

Reset Form

DISCLOSURE SUMMARY PAGE

FORM DR-2 (Rev. 12/2005)	DISCLOSURE REPORT
For Office Use Only	
Comm. # _____	1169
Logged In _____	S
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	

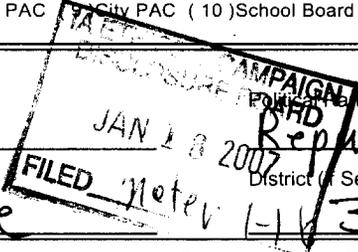
COMMITTEE NAME (Must be same as on Statement of Organization)

Lamberti for Senate

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: Jeff Lamberti
Office Sought: State Senate
Party (if applicable): Republican
District (Senate or House): 1435



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: *Jeff Lamberti* Telephone: 515-965-1200 Date Signed: 1/5/07

I AM FILING A January 19, 2007 REPORT FOR (1) ELECTION (2) NON-ELECTION YEAR.
(report date) Indicate by # (1) (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 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.)	\$	23,857.29
ADD TOTAL MONEY TAKEN IN THIS PERIOD		
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)		5,050.00
Schedule F: Loans Received total (Attach Schedule F)		0.00
Schedule H: Total Sales of Campaign Property (Attach Schedule H)		0.00
<u>(Schedule H applies to Candidates' Committees Only)</u>		
SUB-TOTAL	\$	28,907.29
SUBTRACT TOTAL MONEY SPENT THIS PERIOD		
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)		28,907.29
Schedule F: Loan Repayments total (Attach Schedule F)		0.00
CASH ON HAND at the end of this reporting period (if final report balance must be zero) (Attach DR-3)	\$	0.00
**UNPAID BILLS (From Schedule D - Attach Schedule D)	\$	0.00
**IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)	\$	3,000.00
**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)	\$	0.00
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)	\$	0.00

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

For Instructions, See Back of Form

Reset Form

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)
Lamberti for Senate

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
1/4/06	ID# CK#	Troy Jasman 332 Bison Trail Dakota Dunes, SD 57049		\$ 25.00	<input type="checkbox"/>
1/4/06	ID# CK#	Robert Dunker 4624 Hawthorne Dr. Sioux City, IA 51106		25.00	<input type="checkbox"/>
1/4/06	ID# CK#	Verlyn Fick 4424 Wellington Ave. Sioux City, IA 51106		25.00	<input type="checkbox"/>
1/4/06	ID# CK#	Carolyn Rants 2904 S. Cedar St., Apt. 4 Sioux City, IA 51106		25.00	<input type="checkbox"/>
1/6/06	ID# 8431 CK# 4755	KOCH PAC 655 15th St., NW, Ste. 445 Washington, D.C. 20005		1500.00	<input type="checkbox"/>
1/6/0	ID# CK#	Gary Lockig 9609 Anchusa Trail Austin, TX 78736		1000.00	<input type="checkbox"/>
1/6/06	ID# CK#	Terry Smith 2670 N. 1800th Ave. Clayton, IL 62324		100.00	<input type="checkbox"/>
1/6/06	ID# CK#	Samuel Cogdill 3737 155th St. Dunlap, IA 51529		100.00	<input type="checkbox"/>
1/6/06	ID# CK#	Endrest Development 919 Christine Ave. Brookings, SD 57006		100.00	<input type="checkbox"/>
1/6/06	ID# CK#	Dale Edmonds 501 Wapello St., N Mediapolis, IA 52637		100.00	<input type="checkbox"/>

SUB-TOTAL

\$ 3,000.00
\$

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)
Lamberti for Senate

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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
1/6/06	ID# 8478 CK# 1007	Siouxland Energy & Livestock Coop/PAE 3890 Garcia Blvd Ave Sioux Center, IA 51250		\$ 100.00	<input type="checkbox"/>
1/6/06	ID# 8480 CK#	Golden Grain Energy PAC 1822 43rd St. SW Mason City, IA 50401		100.00	<input type="checkbox"/>
7/14/06	ID# CK#	Cornell Gethmann P.O. Box 220 Gladbrook, IA 50635		100.00	<input type="checkbox"/>
7/14/06	ID# CK#	Waldo Geiger 4001 Oak Forest Dr. Des Moines, IA 50312		250.00	<input type="checkbox"/>
7/14/06	ID# CK#	James Luksetich 3000 Jordan Grove West Des Moines, IA 50265		100.00	<input type="checkbox"/>
7/14/06	ID# CK#	Joel Grandon 1400 7th Ave Marion, IA 52302		50.00	<input type="checkbox"/>
7/14/06	ID# CK#	Pat Halbur 3211 Kingman Ames, IA 50014		150.00	<input type="checkbox"/>
7/14/06	ID# CK#	Harold Pike 2715 Valley View Rd. Ames, IA 50014		50.00	<input type="checkbox"/>
7/14/06	ID# 6478 CK# 1164	Iowa Assoc. of Nurse Anesth. 1004 Poplar St. Atlantic, IA 50022		100.00	<input type="checkbox"/>
7/14/06	ID# CK#	Gary Fisher 720 29th St, NE Cedar Rapids, IA 52402		50.00	<input type="checkbox"/>

SUB-TOTAL

\$ 1,050.00

TOTAL (if last page of this schedule)

\$

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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)
Lamberti for Senate

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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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
9/1/06	ID# 6073 CK# 952	Iowa Medical PAC 1001 Grand Ave, West Des Moines, IA 50265		\$1,000.00	<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

\$1,000.00

TOTAL (if last page of this schedule)

\$5,050.00

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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)
Lamberti for Congress

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
1/10/06	ID# CK# 1276	Northern Polk Co. Pheasants Forever 3737 Woodland Ave., Ste. 405 West Des Moines, IA 50266	Donation - Annual Banquet	\$ 133.50
1/13/06	ID# CK# 1277	Republican Party of Iowa 621 E. 9th St. Des Moines, IA 50309	Contribution	1,000.00
1/18/06	ID# CK# 1278	Postmaster State Capitol Des Moines, IA 50319	Stamps	39.00
3/20/06	ID# CK# 1279	Postmaster State Capitol Des Moines, IA 50319	Stamps	39.00
5/16/06	ID# CK# 1280	Republican Party of Iowa 621 E. 9th St. Des Moines, IA 50309	Contribution	20,000.00
7/2/06	ID# CK#	Wells Fargo Bank 910 E. 15th St. Ankeny, IA 50021	Bank Service Charge	7.09
8/21/06	ID# CK#	Wells Fargo Bank 910 E. 15th St. Ankeny, IA 50021	Bank Service Charge	6.77
9/20/06	ID# CK# 1281	Wells Fargo Bank 910 E. 15th St. Ankeny, IA 50021	Bank Service Charge	3.93
SUB-TOTAL				\$ 21,229.29
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

Reset 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)
Lamberti for Senate

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
10/16/06	ID# CK# 1281	Republican Party of Iowa 621 E. 9th St, Des Moines, IA 50309	Contribution	\$ 6,000.00
10/20/06	ID# CK#	Wells Fargo Bank 910 E. 1st St. Ankeny, IA 50021	Bank Service charge.	3.54
10/31/06	ID# CK# 1282	Republican Party of Iowa 621 E. 9th St. Des Moines, IA 50309	Contribution	1,000.00
11/20/06	ID# CK#	Wells Fargo Bank 910 E. 1st St. Ankeny, IA 50021	Bank Service Charge	6.16
12/7/06	ID# CK# 1283	Wells Fargo Bank 910 E. 1st St, Ankeny, IA 50021	For bank check payable to Republican Party of Iowa, to close account.	668.30
	ID# CK#			
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$ 7,678.00
TOTAL (if last page of this schedule)				\$ 28,907.29

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)
Lamberti for Senate

Reset 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
12/1/06	Jeff Lamberti 2621 NW 17 th St, Aurora, IA 50023	Self	LOAN forgiveness	\$ 3,000.00	<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 \$ 3,000.00
 TOTAL (if last page of this schedule) \$ 3,000.00

Page 1 of 1
(for Schedule E)

*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.

Reset Form

SCHEDULE F (Rev. 07/03)	LOANS RECEIVED & REPAYED
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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

NOTE: This schedule reports money loaned to the committee which is deposited in the committee account.

TOTAL UNPAID LOANS FROM LAST REPORTING PERIOD \$ 3,000.00

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.)

PART II - MONETARY LOAN REPAYMENTS MADE THIS REPORTING PERIOD
(Loans forgiven must be reported on Schedule E -- In-kind Contributions.)

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE (If Applicable*)	AMOUNT OF LOAN
			\$

DATE PAID (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE* (If Applicable)	AMOUNT REPAYED
			\$

TOTAL (PART I) \$ _____

TOTAL CASH REPAYMENTS (PART II) \$ _____

From Schedule E -- TOTAL LOANS FORGIVEN \$ 3,000.00

TOTAL OUTSTANDING LOANS END OF REPORT PERIOD \$ 0.00

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Notice of Dissolution

Reset Form

Mail to:
IECDB
510 East 12th, Suite 1A
Des Moines, Iowa 50319

FORM

(Rev. 07/03)

DR-3 NOTICE OF DISSOLUTION

For Office Use Only

Comm. # 1169
Indexed e
Audited _____
Computer DB
Certified Date of Dissolution _____

COMMITTEE NAME

Lamberti for Senate	
Official Name of Committee	
210 NE Delaware Ave., Suite 200	
Street	
Ankeny, IA 50021	
City, State, Zip Code	
515	965-1200
Area Code	Telephone

IA ETHICS & CAMPAIGN DISCLOSURE BOARD
JAN 18 2007
Meter 1-16

WHEN TO FILE:

The Notice of Dissolution must be filed within thirty (30) days of completion of all the following:

1. All debts, loans and obligations have been paid or transferred;
2. All campaign funds have been spent;
3. All campaign property sold or transferred (candidates only); and
4. A final report disclosing all transactions closing the committee.

For state candidates and state PACs, a final bank statement must be filed with the Notice of Dissolution or as soon as possible if the bank statement is not available at the time the Notice of Dissolution is filed.

Jeffrey M. Lamberti

Signature of Candidate or Treasurer (if candidate's committee)/Signature of Chair or Treasurer (if PAC)

1/5/07
Date Signed

FOR INSTRUCTIONS, SEE BACK OF FORM

This form is not applicable to statutory political committees.