

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

Reset Form

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

Clara Oleson Campaign

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: Clara Oleson, Political Party: Democrat, Office Sought: Iowa House, District: 79

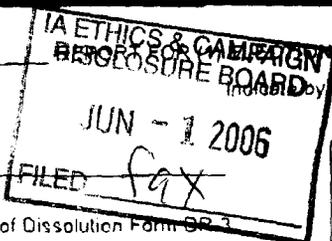
FORM DR-2 DISCLOSURE REPORT (Rev. 12/2005) For Office Use Only Comm # 1650, Logged In SW, Scanned, Computer, Audited

FAX 515-281-3701

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code section 68B 32A(7) the candidate, for a candidate's committee, and the chairperson, for any other type of committee, is the individual responsible for filing timely and accurate reports

SIGNATURE OF PERSON FILING REPORT: Judy Cunningham, TELEPHONE: 319-210-1217, DATE SIGNED: May 31, 2006

I AM FILING A June 2 '06 (report date)



(1) ELECTION YEAR (2) NON-ELECTION YEAR

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

STATEMENT OF CASH ON HAND

Table with columns for description and amount. Rows include: CASH ON HAND at the beginning of the reporting period (\$9,637.67), ADD TOTAL MONEY TAKEN IN THIS PERIOD (Schedule A: 1,585.00), SUB-TOTAL (\$11,222.67), SUBTRACT TOTAL MONEY SPENT THIS PERIOD (Schedule B: 131.49), CASH ON HAND at the end of this reporting period (\$11,091.18)

**UNPAID BILLS (From Schedule D - Attach Schedule D) \$ 295.05; **IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E) \$ 66.43; **OUTSTANDING LOANS (From Schedule F - Attach Schedule F) \$

CONSULTANT BREAKDOWN (Schedule G Attached?) YES NO

CANDIDATE COMMITTEES ONLY: VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H) \$

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

For Instructions, See Back of Form

Rec'd Form

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)
Clara Oleson Campaign

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
5-15-06	ID# CK#	Maureen A. Connolly 1313 Griesel Pl. Iowa City IA 52245		\$ 75.00	<input type="checkbox"/>
5-18-06	ID# CK#	Jon M Kinnaman 2620 Bluffwood Cir Iowa City IA 52245		100.-	<input type="checkbox"/>
5-19-06	ID# CK#	Barbara Sicherman 699 Mountain Rd. West Hartford, CT 06117		100.-	<input type="checkbox"/>
5-20-06	ID# CK#	Henry Horwitz 2403 Walden Court Iowa City IA 52246		500.-	<input type="checkbox"/>
5-21-06	ID# CK#	Kathy Walter 357 210th St. Tipton IA 52772		50.-	<input type="checkbox"/>
5-21-06	ID# CK#	Caroline Dieterle 727 Walnut St. Iowa City IA 52240		35.-	<input type="checkbox"/>
5-22-06	ID# CK#	Dr. Christopher A. Squier 226 Magowan Ave Iowa City IA 52246		100.-	<input type="checkbox"/>
5-27-06	ID# CK#	Patricia Kushner 51-15 63 Street Woodside NY 11377		100.-	<input type="checkbox"/>
5-28-06	ID# CK#	Rosalie M Cahill 2050 Cedar Johnson Rd West Branch IA 52358		100.-	<input type="checkbox"/>
5-28-06	ID# CK#	Ellen M. Heywood 1178 E Court St Iowa City IA 52240		50.-	<input type="checkbox"/>
SUB-TOTAL				\$ 1210-	
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.

For Instructions, See Back of Form



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)
Clara Oleson Campaign

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 69B.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/YY)	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
5-28-06	ID# CK#	David A Leshtz Box 1945 Iowa City IA 52244		\$ 25.-	<input type="checkbox"/>
5-30-06	ID# CK#	James C Larew 504 E. Bloomington St. Iowa City IA 52245		100.-	<input type="checkbox"/>
5-30-06	ID# CK#	John W Hayek 120 1/2 E. Washington St. Iowa City IA 52240		100.-	<input type="checkbox"/>
5-30-06	ID# CK#	Patricia Schweninger 807 Rankin Pl. Greensboro NC 27403		100.-	<input type="checkbox"/>
5-30-06	ID# CK#	Paul McAndrew Law Firm 2590 Holiday Road, Suite 100 Corralville IA 52241		50.-	<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				\$ 375. ⁰⁰	
TOTAL (If last page of this schedule)				\$ 1,585. ⁰⁰	

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FOR INSTRUCTIONS, SEE BACK OF FORM



SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
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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.

CHECK THIS BOX IF AMENDING FORM

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

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
5-15-06	ID# CK# 1009	West Branch M Post Office 104 Parkside Drive West Branch IA 52358	Postage stamps	\$ 23.40
5-22-06	ID# CK# 1010	Iowa Taxpayers Association 431 E. Locust St. Suite 300 Des Moines IA 50309	Registration for Tax Workshop on July 18, 2006	40.00
5-30-06	ID# CK# 1011	Clara Oleson 1888 Fox West Branch IA 52358	Mileage for 5/15 - 5/30, 2006 153 mi. x \$.445	68.09
	ID# CK#			
SUB-TOTAL				\$
TOTAL (If last page of this schedule)				\$ 131.49

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

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

SCHEDULE D (Rev. 08/98)	INCURRED INDEBTEDNESS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

NOTE: Debts previously reported that remain unpaid must be included on this Schedule, as well as any new obligations incurred in this period.



**DEBTS/OBLIGATIONS REMAINING THIS REPORTING PERIOD
 (DO NOT INCLUDE LOANS - SHOW LOANS ON SCHEDULE F)**

An "incurred debt" is a debt for goods or services ordered or received, but not paid for by the end of the reporting period, regardless of whether an invoice has been received.

DATE INCURRED (MM/DD/YR)	NAME AND ADDRESS OF PERSON TO WHOM DEBT OR OBLIGATION IS OWED	DESCRIPTION OF GOODS OR SERVICES PROVIDED OR PURCHASED	BALANCE OWED AT CLOSE OF REPORTING PERIOD*
5-25-06	Carter Printing 1739 E. Grand Ave. Des Moines, IA 50316	Bumper stickers Letterhead	\$ 295.05
SUB-TOTAL			\$
TOTAL DEBTS OWED BY COMMITTEE AT THE END OF THIS REPORTING PERIOD			\$ 295.05

*If actual figure is unknown, show "estimated" beside the figure.

CANDIDATE COMMITTEES NOTE:
 *Incurred indebtedness also includes each person/entity with whom the candidate's committee has entered into a contract during the reporting period for future or continuing performance. Enter the name of the consultant who provides or procures services for items such as advertising, fund-raising, polling, managing, or organizing services. Report on Schedule G the nature of performance and the estimated performance reasonably expected of the consultant.

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

Clara Oleson Campaign

Reset Form

SCHEDULE E (Rev. 06/97)	IN-KIND CONTRIBUTIONS
<input type="checkbox"/> 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
5-18-06	Lori Strommer Pace 905 N. Calhoun St West Liberty, IA 52776		Domain name registration	\$ 34.80	<input type="checkbox"/>
5-20-06	Douglas Simkin 409 Cedar St Tipton IA 52772		14 pages FAX transmiss	14.00	<input type="checkbox"/>
5-30-06	Mike Owen 563 N. Oliphant West Branch IA 52358		email services	10.00	<input type="checkbox"/>
5-30-06	Norma Beecher Box 872 West Branch IA 52358		Telephone calls	7.63	<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

SUB-TOTAL \$ 66.43

TOTAL (if last page of this schedule) \$ 66.43

*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