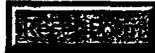


File with:
Iowa Ethics and Campaign
Disclosure Board
510 E. 12th, Ste. 1A
Des Moines, Iowa 50319
Fax: 515-281-4073



RECEIVED

OCT - 4 2007

FOR INSTRUCTIONS, SEE BACK OF FORM
DISCLOSURE SUMMARY PAGE

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

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

FORM DR-2 (Rev. 07/2007)	DISCLOSURE REPORT
For Office Use Only	
Comm. # _____	Logged In _____
Scanned _____	Computer _____
Audited _____	

CANDIDATE COMMITTEES ONLY:

Candidate Name Jennifer Olsen Political Party (if applicable) _____

Office Sought Alderman at Large District (if Senate or House) _____

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] 563-326-4297 10-3-07
SIGNATURE OF PERSON FILING REPORT TELEPHONE DATE SIGNED

I AM FILING A Primary REPORT FOR (1) ELECTION (2) NON-ELECTION YEAR.
(report type) 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 11-6-07

County & Local Committees, enter County in which Election is held Scott

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>0.00</u>
ADD TOTAL MONEY TAKEN IN THIS PERIOD		
Schedule A: Cash Contributions total (Attach Schedule A) (**also see in-kind below)		<u>4,237.00</u>
Schedule F: Loans Received total (Attach Schedule F)		<u>0.00</u>
Schedule H: Total Sales of Campaign Property (Attach Schedule H)		<u>0.00</u>
<u>(Schedule H applies to Candidates' Committees Only)</u>		
SUB-TOTAL	\$	<u>0.00</u>
SUBTRACT TOTAL MONEY SPENT THIS PERIOD		
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)		<u>2,007.27</u>
Schedule F: Loan Repayments total (Attach Schedule F)		<u>0.00</u>
CASH ON HAND at the end of this reporting period (if final report balance must be zero)	\$	<u>2,229.73</u>
**UNPAID BILLS (From Schedule D - Attach Schedule D)	\$	<u>0.00</u>
*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)	\$	<u>1,140.00</u>
**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)	\$	<u>0.00</u>
CONSULTANT BREAKDOWN (Schedule G Attached?)	YES <input checked="" type="checkbox"/> NO	
CANDIDATE COMMITTEES ONLY:		
VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)	\$	<u>0.00</u>

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)
OLSEN AT LARGE

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 58B.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/YYR)	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
9-17-07	ID# CK# 3603	Gregory Holt, MD 1398 E 27th St Tulsa, OK 74114		\$ 100.00	<input type="checkbox"/>
9-17-07	ID# CK# 1249	Daniel Hayward Veitch 415-931-3390 150 California St San Francisco, CA		150.00	<input type="checkbox"/>
9-18-07	ID# CK# 851	Edward Wilson, DDS 340 Madison Ave - Ste 4B NY, NY 10017		25.00	<input type="checkbox"/>
9-19-07	ID# CK# 9138	Ferenc Beivel 1220 Waverly Rd Davenport IA 52804		10.00	<input type="checkbox"/>
9-12-07	ID# CK# 1462	James Triner 720 Greenwich St NY, NY 10014	BROTHER	100.00	<input type="checkbox"/>
9-13-07	ID# CK# 7031	Marsha Arnold 5511 Baraboo Ct Davenport IA 52814		50.00	<input type="checkbox"/>
9-9-07	ID# CK# 3830	Ross Haddock + Renee Bloome 2727 Sheridan St Davenport IA 52803		50.00	<input type="checkbox"/>
9-20-07	ID# CK# 1263	Caroline Pruck 115 Eastern Pkwy 26 Brooklyn, NY 11238		100.00	<input type="checkbox"/>
9-21-07	ID# CK# 4364	James Wolf 3200 N. Lakeshore Dr Chicago, IL 60657	maternal Uncle	500.00	<input type="checkbox"/>
9-25-07	ID# CK# 1001	Mitchell Karsch + John Nettler 115 Central Park W 15L NY, NY 10029		75.00	<input type="checkbox"/>
SUB-TOTAL				\$ 1160	
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



SCHEDULE	
A	MONETARY RECEIPTS
(Rev. 07/03)	
<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)
OLSEN AT LARGE

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/YY)	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
9-27-07	ID# CK# 1947	Elias Vargas 4603 Kirkwood Blvd Davenport IA 52803		\$5.00	<input type="checkbox"/>
9-25-07	ID# CK# 3362	Jamilet Malva Costello 5207 Friendship Dr Davenport IA 52804		50.00	<input type="checkbox"/>
9-28-07	ID# CK# 4018	Janet + Gerald Ales 608 Kirkwood Blvd Davenport IA 52803		20.00	<input type="checkbox"/>
9-25-07	ID# CK# 9314	Karl Rhomburg 3330 Tremont Ave Davenport IA 52803		50.00	<input type="checkbox"/>
9-30-07	ID# CK# 5767	Jennifer + Jim Lanphier 2623 E Geo. Washington Blvd Davenport IA 52803	Sister + brother in law	100.00	<input checked="" type="checkbox"/>
9-30-07	ID# CK# 1191	Doug Cunningham 1019 Arline Ave Davenport IA 52803		25.00	<input checked="" type="checkbox"/>
9-30-07	ID# CK# 5310	Allan + Barb Metz 720 Kirkwood Blvd Davenport IA 52803		25.00	<input checked="" type="checkbox"/>
9-30-07	ID# CK# 3752	Scott Caldwell 1812 14th St Moline IL 61265		25.00	<input checked="" type="checkbox"/>
9-30-07	ID# CK# 5070	Danelle Trout + Charles Stone 629 W. 6th St Davenport IA 52803		30.00	<input checked="" type="checkbox"/>
9-30-07	ID# CK# 8377	Robert + Ruth Lipnich 2220 Fulton Ct Davenport IA 52803	In laws	100.00	<input checked="" type="checkbox"/>
SUB-TOTAL				\$ 430.00	
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



SCHEDULE A (Rev. 07/09)	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)
OLSEN AT LARGE

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
10-1-07	ID# CK# 1379	Bob Heimert - Victoria Navarro 1223 E 10th St Davenport IA 52803		\$15.00	<input checked="" type="checkbox"/>
9-30-07	ID# CK# 9178	Gary + Linda Van Hise 910 Myrtle St Davenport IA 52804		10.00	<input checked="" type="checkbox"/>
9-30-07	ID# CK# 7414	Rowen Schussheim - Anderson 142 Fernwood Ave Davenport IA 52803		25.00	<input checked="" type="checkbox"/>
9-30-07	ID# CK# 2424	Joanna Grollier 1019 W. 15th St Davenport IA 52804		25.00	<input checked="" type="checkbox"/>
9-30-07	ID# CK# 4605	Dale + Linda Gilmore 3927 Fairhaven Ct Davenport IA 52807		50.00	<input checked="" type="checkbox"/>
8-20-07	ID# CK# 3496	Harlan Giese Jr 2550 Midway Rd Davenport IA 52807		100.00	<input type="checkbox"/>
8-15-07	ID# CK# 1576	Paul Macek 1015 Canterbury Ct Davenport IA 52807		100.00	<input type="checkbox"/>
8-15-07	ID# CK# 7919	Mike Liebke 2706 Jersey Ridge Rd Davenport IA 52803		500.00	<input type="checkbox"/>
9-21-07	ID# CK# CASH	Lisa Lewis Davenport IA 52804		25.00	<input type="checkbox"/>
9-30-07	ID# CK# CASH	Robbin + Rick Dunn 1035 S. Concord Davenport IA 52802		40.00	<input checked="" type="checkbox"/>
SUB-TOTAL				\$890.00	
TOTAL (if last page of this schedule)				\$	

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For Instructions, See Back of 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)

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(5), 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/YY)	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
9-30-07	ID# CK# CASH	Matt Olsen Dubuque, IA	Inlaw Brother	\$30.00	<input checked="" type="checkbox"/>
9-30-07	ID# CK# CASH	Wilma Drummond 720 E 14th St Davenport IA 52803		25.00	<input checked="" type="checkbox"/>
9-30-07	ID# CK# CASH	Bruce + Michelle Vargas 813 Spaulding Blvd Davenport IA 52804		10.00	<input checked="" type="checkbox"/>
9-30-07	ID# CK# CASH	Kathy + Robert Lebonch 2124 23rd Ave Rock Island IL 61261		40.00	<input checked="" type="checkbox"/>
9-10-07	ID# CK# 6254	Pat + Alan Egly IOWA St Davenport IA 52803		25.00	<input type="checkbox"/>
9-9-07	ID# CK# 3074	Cal Werner 25370 E. Valley Dr. Bettendorf IA 52722		50.00	<input type="checkbox"/>
9-7-07	ID# CK# 1346	Jim Sothman 2502 Davis St Davenport IA 52804		50.00	<input type="checkbox"/>
9-14-07	ID# CK# 1357	Stuart Thompson 180 W. 58th St - Apt 7C NY, NY 10019		250.00	<input type="checkbox"/>
9-14-07	ID# CK# 2836	Elizabeth Hodges 1707 E 11th St Davenport IA 52803		15.00	<input type="checkbox"/>
8-13-07	ID# CK# 1493	Bob Heimer 1223 E 10th St Davenport IA 52803		15.00	<input type="checkbox"/>
SUB-TOTAL				\$510	
TOTAL (if last page of this schedule)				\$	

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For Instructions, See Back of 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)
OLSEN AT LARGE

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/YY)	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
8-11-07	ID# CK# 1155	Martha Whitmer 1333 Hillside Dr Bettendorf IA 52722		\$ 25.00	<input type="checkbox"/>
8-10-07	ID# CK# 2085	Michael O'Jr McCarthy 326 W 3rd St Davenport IA 52801		50.00	<input type="checkbox"/>
8-10-07	ID# CK# 3252	Marc Gellerman 1987 Spruce Hills Dr. Bettendorf IA 52722		25.00	<input type="checkbox"/>
8-8-07	ID# CK# 10382	H.J. Dane + Michelle Dane 23 Oakbrook Dr Bettendorf IA 52722		25.00	<input type="checkbox"/>
9-14-07	ID# CK# CASH	The Thompsons (Lori Jim) W. 13th St Davenport IA 52804		25.00	<input type="checkbox"/>
9-21-07	ID# CK# 9359	Mike + Lisa Meloy 30 Oak Brook Pl Bettendorf IA 52722		250.00	<input checked="" type="checkbox"/>
9-21-07	ID# CK# 2319	Brenda Drew Peoples 125 Kirkwood Blvd Davenport IA 52803		25.00	<input checked="" type="checkbox"/>
9-21-07	ID# CK# 1159	Thomas Fritze 2815 E Central Pk Ave Davenport IA 52803		20.00	<input checked="" type="checkbox"/>
9-21-07	ID# CK# 2100	Dana Copell Davenport IA.		100.00	<input checked="" type="checkbox"/>
9-21-07	ID# CK# CASH	Joel Waeren 3212 Covington Rd Davenport IA 52806		50.00	<input checked="" type="checkbox"/>
SUB-TOTAL				\$ 595	
TOTAL (if last page of this schedule)				\$	

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For instructions, See Back of 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)
OLSEN AT LARGE

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 688.32A(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 (MMDDYYR)	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
9-21-07	ID# CK# 15222	William Bribresco 2407 18 th St - Ste 200 Bettendorf Iowa 52722		\$ 200.00	<input checked="" type="checkbox"/>
9-21-07	ID# CK# 854	Sheila Waters 18950 16 th St Fulton IL 61252		25.00	<input checked="" type="checkbox"/>
9-21-07	ID# CK# 1795	Lauren Phelps 985 Lincoln Rd - Ste 308 Bettendorf IA 52722		40.00	<input checked="" type="checkbox"/>
9-21-07	ID# CK# CASH	Bob Phelps 985 Lincoln Rd #308 Bettendorf IA 52722		20.00	<input checked="" type="checkbox"/>
9-17-07	ID# CK# 2925	Michael Katowitz 299 W 12 th St 106 NY, NY 10014		100.00	<input type="checkbox"/>
9-18-07	ID# CK# 491	Otho Kern III 140 Riverside Dr. NY NY 10024		50.00	<input type="checkbox"/>
9-26-07	ID# CK# CASH	Larry Ralls 1304 N. Grand St Davenport IA 52804		50.00	<input type="checkbox"/>
9-30-07	ID# CK# CASH	Misc. CASH from fundraisers at Mojos.		167.00	<input checked="" type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

\$652.00

TOTAL (if last page of this schedule)

\$4237.00

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FOR INSTRUCTIONS, SEE BACK OF 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)
Olsen at LARGE

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
9-12-07	ID# CK# temp 1	Postmaster MAIN PO Davenport IA	postage	\$67.00
9-14-07	ID# CK# temp 2	Postmaster MAIN PO Davenport IA	postage	93.00
9-23-07	ID# CK# temp 3	Rex Whitman 1014 W. 15th St Davenport Ia	Reimbursement for postage + supplies for meetings + signs.	107.13
9-25-07	ID# CK# temp 5	Jennifer Olsen 1010 W. 15th St Davenport Ia 52804	Reimbursement for - web services - sign supplies - postage - supplies for mailer	620.81
10-2-07	ID# CK# temp 8	Jennifer Olsen 1010 W. 15th St Davenport Ia	Reimbursement: fundraiser entertainment + mailer supplies	\$242.79
9-30-07	ID# CK# temp 7	Mojis Cafe 131 W. 2nd St Davenport IA 52801	Fundraiser refreshments.	390.50
9-24-07	ID# CK# temp 4	Postmaster Main PO, DAV IA	postage	134.00
9-26-07	ID# CK# temp 6	Printing Plus 1630 Washington Davenport IA	Printing of brochure	338.12

10-1-07 Bank Charges 52804 \$13.92
 NW Bank + Trust.
 SUB-TOTAL \$~~2,007.27~~
 TOTAL (if last page of this schedule) \$2,007.27

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 detailed 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)(f).)

FOR INSTRUCTIONS, SEE BACK OF FORM

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

OLSEN AT LARGE

NOTE: Debts previously reported that remain unpaid must be included on this Schedule, as well as any new obligations incurred in this period.

SCHEDULE D (Rev. 08/98)	INCURRED INDEBTEDNESS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

DEBTS/OBLIGATIONS REMAINING THIS REPORTING PERIOD
(DO NOT INCLUDE LOANS - SHOW LOANS ON SCHEDULE F)

An "incurred debt" is a debt for goods or services ordered or received, but not paid for by the end of the reporting period, regardless of whether an invoice has been received.

DATE INCURRED (MM/DD/YR)	NAME AND ADDRESS OF PERSON TO WHOM DEBT OR OBLIGATION IS OWED	DESCRIPTION OF GOODS OR SERVICES PROVIDED OR PURCHASED	BALANCE OWED AT CLOSE OF REPORTING PERIOD*
N/A	N/A	N/A	\$
SUB-TOTAL			
TOTAL DEBTS OWED BY COMMITTEE AT THE END OF THIS REPORTING PERIOD			\$

*If actual figure is unknown, show "estimated" beside the figure.

Page _____ of _____
(for Schedule D)

CANDIDATE COMMITTEES NOTE:

*Incurred indebtedness also includes each person/entity with whom the candidate's committee has entered into a contract during the reporting period for future or continuing performance. Enter the name of the consultant who provides or procures services for items such as advertising, fund-raising, polling, managing, or organizing services. Report on Schedule G the nature of performance and the estimated performance reasonably expected of the consultant.

FOR INSTRUCTIONS, SEE BACK OF FORM

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

OLSEN AT LARGE

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
9-21-07	Barb Maness 116 E 64th St DAV, IA 52803		Beverages for fundraiser	\$ 40.00	<input checked="" type="checkbox"/>
9-21-07	Mike Liebke 2706 Jersey Ridge Rd Davenport IA 52702		wine donation for fundraiser	100.00	<input checked="" type="checkbox"/>
9-1-07	Bob Celonek 2124 23rd Ave Rock Island IL 61201		website development	\$ 1,000.00	<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 \$ 1,140-

TOTAL (if last page of this schedule) \$ 1,140-

*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.

FOR INSTRUCTIONS, SEE BACK OF FORM



SCHEDULE G (Rev. 02/96)	BREAKDOWN OF MONETARY EXPENDITURES BY CONSULTANT
	<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM

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

OLSEN AT LARGE

PART I - NAME AND ADDRESS OF CONSULTANT

Name of Consultant			
Mailing Address			
City	State	Zip Code	

CONTRACT PERIOD (MM/DD/YR)	TOTAL ANTICIPATED COMPENSATION FOR PERFORMANCE
From _____ To _____	\$ _____

ESTIMATES OF PERFORMANCE

PART II- ITEMIZED BREAKDOWN OF UNREIMBURSED EXPENSES PAID BY CONSULTANT TO OTHERS IN PERFORMING SERVICES OF CONTRACT (These expenses should NOT be reported on Schedule B, as they are direct payment from the consultant.)

DATE EXPENDED (MM/DD/YR)	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE	AMOUNT EXPENDED
			\$

SUB-TOTAL	\$ 0
TOTAL (if last page of this schedule)	\$ 0

THIS FORM IS USED BY CANDIDATES' COMMITTEES ONLY

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

OLSEN AT LARGE

SCHEDULE H (Rev. 07/03)	CAMPAIGN PROPERTY
ATTACH SCHEDULE H TO EACH REPORT, MAKING CHANGES AS REQUIRED.	
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

PART I - ONGOING INVENTORY OF CAMPAIGN PROPERTY

PART II - SALES OR TRANSFERS OF CAMPAIGN PROPERTY **

Date Purchased (Schedule B) or Date Received (Schedule E) (MM/DD/YR)	Description of Property	Purchase Price or Est. Value When Acquired*	Current Value at Fair Market This Report

Date (MM/DD/YR)	Name and Address of Purchaser/Donee	Description of Property	Sold? Y/N	Sale Price	Value of Donation

TOTAL VALUE CAMPAIGN PROPERTY THIS REPORT (TRANSFER TO SUMMARY PAGE) \$ 0

** PROPERTY SALES & TRANSFERS TOTAL (TRANSFER TO SUMMARY PAGE) \$ 0

TOTALS \$ 0 \$ 0

* If estimated, show est. beside figure.

(Attach Additional Schedules if Needed)

FOR INSTRUCTIONS, SEE BACK OF FORM

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

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

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

TOTAL UNPAID LOANS FROM LAST REPORTING PERIOD \$ 0

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.)

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

TOTAL (PART I) \$ 0

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

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

TOTAL CASH REPAYMENTS (PART II) \$ 0
 From Schedule E - TOTAL LOANS FORGIVEN \$ 0
 TOTAL OUTSTANDING LOANS END OF REPORT PERIOD \$ 0

*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 when it applies.