

Reset Form

DISCLOSURE SUMMARY PAGE

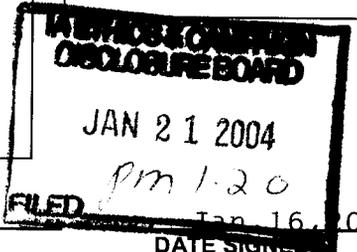
FORM DR-2 (Rev. 07/2003)	DISCLOSURE REPORT
For Office Use Only	
Comm. # <u>290</u>	
Logged In <u>0</u>	
Scanned _____	
Computer _____	
Audited _____	

COMMITTEE NAME (Must be same as on Statement of Organization)
Committee to Elect Robert E. Dvorsky

IMPORTANT: Indicate type of committee you are reporting for: 1
 (1)Statewide/Legislative Candidate (2)Statewide PAC (3)State Party (4)County/Local Candidate
 (5)County PAC (6)Ballot Issue/Franchise Committee (7)County/City Central Committee
 (8)Support Slate of Candidates

CANDIDATE COMMITTEES ONLY:

Candidate Name <u>Robert E. Dvorsky</u>	Political Party <u>Democrat</u>
Office Sought <u>State Senate</u>	District (if Senate or House) <u>15</u>



Keith Jones
 SIGNATURE OF TREASURER (or person filing this report)

319-351-8000
 TELEPHONE

Jan 16, 2004
 DATE SIGNED

Late filed reports are subject to possible civil and criminal penalties.

SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE:

I AM FILING A January 19, 2004 REPORT FOR AN/A (1) ELECTION /(2)NON-ELECTION YEAR.
 (report date)

Indicate one 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 Notice of Dissolution 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. (This is the total of all monies 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.) \$ 1321.94

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below) 3775.00

Schedule F: Loans Received total (Attach Schedule F) _____

Schedule H: Total Sales of Campaign Property (Attach Schedule H) _____

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL \$ 5096.94

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below).... 2364.46

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) (Attach DR-3)..... \$ 2732.48

****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)..... \$ _____

CANDIDATE COMMITTEES ONLY:

CONSULTANT BREAKDOWN (Schedule G Attached?) YES NO

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

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)
 Committee to Elect Robert E. Dvorsky

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.

CAUTION: Section 68B.32A(6), Iowa Code, 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
6/23/03	ID# 6125 CK# 2207	Iowa Regulators PAC 1370 NW 114th St. Suite 100 Clive, IA 50325		\$ 100.00	<input checked="" type="checkbox"/>
6/23	ID# CK#	Gerald Ott 921 56th St. West Des Moines, IA 50266		25.00	<input checked="" type="checkbox"/>
6/23	ID# CK#	Lawrence Murphy 531 6th St. NW Oelwein, IA 50662		100.00	<input checked="" type="checkbox"/>
6/23	ID# CK#	Dennis or Susan Judkins 1705 Country Club Rd Indianola, IA 50125		20.00	<input checked="" type="checkbox"/>
6/23	ID# CK#	Robert Jostan 801 Grand suite 3900 Des Moines, IA 50309		100.00	<input checked="" type="checkbox"/>
6/23	ID# 6052 CK# 2663	Independent Insurance Agents of Iowa PAC 4000 Westown Pky Ste 200 West Des Moines IA 50265		200.00	<input checked="" type="checkbox"/>
6/23	ID# CK#	Heavy Highway PAC 2415 Ingersoll Ave Des Moines, IA 50312		100.00	<input checked="" type="checkbox"/>
6/23	ID# CK#	David & Patricia Palmer 213 SW Flynn Dr Ankeny, IA 50021		100.00	<input checked="" type="checkbox"/>
6/23	ID# 6073 CK#	Iowa Medical PAC 1001 Grand Ave West Des Moines, IA 50265		250.00	<input checked="" type="checkbox"/>
6/23	ID# 6021 CK# 1627	Credit Union PAC 3737 Westown Pky West Des Moines, IA 50265		250.00	<input checked="" type="checkbox"/>
SUB-TOTAL				\$ 1245.00	
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



CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
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COMMITTEE NAME (Must be same as on Statement of Organization)
 Committee to Elect Robert E. Dvoesky

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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
6/23/08	ID# 6046 CK# 3643	Justice For All 218 6th Ave. ste 526 Des Moines, IA 50309		\$ 250.00	<input checked="" type="checkbox"/>
6/23	ID# 6433 CK# 306	Alliant Energy P.O. Box 77007 Madison, WI 53703		200.00	<input checked="" type="checkbox"/>
7/7	ID# 6058 CK# 2258	Iowa Chiropractic Society 1605 N. Ankeny Blvd Suite 100 Ankeny, IA 50021		100.00	<input type="checkbox"/>
7/18	ID# 6113 CK# 2841	AFSCME/Iowa Council 61 4320 NW 2nd Ave Des Moines, IA 50313		500.00	<input type="checkbox"/>
7/25	ID# CK#	Ron + Marcia Henderson P.O. Box 268 Tiffin, IA 52340		100.00	<input type="checkbox"/>
8/15	ID# 6411 CK# 1273	MCI Iowa PAC 707 17th St. Suite 3600 Denver, CO 80202		250.00	<input type="checkbox"/>
9/15	ID# CK#	Karin + Michael Bowers 2320 Flintshim View Coralville, IA 52241		50.00	<input checked="" type="checkbox"/>
9/15	ID# CK#	Jon Beaver 2339 North Mahaffey Ridge RD North Liberty, IA 52317		50.00	<input checked="" type="checkbox"/>
9/15	ID# CK#	Kenneth + Gwen Nettbarn 34 Holiday Lodge RD North Liberty, IA 52317		50.00	<input checked="" type="checkbox"/>
9/15	ID# CK#	Steve Ackerson 1634 NW 131st St. Clive, IA 50325		50.00	<input checked="" type="checkbox"/>
SUB-TOTAL				\$ 1600.00	
TOTAL (if last page of this schedule)				\$	

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SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
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CONTRIBUTIONS -- MONEY TAKEN IN
(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)
Committee to Elect Robert E. Quorsky

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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
9/15/03	ID# 6067 CK# 2990	Iowa Health PAC 6750 Westown Pky Suite 100 West Des Moines, IA 50266		\$ 250.00	<input checked="" type="checkbox"/>
9/15	ID# CK#	Stephen Dowd 2131 Rosemont Drive Coralville, IA 52241		100.00	<input checked="" type="checkbox"/>
10/7	ID# CK#	Peggy Chensvold 334 Eastland Dr. SE Cedar Rapids, IA 52403		50.00	<input type="checkbox"/>
11/6	ID# CK#	John V. Hartung 1011 Scott Felton Rd Indianola, IA 50125		50.00	<input type="checkbox"/>
12/16	ID# CK# 10700	The Glaxo Smith Kline PAC Five Moore Drive Research Triangle Park, NC 27709		250.00	<input type="checkbox"/>
12/30	ID# CK#	Graig H. Nielsen 8620 Titleist Circle Las Vegas, NV 89117		200.00	<input type="checkbox"/>
	ID# CK#	Unitemized Cash Contributions		30.00	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
SUB-TOTAL				\$ 930.00	
TOTAL (if last page of this schedule)				\$ 3775.00	

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FOR INSTRUCTIONS, SEE BACK OF FORM

Reset 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)
Committee to Elect Robert E. Dvorsky

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
1/21/03	ID# CK# 1343	Linn County Democrats Cedar Rapids, IA	Contribution	\$ 100.00
2/17	ID# CK# 1344	North Liberty Leader P.O. Box 249 Solon, IA 52333	Subscription	25.00
3/5	ID# CK# 1345	Custom Awards Des Moines, IA	Shirt	33.00
3/11	ID# CK# 1346	Iowa City Press Citizen 1725 N Dodge St. Iowa City, IA 52245	Subscription	84.50
3/31	ID# CK# 1347	Coralville Tables & Rec Coralville, IA 52241	Shelter Reservation for fundraiser	48.00
4/11	ID# CK# 1348	Solon Economist P.O. Box 249 Solon, IA 52333	Subscription	25.00
4/15	ID# CK# 1349	Iowa Democratic Party Des Moines, IA	Truman Fund Contribution	250.00
4/16	ID# CK# 1350	Treasurer, State of Iowa Des Moines, IA	Flag	23.00
SUB-TOTAL				\$ 588.50
TOTAL (if last page of this schedule)				\$

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



EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
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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)
 Committee to Elect Robert E. Dvorsky

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
4/30/03	ID# CK# 1351	Carter Printing 1739 East Grand Ave Des Moines, IA 50316	Business Cards	\$ 61.48
5/25	ID# CK# 1352	Solarfire Department Solon, IA 52333	Pancake Breakfast	14.00
5/28	ID# CK# 1353	Iowa City Press Citizen 1725 N. Dodge St. Iowa City, IA 52245	Subscription	84.50
5/28	ID# CK# 1354	The Gazette P.O. Box 511 Cedar Rapids, IA 52406	Subscription	29.92
6/2	ID# CK# 1355	Carter Printing 1739 East Grand Ave Des Moines, IA 50316	Flyers + Envelopes	147.34
6/3	ID# CK# 1356	I-CARE Iowa City, IA	Breakfast	30.00
6/4	ID# CK# 1357	Iowa Democratic Party Des Moines, IA	Contribution	70.00
6/21	ID# CK# 1358	Blank Park Zoo 7401 SW 9th Street Des Moines, IA 50315	Room Rental for fundraiser	135.00
SUB-TOTAL				\$ 572.24
TOTAL (if last page of this schedule)				\$

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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).)

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EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
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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)
Committee to Elect Robert E. Dvorsky

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
6/2/03	ID# CK# 1359	The Sun Mt. Vernon, IA	Subscription	\$ 37.00
7/19	ID# CK# 1360	The Gazette P.O. Box 511 Cedar Rapids, IA 52406	Subscription	60.95
—	ID# CK# 1361	VOID	—	—
8/2	ID# CK# 1362	Iowa Democratic Party Des Moines, IA	Contribution	150.00
8/17	ID# CK# 1363	Iowa City Press Citizen 1725 N. Dodge St Iowa City, IA 52245	Subscription	84.50
9/11	ID# CK# 1364	U.S. Postal Service North Liberty IA 52317	Postage	111.00
9/14	ID# CK# 1365	Cedar Rapids Area Chamber of Commerce Cedar Rapids, IA	Priority on Meeting	22.00
9/14	ID# CK# 1366	Johnson County Democrats Iowa City, IA	Contribution	100.00
SUB-TOTAL				\$ 565.45
TOTAL (if last page of this schedule)				\$

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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).)

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EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
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COMMITTEE NAME (Must be same as on Statement of Organization)
Committee to Elect Robert E. Dvorsky

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
9/19/03	ID# CK# 1367	Systems Unlimited, Inc 1556 S. 1st Ave Iowa City, IA 52240	Awards Ceremony	\$ 10.00
10/7	ID# CK# 1368	North Liberty Commerce Committee, ICAO 325 E. Washington Iowa City, IA 52240	Banquet	30.00
10/17	ID# CK# 1369	The Gazette P.O. Box 511 Cedar Rapids, IA 52406	Subscription	29.45
10/29	ID# CK# 1370	Iowa City Area Chamber of Commerce 325 E. Washington Iowa City, IA 52240	Legislative Meeting	12.00
11/16	ID# CK# 1371	Embassy Suites 101 East Locust St. Des Moines, IA 50309	Meeting	156.67
11/16	ID# CK# 1372	Iowa City Press Citizen 1725 N. Dodge St. Iowa City, IA 52245	Subscription	84.50
11/16	ID# CK# 1373	Southeast Linn Community Center 1085. Washington St. Lisbon, IA 52253	Pancake Breakfast	20.00
12/8	ID# CK# 1374	The Gazette P.O. Box 511 Cedar Rapids, IA 52406	Subscription	29.45
SUB-TOTAL				\$ 372.07
TOTAL (if last page of this schedule)				\$

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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).)

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EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

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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
12/24/03	ID# CK# 1375	Service Press & Litho Co. 1105 3rd St. SE Cedar Rapids IA 52401	Postcards	\$ 151.20
12/26	ID# CK# 1376	U.S. Postal Service Caralville, IA 52241	Postage	115.00
	ID# CK#			
SUB-TOTAL				\$ 266.20
TOTAL (if last page of this schedule)				\$2364.46

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