

File with:
Iowa Ethics and Campaign
Disclosure Board
510 E. 12th, Ste. 1A
Des Moines, Iowa 50319
Fax: 515-281-4073

Reset Form

IA ETHICS AND
CAMPAIGN DISCLOSURE BD
Jak
2007 JUL 19 PM 2:14

FOR INSTRUCTIONS, SEE BACK OF FORM
DISCLOSURE SUMMARY PAGE

COMMITTEE NAME (Must be same as on Statement of Organization)
Opcrating Engineers Local 234 Political Fund #6089

IMPORTANT: Indicate by # type of committee you are reporting for: 2
(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)

FORM DR-2 (Rev. 07/2007)	DISCLOSURE REPORT
For Office Use Only	
Comm. # <u>6089</u>	
Logged in <u>S</u>	
Scanned	
Computer	
Audited	

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a

Aracj Petersen
SIGNATURE OF PERSON FILING REPORT

515-2125-11657
TELEPHONE

7-19-2007
DATE SIGNED

I AM FILING A 1-1 through 6-30-2007 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

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.)	\$ 38,202.56
ADD TOTAL MONEY TAKEN IN THIS PERIOD	
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)	49,215.90
Schedule F: Loans Received total (Attach Schedule F)	
Schedule H: Total Sales of Campaign Property (Attach Schedule H)	
<u>(Schedule H applies to Candidates' Committees Only)</u>	
SUB-TOTAL	\$ _____
SUBTRACT TOTAL MONEY SPENT THIS PERIOD	
Schedule B: Expenditures total (Attach Schedule B) (*also see debts and loans below)	20,000.00
Schedule F: Loan Repayments total (Attach Schedule F)	
CASH ON HAND at the end of this reporting period (if final report balance must be zero)	\$ 67,418.46
**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

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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)
 Operating Enginccrs Local 234 Political Fund #6089

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
1-2-2007	ID# CK#	Signed checkoff authorizations from Membership		\$6720.03	<input type="checkbox"/>
1-8-2007	ID# CK#	Monthly Membership Ducs for Dec 2006		1388.00	<input type="checkbox"/>
1-19-2007	ID# CK#	Signed checkoff authorization from Membership		5115.62	<input type="checkbox"/>
2-13-2007	ID# CK#	Monthly Membership Dues for Jan 2007		1770.00	<input type="checkbox"/>
2-20-2007	ID# CK#	Signed checkoff authorization from Membership		5401.33	<input type="checkbox"/>
3-13-2007	ID# CK#	Monthly Membership Ducs for Feb 2007		1026.00	<input type="checkbox"/>
3-23-2007	ID# CK#	Signed checkoff authorization from Membership		6151.82	<input type="checkbox"/>
4-5-2007	ID# CK#	Monthly Membership Ducs for March 2007		1616.00	<input type="checkbox"/>
4-13-2007	ID# CK#	Signed chckoff authorization from Membership		843.14	<input type="checkbox"/>
5-3-2007	ID# CK#	Monthly Membership Ducs for April 2007		1533.00	<input type="checkbox"/>
SUB-TOTAL				\$ 31564.94	
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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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)
Operating Engineers Local 234 Political Fund #6089

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5-25-2007	ID# CK#	Signed checkoff authorizations from Membership		\$5433.58	<input type="checkbox"/>
6-5-2007	ID# CK#	Monthly Membership Dues for May 2007		1454.00	<input type="checkbox"/>
6-20-2007	ID# CK#	Signed checkoff authorizations from Membership		4126.83	<input type="checkbox"/>
7-13-2007	ID# CK#	Montly Membership Dues for June 2007		921.00	<input type="checkbox"/>
7-13-2007	ID# CK#	Signed checkoff authorizations from Membership		5715.55	<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

\$ 17650.93

TOTAL (if last page of this schedule)

\$ 49215.90

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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.

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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
2-19-2007	ID# CK#	Iowa Democratic Party 5661 Fleur Dr Des Moines, Iowa 50321	PAC Contribution	\$ 5,000.00
6-19-2007	ID# CK#	Chet Culver Committee PO Box 6068 Des Moines, Iowa 50309	Campaign Contribution	15,000.00
	ID# CK#			
SUB-TOTAL				\$
TOTAL (if last page of this schedule)				\$ 20,000.00

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).)