

FOR INSTRUCTIONS, SEE BACK OF FORM

# DISCLOSURE SUMMARY PAGE

Reset Form

<b>FORM DR-2</b> (Rev. 07/2003)	DISCLOSURE REPORT
<b>For Office Use Only</b>	
Comm. #	1548
Logged In	<i>[Signature]</i>
Scanned	
Computer	
Audited	

**COMMITTEE NAME** (Must be same as on Statement of Organization)  
Sokolowski for State Representative Committee

**IMPORTANT:** Indicate type of committee you are reporting for: 4  
 ( 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: Dick Sokolowski Political Party: Democrat  
 Office Sought: State House Seat District (if Senate or House): 53

**ETHICS & CAMPAIGN DISCLOSURE BOARD**

MAY 19 2004  
 PM 5-17  
 FILED *[Signature]*  
 DATE SIGNED

X Donald A Premier  
 SIGNATURE OF TREASURER (or person filing this report)

712-786-267  
 TELEPHONE

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

**SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE:**

I AM FILING A May 19th REPORT FOR AN/A (1) ELECTION /(2)NON-ELECTION YEAR.  
 (report date) Indicate one 4

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.) ..... \$ 0

**ADD TOTAL MONEY TAKEN IN THIS PERIOD**

Schedule A: Cash Contributions total (Attach Schedule A) (\*also see in-kind below) ..... 2108.39

Schedule F: Loans Received total (Attach Schedule F) ..... 0

Schedule H: Total Sales of Campaign Property (Attach Schedule H) ..... 0

**(Schedule H applies to Candidates' Committees Only)**

SUB-TOTAL ..... \$ 2108.39

**SUBTRACT TOTAL MONEY SPENT THIS PERIOD**

Schedule B: Expenditures total (Attach Schedule B) (\*\*also see debts and loans below).... 10.

Schedule F: Loan Repayments total (Attach Schedule F)..... 0

CASH ON HAND at the end of this reporting period (if final report, balance must be zero) (Attach DR-3) ..... \$ 2098.39

\*\*UNPAID BILLS (From Schedule D - Attach Schedule D)..... \$ 2638.94

\*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E) ..... \$ 259.39

\*\*OUTSTANDING LOANS (From Schedule F - Attach Schedule F)..... \$ 0

**CANDIDATE COMMITTEES ONLY:**

CONSULTANT BREAKDOWN (Schedule G Attached?)  YES  NO

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H) \$ 0

For Instructions, See Back of Form



SCHEDULE <b>A</b> (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)  
Sokolowski for State Representative Committee

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/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
1-19-04	ID# CK#	Lori Sokolowski 6545 T Ave Holstein, IA 51025	Wife	\$ 50	<input checked="" type="checkbox"/>
1-19-04	ID# CK#	Eleanor Sokolowski 241 580th St. Pierson, IA 51048	Mother	100	<input checked="" type="checkbox"/>
1-20-04	ID# CK#	Bill Sokolowski 6229 D Ave Washa, IA 51061	brother	100	<input checked="" type="checkbox"/>
1-30-04	ID# CK#	Bob and Mary Hahn 616 111th St Cherokee, IA 51012	IN-Laws	20	<input checked="" type="checkbox"/>
2-19-04	ID# CK#	Jim and Bev Nielsen 905 East Pine St Marcus, IA 51035		20	<input checked="" type="checkbox"/>
2-19-04	ID# CK#	Richard Tolzin P.O. Box 17 Cherokee, IA 51012		50	<input checked="" type="checkbox"/>
2-19-04	ID# CK#	Gary Lamb 3829 Olive Chelsea, IA 52215		25	<input checked="" type="checkbox"/>
2-19-04	ID# CK#	Bob and Jan Werthman 1259 550th St Cherokee, IA 51012		20	<input checked="" type="checkbox"/>
3-03-04	ID# CK#	John Hansen 635 Washington St Lincoln, NE 68502-2052		50	<input checked="" type="checkbox"/>
3-10-04	ID# CK#	Roger and Fran Briggs 208 Dixon Court, P.O. Box 35 Cleghorn, IA 51014		20	<input checked="" type="checkbox"/>
SUB-TOTAL				\$ 455	
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

Reset Form

SCHEDULE <b>A</b> (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)  
Sokolowski for State Representative Committee

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
3-10-04	ID# CK#	John and Nancy Jacobs 513 Birch St Correctionville, IA 51016		\$ 40	<input checked="" type="checkbox"/>
3-12-04	ID# CK#	Donna Winburn 1706 10th Ave Pl. Grinnell, IA 50112-1226		50	<input checked="" type="checkbox"/>
3-19-04	ID# CK#	Dave Velde 1118 Broadway Alexandria, MN 56308		25	<input checked="" type="checkbox"/>
3-25-04	ID# CK#	Don Treinen 46131 120th St Remsen, IA 51050		50	<input checked="" type="checkbox"/>
3-24-04	ID# CK#	Sandra Atkinson 22414 Hedge Ave Merrill, IA 51038		25	<input checked="" type="checkbox"/>
3-19-04	ID# CK#	Clarence Lohff 528 S Kiel St Holstein, IA 51025		100	<input checked="" type="checkbox"/>
3-25-04	ID# CK#	Max and Lorene Muggé 973 470th St Cleghorn, IA 51014-7038		10	<input checked="" type="checkbox"/>
3-21-04	ID# CK#	Emmett Wolf 4714 I Ave Cleghorn, IA 51014		25	<input checked="" type="checkbox"/>
3-09-04	ID# CK#	Alan Bergman 5820 Co. Rd. 65SE Jud, ND 58454-9712		20	<input checked="" type="checkbox"/>
4-05-04	ID# CK#	Don Campbell 935 W Bluff St Cherokee, IA 51012		10	<input checked="" type="checkbox"/>
SUB-TOTAL				\$ 355	
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 <b>A</b> (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)  
Sokolowski for State Representative Committee

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
4-05-04	ID# CK#	Robert and Virginia Rohwer 5620 440th St Paulina, IA 51046		\$ 10	<input checked="" type="checkbox"/>
4-06-04	ID# CK#	Helen Downey 6027 B Ave Pierson, IA 51048		10	<input checked="" type="checkbox"/>
4-05-04	ID# CK#	Betty Forest 906 West Cedar St Cherokee, IA 51012		25	<input checked="" type="checkbox"/>
4-05-04	ID# CK#	Sister Janice Hoffman, OSF 723 W Cedar St Cherokee, IA 51012-1318		5	<input checked="" type="checkbox"/>
4-07-04	ID# CK#	Chuck and Betty Knudson P.O. Box 307 Marcus, IA 51035		25	<input checked="" type="checkbox"/>
4-07-04	ID# CK#	Ron and Gayla Bush 6309 PAve Quimby, IA 51049		50	<input checked="" type="checkbox"/>
4-05-04	ID# CK#	Evalyn and William Perse 208 E Bow Dr. Cherokee, IA 51012		5	<input checked="" type="checkbox"/>
4-07-04	ID# CK#	Lawrence Crist 805 Jeffries St Cherokee, IA 51012-1433		25	<input checked="" type="checkbox"/>
4-07-04	ID# CK#	Marian Gifford 910 W Cherry St Cherokee, IA 51012		25	<input checked="" type="checkbox"/>
4-07-04	ID# CK#	Michael and Pamela Dunn 319 E 1st St., P.O. Box 76 Me, IA 51037-0076		20	<input checked="" type="checkbox"/>
SUB-TOTAL				\$ 200	
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 <b>A</b> (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)  
Sokolowski for State Representative Committee

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(5), 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/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
4-05-04	ID# CK#	Jim and Donna Hoefling 5267 D Ave Marcus, IA 51035		\$ 50	<input checked="" type="checkbox"/>
4-08-04	ID# CK#	Lyle and Kathy Luedke 3526 Starling Ave Pringhar, IA 51245		20	<input checked="" type="checkbox"/>
4-12-04	ID# CK#	Steve and Mary Edman 725 580th St Cleghorn, IA 51014		50	<input checked="" type="checkbox"/>
4-22-04	ID# CK#	Chuck and Joanne Clark 729 West Cherry St Cherokee, IA 51012		15	<input checked="" type="checkbox"/>
4-24-04	ID# CK#	Paul and Joan Wilberding 687 440th St Marcus, IA 51035		40	<input checked="" type="checkbox"/>
4-19-04	ID# CK#	Paul and Jane Busch P.O. Box 303, 309 W 2nd Ave Marcus, IA 51035		15	<input checked="" type="checkbox"/>
4-19-04	ID# CK#	Fred erick and Carolyn Kirshenmann 3703 Woodland Ames, IA 50014		50	<input checked="" type="checkbox"/>
4-26-04	ID# CK#	Dale Huenecke 1927 650th St Halstein, IA 51025		100	<input checked="" type="checkbox"/>
5-01-04	ID# CK#	Pete Cosgrove 604 N 11th St. Cherokee, IA 51012-1527		20	<input checked="" type="checkbox"/>
5-01-04	ID# CK#	Herb and Mildred Ford 1123 W Bluff St Cherokee, IA 51012-1532		10	<input checked="" type="checkbox"/>
SUB-TOTAL				\$ 370	
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 <b>A</b> (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)  
Sokolowski for State Representative Committee

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
5-05-04	ID# CK#	Scott Sleezer 503 Elm St Mareville, IA 51039		\$ 4	<input checked="" type="checkbox"/>
5-05-04	ID# CK#	James Haritage 200 Chief St. Cherokee, IA 51012-1235		10	<input checked="" type="checkbox"/>
5-05-04	ID# CK#	Arnold and Evie Berglund 6068 D Ave Marcus, IA 51035		25	<input checked="" type="checkbox"/>
5-05-04	ID# CK#	Lorne and Janet Hahn P.O. Box 576 Aurelia, IA 51005-0576		10	<input checked="" type="checkbox"/>
5-07-04	ID# CK#	Florentine Weber 305 E Highland Dr Marcus, IA 51035-7184		10	<input checked="" type="checkbox"/>
5-07-04	ID# CK#	Bruce and Julie French 1071 470th St Meriden, IA 51037-7023		40	<input checked="" type="checkbox"/>
5-07-04	ID# CK#	Fr. Gene Sitzmann 975 - 540th St Cherokee, IA 51012		50	<input checked="" type="checkbox"/>
5-08-04	ID# CK#	Mary Ann Ggettsch 1936 650th St. Holstein, IA 51025-7000		20	<input checked="" type="checkbox"/>
5-08-04	ID# CK#	Ruth Keffeler 205 440th St Marcus, IA 51035		5	<input checked="" type="checkbox"/>
5-14-04	ID# CK#	LeRoy and Bonnie Rupp 309 W 11th St Cherokee, IA 51012		5	<input checked="" type="checkbox"/>
SUB-TOTAL				\$ 179	
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 <b>A</b> (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)  
*Sokolowski for State Representative Committee*

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
-14-04	ID# CK#	Ralph and Herta Kupp 1075 530th St Cherokee, IA 51012		\$ 15	<input checked="" type="checkbox"/>
-13-04	ID# CK#	Dick and Frances Kupp 1490 540th St. Cherokee, IA 51012		20	<input checked="" type="checkbox"/>
-14-04	ID# CK#	Larry and Donna Trapp 557 650th St Washita, IA 51061		20	<input checked="" type="checkbox"/>
-12-04	ID# CK#	Ross and Arlene Pinkerton P.O. Box 65 Quimby, IA 51049		15	<input checked="" type="checkbox"/>
-12-04	ID# CK#	Warren and Adeline Uhl 307 South 10th St Cherokee, IA 51012		20	<input checked="" type="checkbox"/>
-12-04	ID# 6060 CK# 2246	Iowa Committee on Political Education A. L. CIO 2000 Walker, Suite A Des Moines, IA 50317		200	<input checked="" type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

\$ 290

TOTAL (if last page of this schedule)

\$ 1849

\* 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

Reset Form

**EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT**

SCHEDULE <b>B</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)

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
1-21-04	ID# CK#	Farmers State Bank P.O. Box 548, 106 Cedar St. Marcus, IA 51035	checks ordered	\$ 10.
	ID# CK#			
SUB-TOTAL				\$ 10
TOTAL (if last page of this schedule)				\$ 10

**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

COMMITTEE NAME (Must be same as on Statement of Organization)  
*Sokolowski for State Representative Committee*

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



SCHEDULE <b>D</b> (Rev. 06/98)	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*
4-19-04	Lori Sokolowski 6545 T Ave Holstein, IA 51025	Bulk letters mailed to voters in District 53	\$ 99.20
4-20-04	Lori Sokolowski 6545 T Ave Holstein, IA 51025	Bulk letters mailed to voters in District 53	100.00
4-21-04	Lori Sokolowski 6545 T Ave Holstein, IA 51025	" "	148.80
4-26-04	Lori Sokolowski 6545 T Ave Holstein, IA 51025	" "	148.80
4-30-04	Lori Sokolowski 6545 T Ave Holstein, IA 51025	" "	148.80
5-04-04	Lori Sokolowski 6545 T Ave Holstein, IA 51025	" "	148.80
5-06-04	Lori Sokolowski 6545 T Ave Holstein, IA 51025	" "	148.80
SUB-TOTAL			\$ 943.20
TOTAL DEBTS OWED BY COMMITTEE AT THE END OF THIS REPORTING PERIOD			\$

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

Page 1 of 5  
(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.

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

COMMITTEE NAME (Must be same as on Statement of Organization)  
*Sokolowski for State Representative Committee*

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



**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*
3-23-04	Lori Sokolowski 6545 T Ave Holstein, IA 51025	Postage Paid for Letters mailed to registered voters	\$ 37.83
4-05-04	Lori Sokolowski 6545 T Ave Holstein, IA 51025	Bulk Mail Permit #355	150.00
4-16-04	Lori Sokolowski 6545 T Ave Holstein, IA 51025	Bulk Mail Stamp	57.24
1-07-04	Lori Sokolowski 6545 T Ave Holstein, IA 51025	Computer ink cartridges, computer paper	86.83
1-10-04	Lori Sokolowski 6545 T Ave Holstein, IA 51025	Note pads, folders, stapler, pencils, labels, rubber bands, computer ink cartridge	45.84
3-23-04	Lori Sokolowski 6545 T Ave Holstein, IA 51025	Computer ink cartridge, printed copies, labels	29.11
4-27-04	Lori Sokolowski 6545 T Ave Holstein, IA 51025	labels, appointment book	34.72
SUB-TOTAL			\$ 441.57
TOTAL DEBTS OWED BY COMMITTEE AT THE END OF THIS REPORTING PERIOD			\$

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

**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

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

COMMITTEE NAME (Must be same as on Statement of Organization)  
*Sokolowski for State Representative Committee*

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



**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*
1-01-05	Lori Sokolowski 6545 T Ave Holstein, IA 51025	Post Office Box and Keys	\$ 26.81
1-20-05	Lori Sokolowski 6545 T Ave Holstein, IA 51025	Post Office Box and Keys	25.00
3-26-04	Lori Sokolowski 6545 T Ave Holstein, IA 51025	Woodbury County Voter Registration List	15.00
3-25-04	Lori Sokolowski 6545 T Ave Holstein, IA 51025	Cherokee County Voter Registration List	135.3
5-06-04	Lori Sokolowski 6545 T Ave Holstein, IA 51025	Plymouth County Voter Registration List	19.70
4-20-04	Lori Sokolowski 6545 T Ave Holstein, IA 51025	car magnetic signs	50.00
1-08-04	Lori Sokolowski 6545 T Ave Holstein, IA 51025	mailing envelopes for registered voters	6.36
SUB-TOTAL			\$ 156.40
TOTAL DEBTS OWED BY COMMITTEE AT THE END OF THIS REPORTING PERIOD			\$

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

Page 3 of 5  
(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

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

COMMITTEE NAME (Must be same as on Statement of Organization)  
Sokolowski for State Representative Committee

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



**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*
2-27-04	Lori Sokolowski 6545 T Ave Holstein, IA 51025	mailing envelopes for registered voters	\$ 7.42
3-30-04	Lori Sokolowski 6545 T Ave Holstein, IA 51025	envelopes for mailing to registered voters	8.48
4-30-04	Lori Sokolowski 6545 T Ave Holstein, IA 51025	" "	97.08
5-13-04	Lori Sokolowski 6545 T Ave Holstein, IA 51025	" "	29.68
1-02-04	Lori Sokolowski 6545 T Ave Holstein, IA 51025	Record Printing Letterhead sheets, Letterhead with letter	362.03
2-04-04	Lori Sokolowski 6545 T Ave Holstein, IA 51025	Record Printing Letter head with letter	158.26
4-09-04	Lori Sokolowski 6545 T Ave Holstein, IA 51025	Record Printing Letterhead with letter	217.41
SUB-TOTAL			\$ 880.36
TOTAL DEBTS OWED BY COMMITTEE AT THE END OF THIS REPORTING PERIOD			\$

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

Page 4 of 5  
(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)  
*Sokolowski for State Representative Committee*

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



SCHEDULE <b>D</b> (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*
4-27-04	Lori Sokolowski 6545 T Ave Holstein, IA 51025	Record Printing Letterhead with letter	\$ 217.41
SUB-TOTAL			\$ 217.41
TOTAL DEBTS OWED BY COMMITTEE AT THE END OF THIS REPORTING PERIOD			\$ 2638.94

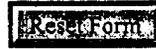
\*If actual figure is unknown, show "estimated" beside the figure.

**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

SCHEDULE <b>E</b> (Rev. 06/97)	IN KIND CONTRIBUTIONS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)  
*Sokolowski for State Representative Committee*



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
2-06-04	Lori Sokolowski 6545 T Ave Holstein, IA 51025	wife	1 donated market weight hog	\$ 126.60	<input checked="" type="checkbox"/>
3-31-04	Lori Sokolowski 6545 T Ave Holstein, IA 51025	wife	processed butchered hog	111.54	<input checked="" type="checkbox"/>
3-19-04	Lori Sokolowski 6545 T Ave Holstein, IA 51025	wife	Ruth's Cafe coffee for voters	21.25	<input checked="" 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 \$ 259.39

TOTAL (if last page of this schedule) \$ 259.39

\*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.