

FOR INSTRUCTIONS, SEE BACK OF FORM

**DISCLOSURE SUMMARY PAGE**

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

**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 Steve Olson	Political Party (if applicable) Republican
Office Sought State Representative	District (if Senate or House) 83

<b>FORM DR-2</b> (Rev. 12/2005)	<b>DISCLOSURE REPORT</b>
<b>For Office Use Only</b>	
Comm. # <u>1387</u>	
Logged In <u>SW</u>	
Scanned _____	
Computer _____	
Audited _____	
File with: Iowa Ethics and Campaign Disclosure Board 510 E. 12 <sup>th</sup> , Ste. 1A Des Moines, Iowa 50319 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.

Kathleen M Rollins 563-659-5175 6/1/06  
 SIGNATURE OF PERSON FILING REPORT TELEPHONE DATE SIGNED

I AM FILING A June 2, 2006 REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR.  
 (report date) Indicate by # 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 DR-3 is filed.)

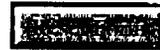
Local Committees, enter Date of Election _____
County & Local Committees, enter County in which Election is held _____

**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 <b>MUST</b> 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.)	\$ 5,721.76
<b>ADD TOTAL MONEY TAKEN IN THIS PERIOD</b>	
Schedule A: Cash Contributions total (Attach Schedule A) (**also see in-kind below)	3,435.00
Schedule F: Loans Received total (Attach Schedule F)	0
Schedule H: Total Sales of Campaign Property (Attach Schedule H)	0
<u>(Schedule H applies to Candidates' Committees Only)</u>	
<b>SUB-TOTAL</b>	<b>\$ 9,156.76</b>
<b>SUBTRACT TOTAL MONEY SPENT THIS PERIOD</b>	
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)	224.13
Schedule F: Loan Repayments total (Attach Schedule F)	0
CASH ON HAND at the end of this reporting period (if final report balance must be zero) (Attach DR-3)	\$ 8,932.63
<b>**UNPAID BILLS</b> (From Schedule D - Attach Schedule D)	\$ 0
<b>**IN KIND CONTRIBUTIONS</b> (From Schedule E - Attach Schedule E)	\$ 100.00
<b>**OUTSTANDING LOANS</b> (From Schedule F - Attach Schedule F)	\$ 0
CONSULTANT BREAKDOWN (Schedule G Attached?)	YES <input checked="" type="checkbox"/> NO
<b>CANDIDATE COMMITTEES ONLY:</b>	
VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)	\$ 0

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

For Instructions, See Back of Form



**CONTRIBUTIONS -- MONEY TAKEN IN**  
(Including candidate's personal funds)

<b>SCHEDULE</b> <b>A</b> (Rev. 07/03)	<b>MONETARY RECEIPTS</b>
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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

**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.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

**CAUTION:** Section 68B.32A(6), 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
05/25/06	ID# CK#	Unitemized contributions		\$235.00	<input checked="" type="checkbox"/>
05/25/06	ID# CK#	Virginia Sourbeer 3737 John Lynde Road DesMoines, Iowa 50312		50.00	<input checked="" type="checkbox"/>
05/25/06	ID# CK#	Elaine Hofer 1265 11th Ave DeWitt, IA 52742		50.00	<input checked="" type="checkbox"/>
05/25/06	ID# CK#	Sheldon Rittner 3539 230th Street DeWitt, IA 52742		50.00	<input checked="" type="checkbox"/>
05/25/06	ID# CK#	Paul Shaff 2898 Hwy 67 Shaffton Rd Camanche, IA 52730		75.00	<input checked="" type="checkbox"/>
05/25/06	ID# CK#	Ryan Veenstra 302 3rd Avenue S Clinton, IA 52732		100.00	<input checked="" type="checkbox"/>
05/25/06	ID# CK#	Richard Kunau 343 N Main Street Preston, IA 52069-9771		100.00	<input checked="" type="checkbox"/>
05/25/06	ID# CK#	Kenneth Krocmer 1525 6th Ave S Clinton, IA 52732		100.00	<input checked="" type="checkbox"/>
05/25/06	ID# CK#	Brent Seeser 926 South 62nd St Clinton, IA 52732		100.00	<input checked="" type="checkbox"/>
05/25/06	ID# CK#	Ron McGauvran 2 Curtis Circle Clinton, IA 52732		100.00	<input checked="" type="checkbox"/>
<b>SUB-TOTAL</b>				\$ 960.00	
<b>TOTAL (if last page of this schedule)</b>				\$	

\* 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

**CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

<b>SCHEDULE</b> <b>A</b> (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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

**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.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), 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
05/25/06	ID# CK#	Evelyn Shaff 2124 9th Street Camanche, IA 52730		\$100.00	<input checked="" type="checkbox"/>
05/25/06	ID# CK#	Donald Burzlaff 1888 210th Avenue Grand Mound, IA 52751		150.00	<input checked="" type="checkbox"/>
05/25/06	ID# CK#	Anthony Manatt P.O. Box 186 DeWitt, IA 52742		150.00	<input checked="" type="checkbox"/>
05/25/06	ID# CK#	Jeffrey Greve 1332 Harrison Dr Clinton, IA 52732		150.00	<input checked="" type="checkbox"/>
05/25/06	ID# CK#	Thomas Determann 3601 Valley Oaks Drive Clinton, IA 52732		250.00	<input checked="" type="checkbox"/>
05/25/06	ID# CK#	Jon Glahn 1721 9th Street Camanche, IA 52730		100.00	<input checked="" type="checkbox"/>
05/26/06	ID# CK#	Fred Gerdes PO Box 157 DeWitt, IA 52742		50.00	<input checked="" type="checkbox"/>
05/26/06	ID# CK#	Lewis Todtz 3614 9th Street Camanche, IA 52730-9609		50.00	<input checked="" type="checkbox"/>
05/26/06	ID# CK#	Verla Wulf 1928 190th Street Grand Mound, IA 52751		75.00	<input checked="" type="checkbox"/>
05/26/06	ID# CK#	Carol Earnhardt 1738 e 43rd street Davenport, IA 52807		50.00	<input checked="" type="checkbox"/>
<b>SUB-TOTAL</b>				\$ 1,125.00	
<b>TOTAL (if last page of this schedule)</b>				\$	

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**CONTRIBUTIONS -- MONEY TAKEN IN**  
(Including candidate's personal funds)

<b>SCHEDULE</b> <b>A</b> (Rev. 07/03)	<b>MONETARY</b> <b>RECEIPTS</b>
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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

**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.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 58B.32A(6), 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
05/26/06	ID# CK#	Thomas Determann 3601 Valley Oaks Drive Clinton, IA 52732		\$250.00	<input checked="" type="checkbox"/>
05/26/06	ID# CK#	John Tuthill 1014 Virginia Ave Bennett, IA 52721		100.00	<input checked="" type="checkbox"/>
05/26/06	ID# CK#	William Barnes 622 10th Street DeWitt, IA 52742		100.00	<input checked="" type="checkbox"/>
05/26/06	ID# CK#	Ivan Barber 617 4th Avenue DeWitt, IA 52742		100.00	<input checked="" type="checkbox"/>
05/26/06	ID# CK#	Karl Greve P.O. Box 92 Low Moor, IA 52757		200.00	<input checked="" type="checkbox"/>
05/30/06	ID# CK#	Diane Cassaday 3110 Hurts Mill Rd. Clinton, IA 52732		100.00	<input checked="" type="checkbox"/>
05/30/06	ID# 6027 CK# 2433	Deere PAC #6027 666 Grand Ave Suite 1707 Des Moines, IA 50309		500.00	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
<b>SUB-TOTAL</b>				\$ 1,350.00	
<b>TOTAL (If last page of this schedule)</b>				\$ 3,435.00	

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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>B</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)  
Steve Olson for State Representative

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
5/26/06	ID# CK# 1066	Frontier Restaurant 2300 Lincoln Way Clinton, Iowa 52732	Food for fundraising event	\$ 224.13
	ID# CK#			
<b>SUB-TOTAL</b>				<b>\$ 224.13</b>
<b>TOTAL (If last page of this schedule)</b>				<b>\$ 224.13</b>

**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).)

FOR INSTRUCTIONS, SEE BACK OF FORM

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

<b>SCHEDULE E</b> (Rev. 06/97)	<b>IN-KIND CONTRIBUTIONS</b>
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

DATE RECEIVED (MM/DD/YY)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
05/26/06	Roger J. Hill 2634 260th Avenue Camanche, Iowa 52730		Rental space for fundraiser event	\$ 100.00	<input checked="" 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"/>
					<input type="checkbox"/>
<b>SUB-TOTAL</b>				\$ 100.00	
<b>TOTAL (if last page of this schedule)</b>				\$ 100.00	

\*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.