

Reset Form

**DISCLOSURE SUMMARY PAGE**

**COMMITTEE NAME** (Must be same as on Statement of Organization)  
Joe Bolkcom for Iowa Senate

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: Joe Bolkcom Political Party (if applicable): Democratic  
 Office Sought: State Senator District (if Senate or House): 39

**FORM DR-2**  
 (Rev. 12/2005) DISCLOSURE REPORT

**For Office Use Only**  
 Comm. # 1120  
 Logged In S  
 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.

Joe Bolkcom 319 337 6280 1/7/07  
 SIGNATURE OF PERSON FILING REPORT TELEPHONE DATE SIGNED

I AM FILING A January 19, 2007 REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR.  
 (report date) Indicate by #

- 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.) .....	\$	<u>6,336.70</u>
<b>ADD TOTAL MONEY TAKEN IN THIS PERIOD</b>		
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below).....		<u>1,875.00</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>
<b>(Schedule H applies to Candidates' Committees Only)</b>		
<b>SUB-TOTAL</b> .....	\$	<u>8,211.70</u>
<b>SUBTRACT TOTAL MONEY SPENT THIS PERIOD</b>		
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below).....		<u>1,114.51</u>
Schedule F: Loan Repayments total (Attach Schedule F).....		<u>-0-</u>
<b>CASH ON HAND at the end of this reporting period (if final report balance must be zero) (Attach DR-3).....</b>	<b>\$</b>	<b><u>7,097.19</u></b>
<b>**UNPAID BILLS</b> (From Schedule D - Attach Schedule D) .....	\$	<u>-0-</u>
<b>*IN KIND CONTRIBUTIONS</b> (From Schedule E - Attach Schedule E) .....	\$	<u>-0-</u>
<b>**OUTSTANDING LOANS</b> (From Schedule F - Attach Schedule F).....	\$	<u>-0-</u>
<b>CONSULTANT BREAKDOWN</b> (Schedule G Attached?)	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
<b>CANDIDATE COMMITTEES ONLY:</b>		
<b>VALUE OF CAMPAIGN PROPERTY</b> (From Schedule H - Attach Schedule H)	\$	<u>-0-</u>

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

For Instructions, See Back of Form



SCHEDULE <b>A</b> (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)  
**Joe Bolkom for Iowa Senate**

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
Nov. 7, 2006	ID# CK# 1588	Iowa Society of Anesthesiologists PAC 2155 NW 137th St Clive, IA 50325	N/A	\$ 500.00	<input type="checkbox"/>
Nov. 7, 2006	ID# CK# 998	Rainbow Equality PAC P.O. Box 2086 Carlisle, IA 50047	N/A	50.00	<input type="checkbox"/>
Nov. 7, 2006	ID# CK#	Paul Burns 425 Beldon Ave Iowa City IA 52246	N/A	25.00	<input type="checkbox"/>
Dec 21, 2006	ID# CK#	Brian Fleck 3113 Dubuque St. NE Iowa City, IA 52240	N/A	200.00	<input type="checkbox"/>
Dec 22, 2006	ID# 6078 CK# 1638	Iowa Physical Therapy PAC 1228 13th St. Ste 1106 West Des Moines, IA 50265	N/A	100.00	<input type="checkbox"/>
Dec 29, 2006	ID# CK# 11350	IBEW PAC 900 Seventh St NW Washington, DC 20463	N/A	1,000.00	<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				\$ 1,875.00	
TOTAL (if last page of this schedule)				\$ 1,875.00	

\* 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



**EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT**

SCHEDULE <b>B</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)  
*Joe Bolkcom for Iowa Senate*

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
11/7/06	ID# CK# 1537	Cedar Rapids Gazette 500 3rd Ave Cedar Rapids IA 52406	Newspaper Subscription	\$ 236.95
11/9/06	ID# CK# 1538	Robin Butler 110 Shnyder Rd Iowa City IA 52245	volunteer refreshments reimbursement	113.72
12/15/06	ID# CK# 1539	Iowa Caregivers Association 1117 Pleasant St. Des Moines, IA 50324	Health care conference registration	30.00
12/17/06	ID# CK# 1540	Joe Bolkcom 728 2nd Ave Iowa City IA 52245	mileage reimburse 1,647 miles	732.91
12/30/06	ID# CK#	Adjustment Entry		.93
	ID# CK#			
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$ 1,114.51
TOTAL (if last page of this schedule)				\$ 1,114.51

**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).)