Schedule H)..... .00

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL.....\$ 23,862.20

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below) ... 20,197.50

Schedule F: Loan Repayments total (Attach Schedule F)00

CASH ON HAND at the end of this reporting period (if final report, balance must be zero) (Attach DR-3)\$ 3,664.70

**UNPAID BILLS (From Schedule D - Attach Schedule D).....\$.00

**IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)\$.00

**OUTSTANDING LOANS (From Schedule F - Attach Schedule F).....\$.00

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

CONTRIBUTIONS – MONEY TAKEN IN
(including candidate's personal funds)

Reset Form

SCHEDULE A (Rev. 06/97)	MONETARY RECEIPTS
	<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM

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

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.

CAUTION: Section 68B.32A(6), Iowa Code, 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
1/17/06	ID# CK# 5760	Timothy J. Mahoney 1701 Fernwood Lane Algonquin, IL 60102		\$100.00	<input type="checkbox"/>
5/24/06	ID# 6059 CK# 2754	Iowa Committee of Automotive Retailers 1111 Office Park RD. West Des Moines, IA 50265		500.00	<input type="checkbox"/>
5/31/06	ID# 6155 CK# 4429	Taxpayers United PO Box 209 Muscatine, IA 52761-0069		300.00	<input checked="" type="checkbox"/>
5/31/06	ID# 6052 CK# 2990	Independent Insurance Agents of Iowa 4000 Westown Pky., Ste 200 West Des Moines, IA 50265		250.00	<input checked="" type="checkbox"/>
5/31/06	ID# 6056 CK# 3461	Bankers Unite in Legislative Decisions Iowa Bankers Association 8800 NW 62nd Ave Johnston, IA 50131		1000.00	<input checked="" type="checkbox"/>
5/31/06	ID# CK# 5763	C. F. Wasker 4201 Westown Pky., Suite 250 West Des Moines, IA 50266-6720		150.00	<input checked="" type="checkbox"/>
5/31/06	ID# 6058 CK# 2770	Iowa Chiropractic Society 1605 N. Ankey Blvd, Suite 100 Ankeny, IA 50021-4159		100.00	<input checked="" type="checkbox"/>
5/31/06	ID# 6067 CK# 3430	Iowa Helath PAC 6067 6750 Westown Parkway #100 West Des Moines, IA 50266		150.00	<input checked="" type="checkbox"/>
5/31/06	ID# 6430 CK# 1367	Iowa Rural Water State PAC 6430 4221 S. 22nd Ave. E. Newton, IA 50208		100.00	<input checked="" type="checkbox"/>
5/31/06	ID# CK# 2117	Mary Jane Venteicher 6323 Panorama Dr. Panora, IA 50216		50.00	<input checked="" type="checkbox"/>
SUB-TOTAL				2700.00	
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) (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

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SCHEDULE A (Rev. 06/97)	MONEY RECEIVED
<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)
KETTERING CAMPAIGN

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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
5/31/06	ID# CK# 7813	Michael McGinnis 308 Arthur Neu Drive Carroll, IA 51401		\$ 25.00	<input checked="" type="checkbox"/>
5/31/06	ID# CK# 840	James Feauto 1833 N. Main Street Carroll, IA 51401		20.00	<input checked="" type="checkbox"/>
5/31/06	ID# CK# 5320	Sylvia K. Bandow 533 - 2nd Ave Manilla, IA 51454		100.00	<input checked="" type="checkbox"/>
6/5/06	ID# 6160 CK# 2229	Iowa Independent Bankers PAC 6160 1603 - 22nd Street, Suite 202 West Des Moines, IA 50266		1000.00	<input type="checkbox"/>
7/28/06	ID# CK# 1244	James M. Myers 6600 Westown Parkway West Des Moines, IA 50266		188.00	<input type="checkbox"/>
7/28/06	ID# CK# 1244	Robert T. Myers 6600 Westown Parkway West Des Moines, IA 50266		188.00	<input type="checkbox"/>
7/28/06	ID# CK# 1481	Linda J. Myers 6600 Westown Parkway West Des Moines, IA 50322		188.00	<input type="checkbox"/>
7/28/06	ID# CK# 1278	Michael P. Medved 6600 Westown Parkway West Des Moines, IA 50266		188.00	<input type="checkbox"/>
7/28/06	ID# CK# 1545	Allen Jones 5155 Financial Way Mason, OH 45040		650.00	<input type="checkbox"/>
7/28/06	ID# CK# 1568	Iowa Telecom PAC 115 S. 2nd Ave W. Newton, IA 50208		200.00	<input type="checkbox"/>
SUB-TOTAL				2747.00	
TOTAL (if last page of this schedule)				\$	

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SCHEDULE A (Rev. 06/97)	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)
KETTERING CAMPAIGN

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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
08/24/06	ID# C00033423 CK# 9532	HSBC North America 2700 Sanders RD Prospect Heights, IL 60070		\$ 250.00	<input type="checkbox"/>
08/30/06	ID# 6098 CK# 3458	Iowa Bev Pac #6098 321 E. Walnut - Suite 310 Des Moines, IA 50309-2026		400.00	<input type="checkbox"/>
09/01/06	ID# 9697 CK# 1031	Munipac 1735 NE 70th Street Ankeny, IA 50021-9353		100.00	<input type="checkbox"/>
09/14/06	ID# 6160 CK# 2232	Iowa Independent Bankers PAC 6160 1603 - 22nd Street, Suite 202 West Des Moines, IA 50266		800.00	<input type="checkbox"/>
09/21/06	ID# 6323 CK# 3026	Master Builders of Iowa P.A.C. P O Box 695 Des Moines, IA 50303		500.00	<input type="checkbox"/>
10/02/06	ID# 6430 CK# 1453	Iowa Rural Water State PAC 6430 4221 S. 22nd Ave East Newton, IA 50208		100.00	<input type="checkbox"/>
10/09/06	ID# 6351 CK# 1091	Petroleum Marketers & Convenience 1303 - 50th Stores of IA West Des Moines, IA 50266		250.00	<input type="checkbox"/>
10/09/06	ID# 6160 CK# 2267	Iowa Independent Bankers 1603 - 22nd Street - Suite 202 West Des Moines, IA 50266		2000.00	<input type="checkbox"/>
10/25/06	ID# CK# 7062	Craig Rowles 19112 Hawthorne Ave Carroll, IA 51401		200.00	<input type="checkbox"/>
10/27/06	ID# 6038 CK# 163	Verizon IA State Good Government Club 11 Eleventh Ave - Suite 2 Grinnell, IA 50112		250.00	<input type="checkbox"/>
SUB-TOTAL				4850.00	
TOTAL (if last page of this schedule)				\$	

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SCHEDULE A (Rev. 06/97)	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)
KETTERING CAMPAIGN

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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
10/30/06	ID# CK# 6162	Timothy J. Mahoney 1701 Fernwood Lane Algonquin, IL 60102		\$ 150.00	<input type="checkbox"/>
6/19/06	ID# CK# 5107	Rod Aycox 2000 Leadenhall Way Alpharetta, GA 30022-6258		500.00	<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				650.00	
TOTAL (if last page of this schedule)				\$10,947.00	

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Reset Form

SCHEDULE B (Rev. 09/97)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

EXPENDITURES – MONEY SPENT FROM COMMITTEE ACCOUNT

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)
 KETTERING CAMPAIGN

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
6/8/06	ID# 699 CK# 1035	Des Moines Embassy Club Ruan Building Des Moines, IA	expenses for fund raiser	\$ 197.50
10/12/06	ID# 699 CK# 1036	Legislative Majority Fund 621 East 9th Des Moines, IA 50309	contribution	20,000.00
	ID# CK#			
SUB-TOTAL				\$ 20,197.50
TOTAL (if last page of this schedule)				\$ 20,197.50

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 58.6(3)(l).)