



DISCLOSURE SUMMARY PAGE

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

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

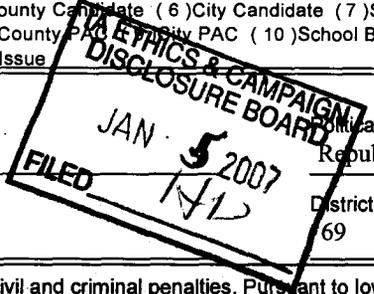
CANDIDATE COMMITTEES ONLY:

Candidate Name
 Walt Tomenga

Office Sought
 Representative

Political Party (if applicable)
 Republican

District (if Senate or House)
 69



FORM DR-2
 (Rev. 12/2005) DISCLOSURE REPORT

For Office Use Only

Comm. # 1594

Logged In S

Scanned _____

Computer _____

Audited _____

File with:
 Iowa Ethics and Campaign
 Disclosure Board
 510 E. 12th, 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.

Marcia Spangler SIGNATURE OF PERSON FILING REPORT 270-0368 TELEPHONE 1-2-07 DATE SIGNED

I AM FILING A December 31, 2006 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.)	\$	9,809.76
ADD TOTAL MONEY TAKEN IN THIS PERIOD		
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below).....		400.00 ✓
Schedule F: Loans Received total (Attach Schedule F).....		0.00
Schedule H: Total Sales of Campaign Property (Attach Schedule H)		0.00
(Schedule H applies to Candidates' Committees Only)		
SUB-TOTAL	\$	10,209.76
SUBTRACT TOTAL MONEY SPENT THIS PERIOD		
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below).....		1,853.66 ✓
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).....	\$	8,356.10
**UNPAID BILLS (From Schedule D - Attach Schedule D)	\$	0.00
*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)	\$	3,180.94 ✓
**OUTSTANDING LOANS (From Schedule F - Attach Schedule F).....	\$	0.00
CONSULTANT BREAKDOWN (Schedule G Attached?)		YES <input checked="" type="checkbox"/> NO
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



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)

Tomenga for State Representative

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
11/03/2006	ID# 6250 CK# 2361	Iowa Cable PAC 8350 Hickman Road, Suite 2 Clive, IA 50325		\$200.00	<input type="checkbox"/>
11/03/2006	ID# CK#	Edward Friedmann PO Box C Redfield, IA 50233-0903		\$100.00	<input type="checkbox"/>
12/21/2006	ID# 6078 CK# 1635	Iowa Physical Therapy PAC 1228 8th Street, Suite 106 West Des Moines, IA 50265-2624		\$100.00	<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"/>
SUB-TOTAL				\$ 400.00	
TOTAL (if last page of this schedule)				\$ 400.00	

* 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). 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
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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)
Tomenga for Representative

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
11/14/2006	ID# CK# 1099	Mathew Tapper 609 NW Morningside Drive Grimes, IA 50111	Mileage Reimbursement for campaign related trips	\$ 300.00
11/16/2006	ID# CK# 1100	Rich's Brew 5800 Merle Hay Road Johnston, IA 50131	Victory Celebration/Reception	\$410.65
11/28/2006	ID# CK# 1101	Walt Tomenga 7250 Hyperion Point Johnston, IA 50131	Office Expenses for Candidate (Postage, Cell Phone, Chamber of Commerce Membership)	\$193.31
11/28/2006	ID# CK# 1102	Mathew Tapper 609 NW Morningside Drive Grimes, IA 50111	Mileage Reimbursement and Wages for Signs	\$350.00
11/07/2006	ID# CK# NA	Polk County Bank Box 200 Johnston, IA 50131	Check Printing Costs	\$18.60
12/03/2006	ID# CK# 1103	Carol Andresen 5835 S. Winwood Drive Johnston, IA 50131	Victory Celebration/Reception	\$81.10
12/26/06	ID# 91161 CK# 1104	Republican Party of Iowa 621 East 9th Street Des Moines, IA 50309	2007 Package Plan Membership	\$500.00
	ID# CK#			
SUB-TOTAL				\$ 1,853.66
TOTAL (if last page of this schedule)				\$ 1,853.66

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

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



SCHEDULE E (Rev. 06/97)	IN-KIND CONTRIBUTIONS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING 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
11/01/2006	Republican Party of Iowa 621 East 9th Street Des Moines, IA 50309		Direct Mail Printing and Mailshon	\$ 3,180.94	<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				\$ 3,180.94	
TOTAL (if last page of this schedule)				\$ 3,130.94	

*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.