

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

FORM DR-2 (Rev. 07/2004)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	<u>1548</u>
Logged In	
Scanned	
Computer	<u>WRS</u>
Audited	<u>6-14-06</u>

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

Skolowski for State Representative Committee

IMPORTANT: Indicate by # type of committee you are reporting for: (1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party (4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC (11) Local Ballot Issue

CANDIDATE COMMITTEES ONLY:

Candidate Name: Dick Sokolowski Political Party (if applicable): Democrat
 Office Sought: State House Seat District (if Senate or House): 53

Late reports are subject to possible civil and criminal penalties.

Ronald J. Tramen
SIGNATURE OF PERSON FILING REPORT

712-786-2169
TELEPHONE

1-15-05
DATE SIGNED

I AM FILING A Jan 19th REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR.
(report date) Indicate by # 1

CHECK IF AMENDMENT TO REPORT DATED 1-19-05

Check if this is final (termination) report and attach Notice of Dissolution Form DR-3. (You must continue to file reports until a DR-3 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. (Total of all funds 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.) \$ 1256.61

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (**also see in-kind below) 200.00

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 \$ 1456.61

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below) 1361.40

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) \$ 95.21

**UNPAID BILLS (From Schedule D - Attach Schedule D) \$ 71.21 ✓

**IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E) slb 4194.37 \$ 4265.58

**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) \$

DISCLOSURE SUMMARY PAGE

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For Office Use Only	
Comm. #	<u>1548</u>
Logged In	<u>e e</u>
Scanned	<u>WRS</u>
Computer	<u>8-1-05 e</u>
Audited	<u>8-1-05 e</u>

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

IMPORTANT: Indicate by # type of committee you are reporting for: 1
 (1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party
 (4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other
 Political Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political
 Subdivision PAC (11) Local Ballot Issue

CANDIDATE COMMITTEES ONLY:

Candidate Name Dick Sokolowski Political Party (if applicable) Democrat
 Office Sought State House Seat District (if Senate or House) 53

Late reports are subject to possible civil and criminal penalties.

Norval L. Tremin 712-786-2169 1-15-05
SIGNATURE OF PERSON FILING REPORT **TELEPHONE** **DATE SIGNED**

I AM FILING A Jan 19th, 2005 REPORT FOR (1) ELECTION //(2) NON-ELECTION YEAR.
 (report date) Indicate by # 1

CHECK IF AMENDMENT TO REPORT DATED JAN 19 2005
 Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
 (You must continue to file reports until DR-3 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. (Total of all funds 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.) \$ 1256.61

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below) 200.00

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 \$ 1456.61

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below).... 1361.40

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) \$ 95.21

****UNPAID BILLS** (From Schedule D - Attach Schedule D)..... 612.71.21 \$ ~~4265.58~~

***IN KIND CONTRIBUTIONS** (From Schedule E - Attach Schedule E) \$ ~~840.61~~ 4265.58

****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



CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (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 Cmte

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
10-25-04	ID# CK#	Steve and Jan Cosgrove 1137 W Cherryst Cherokee, IA 51012		\$20.00	<input type="checkbox"/>
10-22-04	ID# CK#	Owen and Eileen Hiniker 730 W Main St Cherokee, IA 51012		10.00	<input type="checkbox"/>
10-28-04	ID# CK#	Dave & Sally Stodden 300 W Cedar St Marcus, IA 51035		20.00	<input type="checkbox"/>
10-28-04	ID# CK#	John & Lottie Whitaker 32500 145th St Hillsboro, IA 52630		100.00	<input type="checkbox"/>
10-28-04	ID# CK#	Gary & Geri Hoskey 3268 Hwy I-47 Montour, IA 50173		25.00	<input type="checkbox"/>
11-05-04	ID# CK#	Florentine Weber 305 Highland Dr. Marcus, IA 51035		25.00	<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				\$	
TOTAL (if last page of this schedule)				\$200.00	<input checked="" type="checkbox"/>

* 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



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. 07/03)	MONETARY EXPENDITURES
<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 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
10-19-04	ID# CK# 1019	Cherokee Post Master Cherokee, IA 51012	Postage	\$ 8.23
10-20-04	ID# CK# 1012	The Menville Record Box AE, 12 South 2nd St Menville, IA 51039	Newspaper ad	25.00
10-20-04	ID# CK# 1018	Marcus News 401 Main St Marcus, IA 51035	Newspaper ad	20.00
10-20-04	ID# CK# 1016	Holstein News P.O. Box 392 Holstein, IA 51025	Newspaper ad	20.25
10-21-04	ID# CK# 1014	The Chronicle Times 113 S 2nd St Cherokee, IA 51012	Newspaper ad	39.50
10-22-04	ID# CK# 1015	Hinton Times 205 W Main St Hinton, IA 51024	Newspaper ad	12.50
10-19-04	ID# CK# 1020	The Chronicle Times 113 S 2nd St Cherokee, IA 51012	Newspaper ad	203.00
10-20-04	ID# CK# 1021	Sioux City Journal 515 Pavonia St Sioux City, IA 51101	Newspaper ad	372.90
SUB-TOTAL				\$ 701.38
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
<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
10-20-04	ID# CK# 1013	Remsen Bell-Enterprise P.O. Box 209 Remsen, IA 51050	Newspaper ad	\$ 13.00
10-20-04	ID# CK# 1017	Sergeant Bluff Advocate 405 4th St Sergeant Bluff, IA 51054	Newspaper ad	20.00
11-04-04	ID# CK# 1022	Lori Sokolowski 6545 TAve Holstein, IA 51025	radio ad	374.00
11-03-04	ID# CK# 1023	The Globe P.O. Box 5079 Sioux City, IA 51102	News paper ad	109.00
11-04-04	ID# CK# 1024	Bob Hahn 616 N. 11th St Cherokee, IA 51012	fundraiser 7-30-04	44.02
11-10-04	ID# CK# 1025	KSCJ Special Events Dept 2000 Indian Hills Dr. Sioux City, IA 51104	radio advertising	100.00
	ID# CK#			
	ID# CK#			

SUB-TOTAL \$ 660.02
TOTAL (if last page of this schedule) \$ 1361.40

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 E (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
11-05-04	Ray Hanson 501 E Spruce St Marcus, IA 51035		taking down campaign signs	\$ 28.00	<input type="checkbox"/>
11-05-04	Don Treinen 46131 120th St Remsen, IA 51050		taking down campaign signs	21.00	<input type="checkbox"/>
3-15-04 + 11-05-04			campaign treasurer	175.00	<input type="checkbox"/>
11-05-04	Paul Sitzman 28676 Nature Ave Hinton, IA 51024		taking down campaign signs	14.00	<input type="checkbox"/>
11-05-04	Donald Brauningner 910 Elm St Correctionville, IA 51016		" "	14.00	<input type="checkbox"/>
10-31-04	Dave & Deb Molstad 233 52nd St Mouille, IA 51039	Cousin	called voters 4 hrs.	28.00	<input type="checkbox"/>
11-05-04	Diana Nairn 105 Summit St Pierson, IA 51048		taking down campaign signs	14.00	<input type="checkbox"/>
11-05-04	Jessica Busse 302 S. Lewis Ave Cleghorn, IA 51014	daughter	" "	14.00	<input type="checkbox"/>
10-20+02 th 11-04-04	Bob and Mary Hahn 616 N 11th St Cherokee, IA 51012	In-laws	helped 10hr. door knocked took down signs	98.00	<input type="checkbox"/>
10-27-04 10-29-04	Chuck and Jo Anne Clark 729 west Cherry St Cherokee, IA 51012		helped 5hr door knocked	35.00	<input type="checkbox"/>
SUB-TOTAL				\$ 441.00	
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 E (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
11-16-04	Lori Sokolowski 6545 T Ave Holstein, IA 51025	wife	Newspaper ad	\$ 15.00	<input type="checkbox"/>
10-29-04	" "	wife	paper copies (250) leaflets	27.26	<input type="checkbox"/>
10-21-04	" "	"	meals	21.14	<input type="checkbox"/>
10-29-04	" "	"	envelops	3.21	<input type="checkbox"/>
10-15-04 to 11-02-04	" "	"	milage .375 888 mi	333.00	<input type="checkbox"/>
* 12-31-04	Bob Hahn 616 N 11th St Cheney, IA 51612	"	debt forgiven for 7.30 of fundraiser	44.02	<input type="checkbox"/>
* 12-31-04	Lori Sokolowski 6545 T Ave Holstein, IA 51025	" *	debt forgiven for fundraiser items	196.57	<input type="checkbox"/>
* 12-31-04	" "	"	debt forgiven for mailing (214.40)	3,117.76	<input type="checkbox"/>
			office supplies (63.16, 7.72), News paper ad 107.50, gas for parade 12.93, yard signs 386.98 + 8.86		<input type="checkbox"/>
			meals 87.99 and milage 2	331.38	<input type="checkbox"/>

SUB-TOTAL \$ 3757.96
 TOTAL (if last page of this schedule) \$ 399.61
840.61

* per phone 8-31-05

s/b 4198.96

* s/b less \$71.21 on D