

FOR INSTRUCTIONS, SEE BACK OF FORM

INDIAN CAMPAIGN DISCLOSURE BOARD
JAN 12 2006
FILED pm 1-10

DISCLOSURE SUMMARY PAGE

FORM DR-2 (Rev. 01/98)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	731
Indexed	e
Audited	
Computer	
SW	

COMMITTEE NAME (Must be same as on Statement of Organization)
PEOPLE FOR YAM JOCHUM

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

[Signature] **563-588-4714** **1-9-06**
 SIGNATURE OF TREASURER (or person filing this report) TELEPHONE DATE SIGNED

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, 2006 REPORT FOR AN/A (1) ELECTION / (2) NON-ELECTION YEAR.
 (report date) Indicate one 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 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.)\$ 130.⁰¹

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A)..... 1,230.⁰⁰

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.....\$ \$ 1,360.⁰¹

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B)..... 263.⁰⁰

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)\$ 1,097.⁰¹

UNPAID BILLS (From Schedule D - Attach Schedule D)\$

IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E).....\$ 595.⁰⁶

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

COMMITTEE NAME (Must be same as on Statement of Organization)
People For Pam Jochum

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
9-27-05	ID# CK#	Amy Jochum 1137 36th St. Des Moines, IA 50311	sister in law	\$ 500. ⁰⁰	
9-27-05	ID# CK#	BRADLEY LINT 2701 MADISON AVE Des Moines, IA 50310		50. ⁰⁰	
11	ID# CK#	JULIE SMITH 3917 Hillcrest Dr Des Moines, IA 50310		100. ⁰⁰	
11	ID# CK#	Robert Josten 801 GRAND AVE Suite 3900 Des Moines, IA 50309		100. ⁰⁰	
11	ID# CK#	Robert HAUG 2527 Kellogg Ave Ames, IA 50010		50. ⁰⁰	
11	ID# CK#	MANTI ANDERSON 1717 MAY ELLA TRAIL Des Moines, IA 50310		35. ⁰⁰	
11	ID# CK#	JUDITH HOFFMAN 3820 QUEBEC ST. AMES, IA 50014		25. ⁰⁰	
11	ID# CK#	MICHAEL STARCEVICH 6409 MEADOWARK DR CEDAR RAPIDS, IA 52404		25. ⁰⁰	
11	ID# CK#	STEVE OUEL 2259 WASHINGTON AVE CEDAR RAPIDS, IA 52403		25. ⁰⁰	
11	ID# CK#	IRVING HOFFBAUER 6905 VISTA DR WEST DES MOINES, IA 50266		25. ⁰⁰	
SUB-TOTAL				\$ 935. ⁰⁰	
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) (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

CONTRIBUTIONS – MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE 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)
PEOPLE FOR PAM JOCHUM

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
9-27-05	ID# CK#	JODI TOMLONVIC 1245 40th St. Des Moines, IA 50311		\$ 20. ⁰⁰	
11	ID# CK#	CARLOS JAYNE 3523 S.W. 37th St. Des Moines, IA 50321		15. ⁰⁰	
11	ID# CK#	EILEEN FAJTOR 207 S. Sixth St. MARSHALTOWN, IA 50158		10. ⁰⁰	
11	ID# CK#	VIVIANE DRAUSEP 1793 TRID VALLEY DR Des Moines, IA 50325		5. ⁰⁰	
11	ID# CK#	CRAG NEILSEN 8620 TITLIEST DR. LAS VEGAS, NV 89117		100. ⁰⁰	
11	ID# CK#	BETTY CHRISTENSEN 4516 70th St. Des Moines, IA 50322		10. ⁰⁰	
10-15-05	ID# CK#	JEAN ANN BASINGER 1335 48th St. Des Moines, IA 50311		10. ⁰⁰	
11	ID# CK#	ANDREW BAUMERT 5068 COACH LIGHT DR. West Des Moines, IA 50265		25. ⁰⁰	
12-15-05	ID# CK#	STEVEN ACKERMAN 1634 N.W. 131st Street CLIVE, IA 50325		100. ⁰⁰	
	ID# CK#				
SUB-TOTAL				\$ 295. ⁰⁰	
TOTAL (if last page of this schedule)				\$ 1230. ⁰⁰	

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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)
PEOPLE FOR PAM JOCHUM

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
8/10/05	ID# CK# 0547	THE DUBUQUE LEADER 1527 CENTRAL AVE DUBUQUE, IA 52001	LABOR DAY NEWS. AD	\$ 63. ⁰⁰
11/22/05	ID# CK# 0548	HOUSE TRUMAN FUND Des Moines, IA. 50309	Democratic Party Support	200. ⁰⁰
	ID# CK#			
SUB-TOTAL				\$
TOTAL (if last page of this schedule)				\$ 263. ⁰⁰

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).)

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)
PEOPLE FOR PAM JOCHUM

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
8-17-05	Pam Jochum 249 JACKSON ST. DUBUQUE, IA 52001	CANDIDATE	CANDY FOR PARADE	\$ 77. ⁴³	
8-26-05	Pam Jochum 249 JACKSON ST. DUBUQUE IA 52001	"	T-SHIRTS	237. ³³	
10-6-05	Rokanne Conlin 2900 So. Hills Circle DES MOINES, IA		FOOD FOR EVENT	280. ³⁰	✓

SUB-TOTAL \$

TOTAL (if last page of this schedule) \$ **595.⁰⁶**

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