

Reset Form

DISCLOSURE SUMMARY PAGE

FORM DR-2 (Rev. 12/2005) DISCLOSURE REPORT. For Office Use Only: Comm. # 6019, Logged In 5, Scanned, Computer, Audited. File with: Iowa Ethics and Campaign Disclosure Board, 510 E. 12th, Ste. 1A, Des Moines, Iowa 50319, Fax: 515-281-3701

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

Communications Workers of America POL ID 6019

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 Political Party (if applicable)

Office Sought District (if Senate or House)

JAN 22 2007 pm 1-19

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 Barbara T. Harrington

515 243 7102 TELEPHONE

1-18-07 DATE SIGNED

I AM FILING A 10-15-06 thru 12-31-06 REPORT FOR (1) ELECTION //(2) NON-ELECTION YEAR. (report date) Indicate by # 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

Table with 2 columns: Description and Amount. Rows include: CASH ON HAND at the beginning of the reporting period (\$6483.51), ADD TOTAL MONEY TAKEN IN THIS PERIOD (Schedule A: 1500.00), SUB-TOTAL (\$7983.51), SUBTRACT TOTAL MONEY SPENT THIS PERIOD (Schedule B: 682.76), CASH ON HAND at the end of this reporting period (\$7300.75)

**UNPAID BILLS (From Schedule D - Attach Schedule D) \$
**IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E) \$
**OUTSTANDING LOANS (From Schedule F - Attach Schedule F) \$

CONSULTANT BREAKDOWN (Schedule G Attached?) YES NO

CANDIDATE COMMITTEES ONLY:

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H) \$

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)

CWA Local 7102 Political Action ID 6019

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
10/30/06	ID# CK#	Direct Deposit to non/int checking from membership dues		\$ 500.00	<input type="checkbox"/>
11/30/06	ID# CK#	" "		500.00	<input type="checkbox"/>
12/29/06	ID# CK#	" "		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"/>
SUB-TOTAL				\$	
TOTAL (if last page of this schedule)				\$1500.00	

* 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

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)
CWA Local 7102 Political Action Acct ID 6019

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
10/27/06	ID# CK# 629	Mark Rocha 3612 SW 9th Des Moines Ia 50315	Postage Mailing	\$468.00	<input type="checkbox"/>
11/10/06	ID# CK# 630	LithoCraftPringting 2803 SW 9th St Des Moines IA 50315	Envs for Mailing	106.00	<input type="checkbox"/>
11/10/06	ID# CK# 631	Carter Printing 1739 E Grand Ave Des Moines Ia 50316	Political Flyer	108.76	<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

\$
\$682.76

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.