

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

Reset Form

FORM DR-2 (Rev. 07/2004)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	290
Logged In	[Signature]
Scanned	
Computer	
Audited	

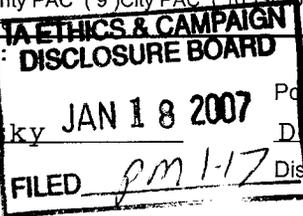
COMMITTEE NAME (Must be same as on Statement of Organization)

Committee to Elect Robert E. Dvorsky

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: Robert E. Dvorsky Political Party (if applicable): Democratic
 Office Sought: Senate District (if Senate or House): 15



Late reports are subject to possible civil and criminal penalties.

SIGNATURE OF PERSON FILING REPORT: [Signature] TELEPHONE: 319-351-8000 DATE SIGNED: 1/16/2007

I AM FILING A January 19, 2007 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 **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.)\$ 1354.12

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below) 2149.07

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\$ 3503.19

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below).... 442.82

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).....\$ 3060.37

**UNPAID BILLS (From Schedule D - Attach Schedule D).....\$ _____

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

**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

Reset 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)
Committee to Elect Robert E. Duoresky

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
11/6/2006	ID# CK#	James P. Hayer 1142 E. Court Street Iowa City, IA 52240		\$ 500.00	<input type="checkbox"/>
11/6	ID# 6484 CK# 1590	Iowa Society of Anesthesiologists 2155 NW 137th St. Clive, IA 50325		500.00	<input type="checkbox"/>
11/6	ID# 9738 CK# 2050001110	Act Blue Iowa P.O. Box 382110 Cambridge, MA 02238		24.07	<input type="checkbox"/>
11/22	ID# CK#	John + Susan Nietupski 135 N. Westminster Iowa City, IA 52245		25.00	<input type="checkbox"/>
11/22	ID# CK#	Bruce + Jean Kuehl 3602 Sun Valley Dr. NE North Liberty, IA 52317		100.00	<input type="checkbox"/>
12/29	ID# 8026 CK# 11351	I. B. E. W. Educational Committee 900 Seventh Street NW Washington, D.C. 20001		1000.00	<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

\$2149.07

TOTAL (if last page of this schedule)

\$ 2149.07

* 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

Reset Form

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

SCHEDULE 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)
Committee to Elect Robert E. Duorsky

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
11/4/2006	ID# CK# 1545	Brian Flaherty 1512 N. 1st Ave No. 2015 Coralville, IA 52241	Food for Volunteers	\$ 50.00
11/16	ID# CK#	Gazette Communications P.O. Box 511 Cedar Rapids, IA 52406	Subscription	12.85
12/9	ID# CK#	Robert E. Duorsky 412 6th Street Coralville, IA 52241	Reimbursement for travel & lodging	233.46
12/10	ID# CK#	Robert E. Duorsky 412 6th Street Coralville, IA 52241	Reimbursement for long distance telephoning	133.66
12/18	ID# CK#	Gazette Communications P.O. Box 511 Cedar Rapids, IA 52406	Subscription	12.85
	ID# CK#			
	ID# CK#			
	ID# CK#			

SUB-TOTAL \$ 442.82

TOTAL (if last page of this schedule) \$ 442.82

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).)