

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

IA ETHICS AND
CAMPAIGN DISCLOSURE BD.

FOR INSTRUCTIONS, SEE BACK OF FORM 2007 JUL 19 PM 1:17
DISCLOSURE SUMMARY PAGE

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

Tech PAC / SITE PAC

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) _____

| | |
|---------------------------------------|----------------------|
| FORM DR-2 (Rev. 07/2007) | DISCLOSURE REPORT |
| For Office Use Only | |
| Comm. # <u>91664</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

[Signature]
SIGNATURE OF PERSON FILING REPORT

515-280-7700
TELEPHONE

07-17-07
DATE SIGNED

I AM FILING A July 19 REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR.
(report date) Indicate by #

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.) | \$ | <u>740.06</u> |
| ADD TOTAL MONEY TAKEN IN THIS PERIOD | | |
| Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below) | | <u>1255.00</u> |
| 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) | | <u>1926.88</u> |
| 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) | \$ | <u>68.18</u> |
| *UNPAID BILLS (From Schedule D - Attach Schedule D) | \$ | _____ |
| *IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E) | \$ | <u>161.00</u> |
| *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

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)

SITI PAC

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 |
|--|--|---------------------------------|--|-----------------|-------------------------------------|
| <i>01/02/07</i> | ID# CK# | <i>PLEASE SEE ATTACHED</i> | | <i>\$1255</i> | <input checked="" type="checkbox"/> |
| | ID# CK# | | | | <input type="checkbox"/> |
| | ID# CK# | | | | <input type="checkbox"/> |
| | ID# CK# | | | | <input type="checkbox"/> |
| | ID# CK# | | | | <input type="checkbox"/> |
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| | ID# CK# | | | | <input type="checkbox"/> |
| | ID# CK# | | | | <input type="checkbox"/> |
| SUB-TOTAL | | | | <i>\$ 1255</i> | |
| TOTAL (if last page of this schedule) | | | | <i>\$ 1255</i> | |

* 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.

SITI PAC

Bret Dublinske \$100
12223 Oak Brook Dr.
Urbandale, IA 50323

Sheldon Ohringer \$100
1439 S 25th St.
West Des Moines, IA 50265

Steve Smith \$100
7101 Forest Dr.
Johnston, IA 50131

Charles Fritz \$100
1405 NW 90th St.
Clive, IA 50325

Traci McPartland \$100
2002 Abbott Trl
Cumming, IA 50061

~~M. Keen \$100~~
~~2709 149th St.~~
~~Urbandale, IA 50323~~

NSF

Michael Lang \$125
552 Champagne Rd.
Waukee, IA 50263

Wayne Hansen \$100
3637 Deerfield Dr.
Cumming, IA 50061

Dean R. Grewell \$100
3134 312nd Pl
Waukee, IA 50263

Ed Jensen \$100
3127 Thompson Ave
Des Moines, IA 50317

Donald Flugrad \$100
1939 Stevenson Dr.
Ames, IA 50010

Lori Arriola \$25
1773 NW 122nd Ct

SITIPAC

Clive, IA 50326

Scot Talcott \$50
3519 University Ave. #303
Des Moines, IA 50311

Kevin Lentz \$50
801 59th St.
West Des Moines, IA 50266

Savan Thongvanh \$25
428.5 E. Locust St. Apt 2
Des Moines, IA 50309

Michael Sadler \$25
9927 Hammontree Dr.
Urbandale, IA 50322

Abir Qamhiyah \$25
3102 Sycamore Rd.
Ames, IA 50014

Tiffany Brewer \$25
4905 Grand Ave
Des Moines, IA 50312

Ryan Surber (Omnia Group)

Jason Patochka

Jim Goodman

FOR INSTRUCTIONS, SEE BACK OF 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.

| | |
|---|--------------------------|
| SCHEDULE B (Rev. 07/03) | MONETARY EXPENDITURES |
| <input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM | |

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

| 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 |
|--------------------------|--|--|--------------------------------|-----------------|
| 1-06/02 | ID# 1612 CK# 1514 | Citizens for Gronstal | | \$600.00 |
| 1-06-07 | ID# CK# 1515 | House Truman Fund | | 250.00 |
| 1-07-07 | ID# 1326 CK# 1517 | OLDSON FOR STATE REP | | 250.00 |
| 1-07-07 | ID# 1206 CK# 1518 | PETERSEN FOR STATE REP | | 250.00 |
| 3-19-07 | ID# CK# 1519 | IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD | Penalty | 300.00 |
| 1-07-07 | ID# 290 CK# 1516 | COMMITTEE TO ELECT BOB DVORSKY | | 250.00 |
| 1-08-07 | ID# CK# | BANK Charges | | 26.88 |
| | ID# CK# | | | |

SUB-TOTAL \$1926.88
TOTAL (if last page of this schedule) \$1926.88

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)(1).)

FOR INSTRUCTIONS, SEE BACK OF FORM

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

| | |
|--|--------------------------|
| 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 |
|--------------------------|--|---|-------------------------------------|-----------------------------|-------------------------------------|
| 01/06 2007 | Dawn Connet 812 - 5210 Street West Des Moines, 50366 | | Food | \$ 161.00 | <input checked="" type="checkbox"/> |
| | | | | | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> |
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| | | | | | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> |

SUB-TOTAL \$ 161.00
 TOTAL (if last page of this schedule) \$ 161.00

*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.