

DISCLOSURE SUMMARY PAGE

FORM DR-2 (Rev. 01/2001)	DISCLOSURE REPORT
For Office Use Only	
Comm #	<u>1359</u>
Indexed	<u>5</u> <u>6</u>
Audited	
Computer	

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

Lark For STATEHOUSE Committee

IMPORTANT: indicate type of committee you are reporting for: 4

- (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 Slate of Candidates

CANDIDATE COMMITTEES ONLY:

Candidate Name

DAVID LARK

Political Party

REPUBLICAN

Office Sought

DEPUTY IE SEAT

District (if Senate or House)

HOUSE # 18

JAN 23 2007
pm 1/19

Bradley J. Day
SIGNATURE OF TREASURER (or person filing this report)

563-578-0509
TELEPHONE

1/18/07
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 1 JANUARY 19 REPORT FOR AN/A (1) ELECTION / (2) NON-ELECTION YEAR
(report date) Indicate one

CHECK IF AMENDMENT TO REPORT DATED _____

Local Committees, enter Date of Election

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.)

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.)

8204.30

ADD TOTAL MONEY TAKEN IN THIS PERIOD

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

450.00

Schedule F: Loans Received total (Attach Schedule F)

3500.00

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

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL.....\$

12154.30

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)

568.02

Schedule F: Loan Repayments total (Attach Schedule F)

3500.00

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

8086.28

**UNPAID BILLS (From Schedule D - Attach Schedule D)

0

**IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)

24061.24

**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)

0

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)

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)
LARK FOR STATEHOUSE Committee

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/YYR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	IF FC FUND RAISE! INCOM
11/1/06	ID# 6098 CK# 3501	Iowa Bev PAC 321 E. Walnut Suite 310 Des Moines IA 50309		\$ 250.00	
11/1/06	ID# 6118 CK# 2396	IOWA-PAC 1454 30th ST STE 204 West Des Moines IA 50266		200.00	
	ID# CK#				
SUB-TOTAL				\$	
TOTAL (if last page of this schedule)				\$ 450.00	

* 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

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)
LALC FOR STATEHOUSE Committee

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
11/6/06	ID# CK# 739	Oelwein Daily Register 25 1st St SE Oelwein IA 50662	Thank You A2	\$ 112.80
11/6/06	ID# CK# 740	Fayette County Union 119 S Vine West Union IA 52175	Thank You A2	94.50
11/6/06	ID# CK# 741	Denver Forum 144 E Franklin St Denver IA 50602	Thank You A2	36.40
11/6/06	ID# CK# 742	Summer Gazette 106 E St Summer IA 50674	Thank You A2	67.60
11/6/06	ID# CK# 743	Elgin Echo 227 Center St Elgin IA 52175	Thank You A2	46.60
12/30/06	ID# CK# 745	First Baptist Church 300 E 2nd St Summer IA 50674	Election Night Basement Rental	200.00
12/30/06	ID# CK# 746	Focus Right to Life Comm 1500 Illinois St Des Moines IA 50314	Name List	9.84
	ID# CK#			
SUB-TOTAL				\$ 568.02
TOTAL (if last page of this schedule)				\$ 568.02

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)(1).)

X

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)
 LACK FOR STATE HOUSE Committee

DATE RECEIVED (MM/DD/YY)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ FOR FUND-RAISER CONTRIBUTION
10/31/06	Iowa Republican Party 621 E 9th Des Moines IA 50301		Radio Ad	\$ 4796.00	
10/27/06	Iowa Republican Party		Printing & Mailshop	138.84	
10/27/06	Iowa Republican Party		Printing & Mailshop	6527.34	
10/27/06	Iowa Republican Party		Newspaper Ad	256.50	
10/26/06	Iowa Republican Party		Newspaper Ad	143.32	
10/26/06	Iowa Republican Party		Newspaper Ad	184.27	
10/27/06	Iowa Republican Party		Newspaper Ad	455.05	
11/1/06	Iowa Republican Party		Direct mail & Mailshop	4813.19	
10/26/06	Iowa Republican Party		Newspaper Ad	266.17	
11/15/06	Iowa Republican Party		Radio Ad	693.60	
SUB-TOTAL				\$ 18274.28	
TOTAL (if last page of this schedule)				\$	

*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.

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

X

COMMITTEE NAME (Must be same as on Statement of Organization)
 Lack For Statehouse Committee

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
11/15/06	Iowa Republican Party 631 E 9th Des Moines IA 50309		Automated Phone Calls	\$ 513.14	
11/15/06	Iowa Republican Party		TV Ad	\$ 5007.86	
11/15/06	Iowa Republican Party		Newspaper Ad	187.50	
11/3/06	NFIB 1201 F ST NW Suite 200 Washington DC 20004		Mailings	42.95	
12/20/06	NFIB 1201 F ST NW Suite 200 Washington DC 20004		Mailings	35.51	

SUB-TOTAL \$ 5786.96
 TOTAL (if last page of this schedule) \$ 24661.24

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

SCHEDULE F (Rev. 08/96)	LOANS RECEIVED & REPAID
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

NOTE: This schedule reports money loaned to the committee which is deposited in the committee account.
 TOTAL UNPAID LOANS FROM LAST REPORTING PERIOD \$ 0

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
11/2/06	DAVID LALK 23858 110 th ST Westgate IA 50660	Candidate	\$ 3500.00

TOTAL (PART I) \$ 3500.00

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
12/6/06 CK # 744	DAVID LALK 23858 110 th ST Westgate IA 50660	CANDIDATE	\$ 3500.00

TOTAL CASH REPAYMENTS (PART II) \$ 3500.00

From Schedule E -- TOTAL LOANS FORGIVEN \$ 0

TOTAL OUTSTANDING LOANS END OF REPORT PERIOD \$ 0

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