

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 \_\_\_\_\_ Political Party \_\_\_\_\_  
 Office Sought \_\_\_\_\_ District (if Senate or House) \_\_\_\_\_

*OCT 22 2004 pm 10-19*

*Donald J. Tremie*      712-786-2169      10-15-04  
 SIGNATURE OF TREASURER (or person filing this report)      TELEPHONE      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 October 15th 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.) ..... \$ 2927.00

**ADD TOTAL MONEY TAKEN IN THIS PERIOD**

Schedule A: Cash Contributions total (Attach Schedule A) (\*also see in-kind below) ..... 2209.06

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** ..... \$ 5136.06

**SUBTRACT TOTAL MONEY SPENT THIS PERIOD**

Schedule B: Expenditures total (Attach Schedule B) (\*\*also see debts and loans below).... 3879.45

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) ..... \$ 1256.61

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**\*\*UNPAID BILLS** (From Schedule D - Attach Schedule D) ..... \$ 3421.51

**\*IN KIND CONTRIBUTIONS** (From Schedule E - Attach Schedule E) ..... \$ 968.00

**\*\*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

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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
7-16-04	ID# CK#	Sandra Atkinson 22414 Hodge Ave Merrill, IA 51038		\$25.00	<input checked="" type="checkbox"/>
7-16-04	ID# CK#	Tom and Linda Bindner 5838 D Ave Marcus, IA 51035		20.00	<input checked="" type="checkbox"/>
7-16-04	ID# CK#	Richard and Ann Pick 22414 K 64 Le Mars, IA 51031	Cousin	20.00	<input checked="" type="checkbox"/>
7-16-04	ID# CK#	Jeff and Sandy Smith 532 Ridge Rd N Council Bluffs, IA 51503		20.00	<input checked="" type="checkbox"/>
7-16-04	ID# CK#	Kitty Jo Harnack 19936 Hwy 140 Remsen, IA 51050		10.00	<input checked="" type="checkbox"/>
7-30-04	ID# CK#	Dean and Donna Schmidt 4565 L Ave Meriden, IA 51037		25.00	<input checked="" type="checkbox"/>
7-30-04	ID# CK#	Chuck and Joanne Clark 729 West Cherry St Cherokee, IA 51012		25.00	<input checked="" type="checkbox"/>
7-30-04	ID# CK#	Marty & Sheila Zauhar 313 Poplar Dr Cherokee, IA 51012		7.00	<input checked="" type="checkbox"/>
7-23-04	ID# CK#	Karl and Sara Koelling, DDS 212 Hwy 140 South Kingsley, IA 51028		50.00	<input type="checkbox"/>
7-30-04	ID# CK#	Wayne and Judy Wittkop 811 E. Valley Dr Le Mars, IA 51031		20.00	<input type="checkbox"/>
SUB-TOTAL				\$222	
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.

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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.

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8-02-04	ID# CK#	Alan Gernhardt 43637 C-60 Kingsley, IA 51028		\$ 30.00	<input type="checkbox"/>
8-11-04	ID# CK#	Francis and Rita Delpardang P.O. Box 229 Marcus, IA 51035		15.00	<input type="checkbox"/>
9-02-04	ID# CK#	Mary Ament 310 Coyote Dr. Cherokee, IA 51012		10.00	<input type="checkbox"/>
9-03-04	ID# CK#	Carlos Jayne 3523 SW 37th St Des Moines, IA 50321-1839		25.00	<input type="checkbox"/>
8-30-04	ID# CK#	Gerald Depew and Dorothy Lamberti 16595 - 450th St Laurens, IA 50554		15.00	<input type="checkbox"/>
8-27-04	ID# CK#	Alice Carey 1012 - 16th St Harlan, IA 51537		20.00	<input type="checkbox"/>
9-03-04	ID# CK#	Gregg Heide 1948 170th St Pomeroy, IA 50575		25.00	<input type="checkbox"/>
9-03-04	ID# CK#	Fred Kirstenmann and Carolyn Kuffensperger 3703 Woodland Ames, IA 50014		50.00	<input type="checkbox"/>
9-03-04	ID# CK#	Jon Neunaber 17279 - 180th St Akron, IA 51001-8755		15.06	<input type="checkbox"/>
9-03-04	ID# CK#	Gloria Goll 2405 - 160th St Klemme, IA 50449-8035		25.00	<input type="checkbox"/>
SUB-TOTAL				\$ 230.06	
TOTAL (if last page of this schedule)				\$	

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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*

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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
8-28-04	ID# CK#	Kris Moerman 1223 94th St Ames, IA 50010		\$ 15.00	<input type="checkbox"/>
9-02-04	ID# CK#	Troy Chindland 107 Union St Cherokee, IA 51012		20.00	<input type="checkbox"/>
8-28-04	ID# CK#	Barb Grabner-Kerns 813 Armory Chariton, IA 50049		10.00	<input type="checkbox"/>
9-13-04	ID# CK#	Norma Randau 13241 G.W. Carver Ave Story City, IA 50248		10.00	<input type="checkbox"/>
9-13-04	ID# CK#	Chuck and Sandra Stubbe 700 W Elm St Cherokee, IA 51012		25.00	<input checked="" type="checkbox"/>
9-13-04	ID# CK#	Tom and Linda Bindner 5838 D Ave Marcus, IA 51035		15.00	<input checked="" type="checkbox"/>
9-13-04	ID# CK#	Donna Stodden P.O. Box 392, 209 W Maple St Marcus, IA 51035		10.00	<input checked="" type="checkbox"/>
9-15-04	ID# CK#	Bob and Theresa Sullivan 809 White St Woodbine, IA 51579		100.00	<input type="checkbox"/>
9-20-04	ID# CK#	Cherokee County Democratic Organization % Ruby Wych 106 S 4th Ave Washita, IA 51061		350.00	<input type="checkbox"/>
9-20-04	ID# CK#	Dave and Deb Molstad P.O. Box 296 Moxville, IA 51039	Cousin	50.00	<input type="checkbox"/>
SUB-TOTAL				\$ 605	
TOTAL (if last page of this schedule)				\$	

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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)

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9-24-04	ID# 6144 CK# 411	Northwest Iowa Labor Council Cope Fund 3038 S. Lakeport, Suite 100 Sioux City, IA 51106		\$ 150.00	<input type="checkbox"/>
9-29-04	ID# 6439 CK# 2015	CWA Council of State of Iowa Cope Fund Local Union 204 116 14th Ave SE Cedar Rapids, IA 52401		100.00	<input type="checkbox"/>
9-29-04	ID# CK# 07370	Communications workers of America AFL-CIO, Local 7103 1551 Indian Hills Drive, Suite 202 Sioux City, IA 51104		100.00	<input type="checkbox"/>
9-26-04	ID# CK#	Chris Petersen 645 180th St Clear Lake, IA 50428		10.00	<input type="checkbox"/>
9-29-04	ID# CK#	Kenny and Florence Brooks 10340 580th Ave Story City, IA 50248		100.00	<input type="checkbox"/>
9-23-04	ID# CK#	Eleanor Sokolowski 241 580th St Pierson, IA 51048	Mother	10.00	<input checked="" type="checkbox"/>
9-23-04	ID# CK#	Jim and Donna Hoefling 5267 D Ave Marcus, IA 51035		20.00	<input checked="" type="checkbox"/>
9-23-04	ID# CK#	Alan Hoefling 338 510th St Marcus, IA 51035		20.00	<input checked="" type="checkbox"/>
9-23-04	ID# CK#	Ross Schallehn 119 Ridgeview Dr. Cherokee, IA 51012		20.00	<input checked="" type="checkbox"/>
9-23-04	ID# CK#	Le Roy and Bonnie Ruff 309 N 11th St Cherokee, IA 51012		20.00	<input checked="" type="checkbox"/>
SUB-TOTAL				\$ 550.00	
TOTAL (if last page of this schedule)				\$	

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

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9-23-04	ID# CK#	Troy Chindland 107 Union St Cherokee, IA 51012		\$ 20.00	<input checked="" type="checkbox"/>
9-23-04	ID# CK#	Todd and Betty Thoma 15 & 9 150th St Cherokee, IA 51012		20.00	<input checked="" type="checkbox"/>
9-23-04	ID# CK#	Donald and Elissa Stodden 5316 BAve Marcus, IA 51035		20.00	<input checked="" type="checkbox"/>
9-23-04	ID# CK#	Bob and Mary Hahn 616 N 11th St Cherokee, IA 51012	In-Laws	20.00	<input checked="" type="checkbox"/>
9-23-04	ID# CK#	Jack and Lill Foresman 750 580th St Cleghorn, IA 51014		\$100.00	<input checked="" type="checkbox"/>
9-23-04	ID# CK#	Dale and Patty Lunders 760 520th St Cleghorn, IA 51014		\$100.00	<input checked="" type="checkbox"/>
9-30-04	ID# CK#	Joe & Dixie Draper 711 W. Beech St Cherokee, IA 51012		20.00	<input checked="" type="checkbox"/>
10-05-04	ID# 6086 CK# 1320	ISEA-PAC Iowa State Education Association Political Action Committee 777 3rd St Des Moines IA 50309		250.00	<input type="checkbox"/>
9-30-04	ID# CK#	Tom and Susan Deiker 1200 W Cedar St Cherokee, IA 51012		20.00	<input checked="" type="checkbox"/>
9-30-04	ID# CK#	unitemized		5.00	<input checked="" type="checkbox"/>
SUB-TOTAL				\$ 575	
TOTAL (if last page of this schedule)				\$	

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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.

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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
9-30-04	ID# CK#	un itemized		\$ 7.00	<input checked="" type="checkbox"/>
10-08-04	ID# CK#	Dennis De Young 864 610th St Quimby, IA 51049		20.00	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL  
\$ 27.00  
TOTAL (if last page of this schedule)  
\$ 2209.06

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FOR INSTRUCTIONS, SEE BACK OF 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)  
*Sokolowski for State Representative Committee*

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
8-06-04	ID# CK# 1003	Lori Sokolowski 6545 T Ave Holstein, IA 51025	yard signs	\$ 940.75
8-18-04	ID# CK# 1004	Lori Sokolowski 6545 T Ave Holstein, IA 51025	printed letters 158.26 printed cowboy cards 267.16 bulk mail 446.65 mailing 38.52 envelopes	910.59
8-20-04	ID# CK# 1005	" "	Campaign T-Shirts and printing	200.00
8-31-04	ID# CK# 1006	Harry Truman Fund 1408 Locust St Des Moines, IA 50309	VAN List	500.00
9-13-04	ID# CK# 1007	Holt on Custom Signs 960 River view Dr. Suite 1 Cherokee, IA 51012	4 Large 4x8 Signs	300.00
9-21-04	ID# CK# 1008	Lori Sokolowski 6545 T Ave Holstein, IA 51025	Printing Cowboy Cards	267.16
9-29-04	ID# CK# 1009	Cherokee Postmaster Cherokee, IA 51012	Bulk Mailing	183.00
	ID# CK# 1010	KCHE Radio 201 South 5th St., P.O. Box 141 Cherokee, IA 51012	Radio Ads	321.30
SUB-TOTAL				\$ 3622.80
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).)

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)  
*Sokolowski for State Representative Committee*

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
10-02-04	ID# CK# 1011	Lori Sokolowski 6545 T Ave Holstein, IA 51025	Printing Cowboy Cards	\$256.65
	ID# CK#			

SUB-TOTAL \$ 256.65

TOTAL (if last page of this schedule) \$ 3879.45

**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).)

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.

Reset 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*
8-16-04	Lori Sokolowski 6545 T Ave Holstein, IA 51025	bulk mailing	\$ 214.40
9-05-04	" "	fund raisers food, paper products, beverage 9-12, 9-23-04	56.19
7-30-04	Bob Hahn 616 N 11th St Cherokee, IA 51012	fundraiser 7-30-04	44.02
7-30-04	Lori Sokolowski 6545 T Ave Holstein, IA 51025	fundraiser 7-30-04	140.38
10-04-04	" "	Campaign paper supplies ink cartridges, copies, labels	63.16
7-22-04	" "	Newspaper ad	67.50
8-14-04	" "	gas for parade	12.93
SUB-TOTAL			\$ 598.58
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.

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*

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 (DO NOT INCLUDE LOANS -- SHOW LOANS ON SCHEDULE F)**

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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*
8-30-04	Lori Sokolowski 6545 T Ave Holstein, IA 51025	2'x4' yard signs	\$ 386.98
7-21-04	" "	Name tag	7.72
10-02-04	" "	meals	7.39
9-17-04	" "	plastic fasteners for signs	8.86
10-02-04	" "	meals	23.05
9-16-04	" "	meals	30.00
8-14-04	" "	meals	27.55
SUB-TOTAL			\$ 491.55
<b>TOTAL DEBTS OWED BY COMMITTEE AT THE END OF THIS REPORTING PERIOD</b>			\$

\*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.



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

Reset 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
9-08-04	Donald Brauning 910 Elm St Correctionville, IA 51016		put up yard signs	\$ 28.00	<input type="checkbox"/>
9-08-04	Diana Nairn 105 Summit St Pierson, IA 51048		put up yard signs	21.00	<input type="checkbox"/>
9-10-04	Jim Hoefling 5267 D Ave Marcus, IA 51035		put up large yard signs	21.00	<input type="checkbox"/>
9-24-04	Ray Hanson 501 E Spruce St Marcus, IA 51035		put up large and yard signs	42.00	<input type="checkbox"/>
9-29-04	Troy Chindland 107 Union St Cherokee, IA 51012		radio ad	21.00	<input type="checkbox"/>
10-07-04	Alan Hoefling 338 510th St Marcus, IA 51035		radio ad and mileage <sup>15</sup>	36.00	<input type="checkbox"/>
9-29-04	Randy Washburn 213 E 4th St Kingsley, IA 51028		radio ad and mileage <sup>20</sup>	41.00	<input type="checkbox"/>
9-12-04	Steve and Bev Stodden 5384 C Ave Marcus, IA 51035		building for fundraiser	50.00	<input checked="" type="checkbox"/>
7-16-04	Tom Mullally 227 2nd Ave S.E Lemars, IA 51031		provided live music for fundraiser	100.00	<input checked="" type="checkbox"/>
9-20-04	Traci Wilkie 1636 460th St Larrabee, IA 51029	daughter	2 hrs doorknocking	14.00	<input type="checkbox"/>

SUB-TOTAL \$ 374.00  
 TOTAL (if last page of this schedule) \$

\*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.

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

Reset 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
10-09-04	Jessica Busse 302 S Lewis Ave Cleghorn, IA 51014	daughter	4 hrs door knocking	\$ 28.00	<input type="checkbox"/>
7-16-04 to 10-14-04	Bob Hahn 616 N 11th St. Cherokee, IA 51012	father-in law	30 hrs putting up signs & door knocking	210.00	<input type="checkbox"/>
7-16-04 to 10-14-04	Mary Hahn 616 N 11th St Cherokee, IA 51012	mother-in law	22 hrs putting up signs and door knocking	154.00	<input type="checkbox"/>
10-13-04	Bob and Mary Hahn 616 N 11th St Cherokee	in laws	Newspaper ad	32.00	<input type="checkbox"/>
8-14-04	Bob and Mary Hahn 616 N 11th St Cherokee, IA 51012	in laws	10 hrs each 3 parades	140.00	<input type="checkbox"/>
10-6,7-04	Leah Schoen 6459 R Ave Holstein, IA 51025	daughter	news paper ads	30.00	<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

SUB-TOTAL \$ 594.00

TOTAL (if last page of this schedule) \$ 968.00

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