

DISCLOSURE SUMMARY PAGE

FORM DR-2 (Rev. 01/2001)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	<u>1397</u>
Indexed	<u> </u>
Audited	<u> </u>
Computer	<u>Word-SW</u>

COMMITTEE NAME (Must be same as on Statement of Organization)
Friends of Jim Lykam
7004 1160 0004 9488 7314

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 State of Candidates

CANDIDATE COMMITTEES ONLY:

Candidate Name: Jim Lykam Political Party: Democrat

Office Sought: State Representative District (if Senate or House): 85th

JAN - 6 2005
 pm 1-03
1-1-05
 DATE SIGNED

Barbara Lykam
 SIGNATURE OF TREASURER (or person filing this report)

(563) 391-1919
 TELEPHONE

Routine Penalties Due For Late Filed Reports Range from \$20 to \$800

SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE:

I AM FILING A January 19, 2005 REPORT FOR AN/A (1) ELECTION (2) NON-ELECTION YEAR.
(report date) Indicate one

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.)	\$	<u>1,305.55</u>
ADD TOTAL MONEY TAKEN IN THIS PERIOD		
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)		<u>1969.63</u>
Schedule F: Loans Received total (Attach Schedule F)		<u> </u>
Schedule H: Total Sales of Campaign Property (Attach Schedule H)		<u> </u>
(Schedule H applies to Candidates' Committees Only)		
	SUB-TOTAL.....\$	<u>3,275.18</u>
SUBTRACT TOTAL MONEY SPENT THIS PERIOD		
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)		<u>1418.66</u>
Schedule F: Loan Repayments total (Attach Schedule F)		<u>650.00</u>
CASH ON HAND at the end of this reporting period (if final report, balance must be zero) (Attach DR-3)	\$	<u>1,206.52</u>

**UNPAID BILLS (From Schedule D - Attach Schedule D)	\$	<u> </u>
*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)	\$	<u>10.00</u>
**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)	\$	<u>0</u>

CANDIDATE COMMITTEES ONLY:

CONSULTANT BREAKDOWN (Schedule G Attached?) YES NO

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

CONTRIBUTIONS – MONEY TAKEN IN

(Including candidate's personal funds)

A (Rev. 06/97)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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

Friends of Jim Lykam

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
10/27/04	ID# 6160 CK# 2211	Iowa Independent Bankers 1603-22nd St. Suite 202 PAC West Des Moines, Ia 50266		\$200.00	
10/29/04	ID# 8178 CK# 2664	Local 150 I.U.O.E. 6200 Joliet Road Countryside, Ill. 60525		500.00	
10/30/04	ID# CK#	William Wohlers 1467 Windfall Ave. Charles City, Ia 50616		500.00	
10/30/04	ID# 6034 CK# 1510	Engineers PAC 1000 Walnut St. Suite 102 Des Moines, Ia 50309		200.00	
10/30/04	ID# 6163 CK# 2933	Iowa Soft Drink PAC 801 Grand STE 3100 Des Moines, Ia 50309		250.00	
11/3/04	ID# 8350 CK# 1110	Operative Plasterers & Cement Masons Local #18 PAC Fund 400 NE Jefferson Suite 300 Peoria, Ill. 61603		250.00	
11/6/04	ID# CK#	Richard Hansen 2808 W. 35th St. Davenport, Ia 52806		25.00	
11/12/04	ID# CK# 16991	Mail Services 4100 121st St. Des Moines, Ia 50323-2334	Refund from mailing	31.60	
11/13/04	ID# CK# 12857	The Clinton Group 1350 Connecticut Ave. N.W. Suite 1102 Washington, DC 20036	Refund from Voter ID	13.03	
	ID# CK#				

SUB-TOTAL

\$1969.63

TOTAL (if last page of this schedule)

\$1969.63

* 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

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)
Friends of Jim Lykam

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
10/27/04	ID# CK#1241	Postmaster 4018 Marquette St. Davenport, Ia 52806	mail campaign finance reports	\$ 4.65
10/28/04	ID# CK#1242	Office Max 320 W. Kimberly Rd. Davenport, Ia 52806	Copies	96.30
10/29/04	ID# CK#1243	L.E. Chute Company 2729 Harrison St. Davenport, Ia 52803	labels printed	75.70
10/29/04	ID# CK#1244	The Printing Store 2701 Hickory Grove Davenport, Ia 52806	Copies folded	42.80
10/29/04	ID# CK#1245	Postmaster 4018 Marquette Davenport, Ia 52806	Stamps	740.00
10/29/04	ID# CK#1246	Office Max 320 W. Kimberly Rd. Davenport, Ia 52806	envelopes	13.46
10/30/04	ID# CK#1247	Scott County Democ. Party 1416 W. 16 th St. Davenport, Ia 52804	donation	200.00
10/30/04	ID# CK#1248	U.S. Cellular P.O. Box 0203 Palatine, IL 60055-0203	monthly cell phone bill	103.91
SUB-TOTAL				\$1,276.82
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 56.6(3)(i).)

FOR INSTRUCTIONS, SEE BACK OF FORM

EXPENDITURES – MONEY SPENT FROM COMMITTEE ACCOUNT

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.

SCHEDULE B (Rev. 09/97)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)
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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
12/11/04	ID# CK#1250	U.S. Cellular P.O. Box 0203 Palatine, IL 60055-0203	monthly cell phone bill	\$ 45.70
12/19/04	ID# CK#1251	State Farm P.O. Box 82542 Lincoln, NE 68501-2542	insurance on computer at Capital	50.00
12/31/04	ID# CK#1252	U.S. Cellular P.O. Box 0203 Palatine, IL 60055-0203	monthly cell phone bill	46.14
	ID# CK#			

SUB-TOTAL \$ 141.84
TOTAL (if last page of this schedule) \$ 1418.66

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SCHEDULE F (Rev. 08/96)	LOANS RECEIVED & REPAID
<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 \$ 650.00

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) \$ _____

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 REPAID
11/1/04	Jim Lykam 2906 W. 35th St. Davenport, Ia 52806	self	\$ 650.00

TOTAL CASH REPAYMENTS (PART II) \$ 650.00

From Schedule E -- TOTAL LOANS FORGIVEN \$ —

TOTAL OUTSTANDING LOANS END OF REPORT PERIOD \$ 0

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