FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

ETHICS & CAMPAIGN DISCLOSURE BOARD
NOV - 3 2006
FILED HD

FORM DR-2 (Rev. 01/98)	DISCLOSURE REPORT

For Office Use Only
Comm. # 1326
Indexed
Audited
Computer

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

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 OF TREASURER (or person filing this report) TELEPHONE 255-2805 DATE SIGNED 11-3-06

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 Nov. 3, 2006 REPORT FOR AN/A (1) ELECTION /(2)NON-ELECTION YEAR.
(report date) Indicate one [1]

☐ 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.) ..... $ 17,428.28

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) 4240.00

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.....$ 21,668.28

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) 13,256.99

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) ..... $ 8411.29

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

IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E) ..... $ 60.00

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) $

Jo Oldson for State Representative - Schedule A

Date	PAC ID	Name	Address	Relationship	Amount
10/16/2006	ID# CK#	Nelson, Jean	4004 John Lynde Rd, Des Moines, IA 50312-3038	No Relation	$50.00
10/16/2006	ID# CK#	Nelson, David	4004 John Lynde Rd, Des Moines, IA 50312-3038	No Relation	$50.00
10/17/2006	ID# 6475 CK# 2727	PAC #6475, Casey's	P.O. Box 3004, Ankeny, IA 50021-8045	No Relation	$250.00
10/17/2006	ID# CK#	Schroeder, D	5117 Robertson Dr, Des Moines, IA 50312-2129	No Relation	$50.00
10/17/2006	ID# CK#	Tomenga, Walt and Judy	7250 Hyperion Pointe, Johnston, IA 50131	No Relation	$100.00
10/18/2006	ID# CK#	Ruhe, Priscilla	2907 Terrace Dr, Des Moines, IA 50312-4435	No Relation	$100.00
10/19/2006	ID# CK#	Haskins, Fred	100 51st St, Des Moines, IA 50312-2104	No Relation	$15.00
10/19/2006	ID# CK#	Oakley, Brice	418 38th Pl, Des Moines, IA 50312-2804	Husband	$250.00
10/19/2006	ID# 6001 CK# 45700000	PAC #6001, Allied Group Inc.	1100 Locust St., Des Moines, IA 50391-2000	No Relation	$500.00
10/19/2006	ID# 6070 CK# 3436	PAC #6070, Iowa Lawpac	521 E. Locust St., 3rd Floor, Des Moines, IA 50309-1939	No Relation	$1,000.00
10/19/2006	ID# 6477 CK# 1043	PAC #6477, Registered Dental Hygienists	2565 Buckeye Ave., Keota, IA 52248	No Relation	$250.00
10/19/2006	ID# 6118 CK# 2376	PAC#6118, Iowa Optometric Association	1454 30th St., Ste. 204, West Des Moines, IA 50266	No Relation	$100.00
10/21/2006	ID# 6314 CK# 527	PAC #6314, Local 4 Fire PAC	P.O. Box 1821, Des Moines, IA 50306	No Relation	$50.00
10/24/2006	ID# CK#	Musser, Marilyn	1493 NW 78th Street, Clive, IA 50325	No Relation	$25.00
10/24/2006	ID# CK#	Slaughter, Thomas	120 - 35th St., Des Moines, IA 50312	No Relation	$100.00
10/24/2006	ID# CK#	Watson, Melissa	4312 Kingman Blvd., Des Moines, IA 50312	No Relation	$50.00
10/24/2006	ID# CK#	Wiederaenders, Carl	4312 Kingman Blvd, Des Moines, IA 50312	No Relation	$50.00

Sub-Total: $2,990.00

Date	PAC ID	Name	Address	Relationship	Amount
10/26/2006	ID# CK#	Lange, Mary	344 43rd St, Des Moines, IA 50312-2532	No Relation	$25.00
10/26/2006	ID# CK#	Lange, Lennis	344 43rd St, Des Moines, IA 50312-2532	No Relation	$25.00
10/27/2006	ID# CK#	Heinz, Teresa	19 Louisberg Square, Boston, MA 02108	No Relation	$1,000.00
10/27/2006	ID# 6038 CK# 222	PAC #6038, Verizon PAC	11 Eleventh Ave., Suite 2, Grinnell, IA 50112	No Relation	$200.00

TOTAL $4,240.00

Sub-Total: $1,250.00

FOR INSTRUCTIONS, SEE BACK OF FORM

SCHEDULE **B** (Rev. 09/97)	MONETARY EXPENDITURES
☐ CHECK THIS BOX IF AMENDING 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.

COMMITTEE NAME *(Must be same as on Statement of Organization)*
Oldson for State Rep.

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
10/16/06	ID# CK# 3155	House Truman Fund 5661 Fleur Dr DSM 50321	Contribution	$ 8000.00
10/16/06	ID# CK# 3156	Direct Marketing Assoc 2130 Delaware DSM 50317	postage & handling on mail	1160.03
10/16/06	ID# CK# 3157	Sauer Design 3207 49th DSM 50310	design & copy on mail piece	550.00
10/20/06	ID# CK# 3158.	House Truman Fund 5661 Fleur Dr DSM 50321	Contribution	3000.00
10/31/06	ID# CK# 3159	Carter Printing 1739 E. Grand DSM 50316	print campaign literature	546.96
	ID# CK#			
	ID# CK#			
	ID# CK#			
			SUB-TOTAL	$
			TOTAL ***(if last page of this schedule)***	$13,256.99

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 Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME *(Must be same as on Statement of Organization)*
Oldson for State Representative

SCHEDULE E (Rev. 06/97)	IN KIND CONTRIBUTIONS

☐ CHECK THIS BOX IF AMENDING 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
10/19/06	House Truman Fund DSM		postage on fundraiser mailing	$ 40.00	✓
10/19/06	House Truman Fund		printing of fundraiser invite	20.00	✓
			SUB-TOTAL	$	
			TOTAL (If last page of this schedule)	$ 60.00	

*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.