

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

FORM DR-2 (Rev. 07/2004)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	1607
Logged No	2
Scanned	
Computer	
Audited	

COMMITTEE NAME (Must be same as on Statement of Organization)
JAY CHRISTENSEN - SZALANSKI WORKS FOR IOWA

IMPORTANT: Indicate by # type of committee you are reporting for: **3**
 (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: **JAY CHRISTENSEN - SZALANSKI** Political Party (if applicable): **INDEPENDENT**
 Office Sought: **IOWA STATE SENATE** District (if Senate or House): **39**
 Date: **JAN 18 2006**

Late reports are subject to possible civil and criminal penalties.

[Signature] **FAT** **319-338-7551** **17 JAN. 06**
 SIGNATURE OF PERSON FILING REPORT TELEPHONE DATE SIGNED

I AM FILING A JAN. 19, 2006 (FOR OCT. 15-DEC 31, 05) REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR.
 (report date) Indicate by # **2**

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 DR-3 is filed.)

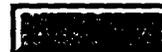
Local Committees, enter Date of Election
NOV. 7, 2006

County & Local Committees, enter County in which Election is held
JOHNSON

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.)	\$	<u>0</u>
ADD TOTAL MONEY TAKEN IN THIS PERIOD		
Schedule A: Cash Contributions total (Attach Schedule A) (**also see in-kind below)		<u>5500.61</u>
Schedule F: Loans Received total (Attach Schedule F)		<u>0</u>
Schedule H: Total Sales of Campaign Property (Attach Schedule H)		<u>0</u>
<u>(Schedule H applies to Candidates' Committees Only)</u>		
SUB-TOTAL	\$	<u>5500.61</u>
SUBTRACT TOTAL MONEY SPENT THIS PERIOD		
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)		<u>3915.64</u>
Schedule F: Loan Repayments total (Attach Schedule F)		<u>0</u>
CASH ON HAND at the end of this reporting period (if final report balance must be zero) (Attach DR-3)	\$	<u>1584.97</u>
**UNPAID BILLS (From Schedule D - Attach Schedule D)	\$	<u>160.11</u>
**IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)	\$	<u>75.00</u>
**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)	\$	<u>0</u>
CANDIDATE COMMITTEES ONLY:		
CONSULTANT BREAKDOWN (Schedule G Attached?)		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)	\$	<u>0</u>

For Instructions, See Back of Form



SCHEDULE	
A	MONETARY RECEIPTS
(Rev. 07/03)	
<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)
JAY CHRISTENSEN - SZALANSKI WORKS FOR IOWA

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
08/09/05	ID# CK#	JAY CHRISTENSEN-SZALANSKI 1 HICKORY RIDGE NE IOWA CITY, IA 52240	CANDIDATE	\$ 180.00	<input type="checkbox"/>
08/25/05	ID# CK#	"	"	500.00	<input type="checkbox"/>
"	ID# CK#	BRUCE HAUPERT 3692 FOREST GATE DR. NE IOWA CITY, IA 52240	NONE	100.00	<input type="checkbox"/>
09/01/05	ID# CK#	JAY CHRISTENSEN-SZALANSKI (SEE ABOVE)	CANDIDATE	500.00	<input type="checkbox"/>
09/16/05	ID# CK#	PAY PAL PO BOX 45950 OMAHA, NE 68145	NONE	.61	<input type="checkbox"/>
09/28/05	ID# CK#	JAY CHRISTENSEN-SZALANSKI (ABOVE)	CANDIDATE	20.00	<input type="checkbox"/>
09/30/05	ID# CK#	"	"	2000.00	<input type="checkbox"/>
10/04/05	ID# CK#	"	"	2000.00	<input type="checkbox"/>
10/20/05	ID# CK#	DENNIS SCHRAG 3 LONGVIEW KNOLL IOWA CITY, IA 52240	NONE	100.00	<input type="checkbox"/>
11/01/05	ID# CK#	PATRICK J. HIGHLAND 3 LONGVIEW KNOLL IOWA CITY, IA 52240-9148	NONE	50.00	<input type="checkbox"/>
SUB-TOTAL				\$5450.61	
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 A (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)
JAY CHRISTENSEN-SZALANSKI WORKS FOR IOWA

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
10/24/05	ID# CK#	CARLY M. CHRISTENSEN-SZALANSKI 1 HICKORY RIDGE NE IOWA CITY, IA 52240	SPOUSE	\$ 50.00	<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

\$
\$5500.61

TOTAL (If last page of this schedule)

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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)

JAY CHRISTENSEN-SZALANSKI WORKS FOR IOWA

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
09/28/05	ID# INTERNET CK#	PAYPAL P.O. BOX 45950 OMAHA, NE 68145	WEB SERVICE CHARGE	\$.88
10/06/05	ID# CK# 1001	I.C. PRESS CITIZEN 1725 N. DODGE ST. IOWA CITY, IA 52245	NEWSPAPER ADVERTISEMENTS	3296.16
11/15/05	ID# CK# 1002	RON MCCLELLAN 813 RUNDALL ST. IOWA CITY, IA 52240	DESIGN OF NEWSPAPER ADVERTISEMENTS	125.00
11/23/05	ID# CK# 1003	PRINTING HOUSE 901 S. 1ST AVE. IOWA CITY, IA 52245	CAMPAIGN CARDS	479.43
12/06/05	ID# CK# 1005	JOHNSON COUNTY AUDITOR 913 S. DUBUQUE ST, STE 101 IOWA CITY, IA 52240	DATABASE OF REGISTERED VOTERS	14.17
	ID# CK#			
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$
TOTAL (If last page of this schedule)				\$ 3915.64

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.)

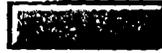
Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(f).)

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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)

JAY CHRISTENSEN-SZALANSKI WORKS FOR IOWA



DATE RECEIVED (MM/DD/YYR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (If applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
11/23/05	RON MCCLELLAN 813 RUNDALL ST. IOWA CITY, IA 52240	NONE	FLIER DESIGN	\$ 75.00	<input type="checkbox"/>
					<input type="checkbox"/>
					<input 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 \$

TOTAL (If last page of this schedule) \$ 75.00

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.