

DISCLOSURE SUMMARY PAGE

FORM DR-2 (Rev. 07/2003)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	1560
Logged In	3W JR
Scanned	
Computer	
Audited	

COMMITTEE NAME (Must be same as on Statement of Organization)
COMMITTEE TO ELECT REKOLSAU TO HOUSE OF REPRESENTATIVES

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

CANDIDATE COMMITTEES ONLY:

Candidate Name _____ Political Party _____
 Office Sought _____ District (if Senate or House) _____

JUL 19 2004

[Signature]
 SIGNATURE OF TREASURER (or person filing this report)

515-778-7063
 TELEPHONE

412
 7/15/04
 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 JULY 18, 2004 REPORT FOR AN/A (1) ELECTION /(2)NON-ELECTION YEAR.
 (report date) Indicate one 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 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.)\$ \$3,098.82

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below) \$3,600.00

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.....\$ _____

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below).... \$1,161.53

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)\$ \$5,537.29

****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

SCHEDULE A (Rev. 06/97)	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 RICKOLSON TO HOUSE OF REPRESENTATIVES

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
6/3/04	ID# CK# 4316	PATROL BRYAN 300 WALNUT SUITE 125 DES MOINES IA 50309		\$ 50 ⁰⁰	
6/3/04	ID# CK# 13434	ROBERT LAOEN 3231 E EUKLID # 300 DES MOINES, IA 50317		200 ⁰⁰	
6/3/04	ID# CK# 2962	JAMES + SYDNEY BLANCHARD 3844 HULL AVE DES MOINES, IA 50317		100 ⁰⁰	
6/3/04	ID# CK# 1175	THOMAS LEUIS 3400 VALLEY RIDGE CT. WEST DES MOINES, IA 50265		100 ⁻	
6/3/04	ID# CK# 2864	ALFREDO PARRISH 2910 GRAND AVE. DES MOINES, IA 50312		200 ⁻	
6/3/04	ID# CK# 6382	WILLIAM CLARK 1500 FINANCIAL CENTER DES MOINES IA 50309		100 ⁻	
6/3/04	ID# CK# 5871	RONALD RIEPPEL 2415 INGER SOLL DES MOINES IA 50312		100 ⁻	
6/8/04	ID# CK# 2721	ED SKINNER Box 367 ALTONA, IA 50009		100 ⁻	
6/8/04	ID# CK# 91466	PATERSON LAW FIRM 505 FIFTH AVE # 729 DES MOINES IA 50309		100 ⁻	
6/8/04	ID# CK# 9192	RICHARD + BETTY STADLEY 1920 E 24th ST DES MOINES, IA 50317		25 ⁻	
SUB-TOTAL				\$ 1075 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) (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

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 06/97)	MONETARY RECEIPTS
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COMMITTEE NAME (Must be same as on Statement of Organization)

COMMITTEE TO ELECT RICK OLSON TO HOUSE OF REPRESENTATIVES

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.

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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
6/8/04	ID# CK# 4688	MARK McCORMICK 4331 GREENWOOD DR DES MOINES IA 50312		\$ 200 ⁰⁰	
6/8/04	ID# CK# 4104	JOHN McCLINTOCK 218 6 th AV - 8 th FLOOR DES MOINES IA 50309		100 ⁰⁰	
6/14/04	ID# CK# 1575	JACK + ELLIE HANSEN 7348 SE 32 ND AV RUNNELS IA 50237		100 ⁰⁰	
6/14/04	ID# CK# 4063	GREG + JOANNE EDWARDS 4024 GREEN VIEW DR URBANDALE IA 50322		100 ⁻	
6/14/04	ID# CK# 7102	ROBERT + JOANNE MAHAFFEY 2220 E 32 ND DES MOINES IA 50317		250 ⁰⁰	
6/15/04	ID# CK# 12958	MARK + SUSAN PENNINGTON 717 54 th DES MOINES IA 50312		150 ⁰⁰	
6/15/04	ID# CK# 5714	JERRY DENNIS 4024 E 24 th DES MOINES IA 50317		50 ⁰⁰	
6/15/04	ID# CK# 11668	JOHN REICH 801 MAIN ST ADEL IA 50003		50 ⁰⁰	
6/24/04	ID# CK# 13975	DAVID BROWN 803 FLEMING BLDG DES MOINES IA 50309		100 ⁻	
6/24/04	ID# CK# 4353	MICHAEL + EDNA GREEN 2150 NW 137 th ST CLIVE IA 50325		50 ⁻	
SUB-TOTAL				\$ 1,150 ⁰⁰	
TOTAL (if last page of this schedule)				\$	

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For Instructions, See Back of Form

SCHEDULE A (Rev. 06/97)	MONETARY RECEIPTS
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CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

CHECK THIS BOX IF AMENDING FORM

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

COMMITTEE TO ELECT RICK OLSON TO HOUSE OF REPRESENTATIVES

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
7/7/04	ID# 6070 CK# 3047	IOWA LAW PAC 521 EAST LOCUST 3 RD FLOOR DES MOINES IA 50319		\$ 500 ⁻	
7/7/04	ID# CK# 15527	BARRY + MARY BRUNER 512 17 TH ST CARROLL IA 51401		\$ 250 ⁰⁰	
6/7/04	ID# CK# 2608	JOHN SPELLMAN 2635 HUBBELL DES MOINES IA 50317		\$ 250 ⁰⁰	
6/7/04	ID# CK# 1213	PAUL ROGNESS 1585 ANDREWS DR PLEASANT HILL IA 50327		\$ 100 ⁰⁰	
6/7/04	ID# CK# 2011	LARRY + ANNA KRPAN 7386 E VISAO DR SCOTSDALE, AZ 85262		\$ 100 ⁰⁰	
7/13/04	ID# CK# 2381	TRAVIS SKARNNESS 611 S MARYLAND AV MASON CITY, IA 50401		400 ⁰⁰	
	ID# CK#				

SUB-TOTAL

\$ 1375⁰⁰

TOTAL (if last page of this schedule)

\$ 3600⁰⁰

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FOR INSTRUCTIONS, SEE BACK OF FORM

EXPENDITURES - MONEY SPENT FROM COMMITTEE ACCOUNT

SCHEDULE B (Rev. 09/97)	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 RICK OLSON TO HOUSE OF REPRESENTATIVES

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
6/14/04	ID# CK# 1109	DIRECT MARKETING 2130 DELAWARE DES MOINES IA 50317	MAILING PIECE FEES	\$ 290.53
6/14/04	ID# CK# 1110	SOUND MEDIA GROUP 1 PARK PLAZA # 430 IRVINE, CA 92614	AUTO CALLING FEES	750.00
	ID# CK#		BANK SERVICE CHARGE	10.00
7/12/04	ID# CK# 1111	VOID		
7/12/04	ID# CK# 1112	US POSTAL SERVICE 1300 NE 5670 PLEASANT HILL IA 50327		111.00
	ID# CK#			
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$
TOTAL (if last page of this schedule)				\$ 1161.53

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 56.6(3)(f).)