

DISCLOSURE SUMMARY PAGE

Reset Form

Floyd

FORM DR-2 (Rev. 07/2004)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	<u>17656</u>
Logged In	_____
Scanned	_____
Computer	_____
Audited	_____

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

ROTTINGHAUS FOR AUDITOR COMMITTEE

IMPORTANT: Indicate by # type of committee you are reporting for: 5
 (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 FRANK H. ROTTINGHAUS Political Party (if applicable) DEMOCRAT
 Office Sought FLOYD COUNTY AUDITOR District (if Senate or House) _____

Late reports are subject to possible civil and criminal penalties.

Martin W. Schmitt
SIGNATURE OF PERSON FILING REPORT

515-228-7926
TELEPHONE

10/16/04
DATE SIGNED

I AM FILING A OCTOBER 19, 2004 (report date) **STATE REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR.** Indicate by # 1

CHECK IF AMENDMENT TO REPORT DATED OCT 22 2004

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 11/02/04
 County & Local Committees, enter County in which Election is held FLOYD

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.)	\$	<u>108.26</u>
ADD TOTAL MONEY TAKEN IN THIS PERIOD		
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)		<u>2255.00</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>
(Schedule H applies to Candidates' Committees Only)		
	SUB-TOTAL	<u>2363.26</u>
SUBTRACT TOTAL MONEY SPENT THIS PERIOD		
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)		<u>1795.66</u>
Schedule F: Loan Repayments total (Attach Schedule F)		<u>0</u>
CASH ON HAND at the end of this reporting period (if final report balance must be zero) (Attach DR-3)	\$	<u>567.60</u>

**UNPAID BILLS (From Schedule D - Attach Schedule D)	\$	<u>8.97</u>
**IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)	\$	<u>150.00</u>
**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)	\$	<u>0</u>

CANDIDATE COMMITTEES ONLY:

CONSULTANT BREAKDOWN (Schedule G Attached?)

YES NO

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H) \$ 0

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)
ROTTINGHAUS FOR AUDITOR COMMITTEE

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
8/14/04	ID# CK#	MRS. E.M. DURDE 400 KELLY ST. CHARLES CITY, IA 50616		\$ 25.00	<input type="checkbox"/>
8/12/04	ID# CK#	MR. ARLIN ENABINIT 2735 GLASS AVE. MAPLE ROCK, IA 50653		25.00	<input type="checkbox"/>
8/12/04	ID# CK#	JANICE BERGLAND 2534 155TH ST. FLOYD, IA 50435		20.00	<input type="checkbox"/>
8/13/04	ID# CK#	DUANE S. GARMAN 2978 WEDGEWOOD ESTATE PLAK CHARLES CITY, IA 50616		20.00	<input type="checkbox"/>
8/14/04	ID# CK#	HAROLD B. BRANDS 1050 190 ST. EDNA, IA 50645		50.00	<input type="checkbox"/>
8/17/04	ID# CK#	TERRY CONNOR P.O. BOX 9 CHARLES CITY, IA 50616		100.00	<input type="checkbox"/>
8/17/04	ID# CK#	MARK A. KUHN 2667 240TH ST. CHARLES CITY, IA 50616		100.00	<input type="checkbox"/>
8/23/04	ID# CK#	MILIE FRANK 1535 UNDERWOOD AVE. CHARLES CITY, IA 50616		100.00	<input type="checkbox"/>
8/25/04	ID# CK#	BARBARA J. STEWART 1629 QUARRY ROAD FLOYD, IA 50435		25.00	<input type="checkbox"/>
9/16/04	ID# CK#	CATHY ROTTINGHAUS 1215 TREMONT ST. CEDAR FALLS, IA 50613	SISTER	25.00	<input checked="" type="checkbox"/>
SUB-TOTAL				\$ 490.00	
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

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)

ROTTINGHAUS FOR AUDITOR COMMITTEE

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
9/16/04	ID# CK#	STEVE D. EXLINE 1107 GILBAAT ST. CHARLES CITY, IA 50616		\$ 50.00	<input checked="" type="checkbox"/>
9/14/04	ID# CK#	BRUCE WHITE/CARMEN 1707 MISSOURI AVE. CHARLES CITY, IA 50616		25.00	<input checked="" type="checkbox"/>
9/13/04	ID# CK#	DIANNE CHRISTYSON 701 RIVERVIEW DR. ROCKFORD, IA 52467		10.00	<input checked="" type="checkbox"/>
9/15/04	ID# CK#	ROBERT/BARBARA DAVID 1605 CLARK ST. CHARLES CITY, IA 50616		25.00	<input checked="" type="checkbox"/>
9/12/04	ID# CK#	JAMES A/MARY ANN EAB 701 2ND AVE. CHARLES CITY, IA 50616		100.00	<input checked="" type="checkbox"/>
9/12/04	ID# CK#	ELIZABETH/DON KELLOG 115 ROBBY LANE CHARLES CITY, IA 50616		10.00	<input checked="" type="checkbox"/>
9/16/04	ID# CK#	LEO/BARBARA STAUB 204 BLUNT ST. CHARLES CITY, IA 50616		25.00	<input checked="" type="checkbox"/>
9/16/04	ID# CK#	BILL HAROLD 301 RIVERSIDE DRIVE CHARLES CITY, IA 50616		50.00	<input checked="" type="checkbox"/>
9/16/04	ID# CK#	PAUL J. BART 3764 130TH AVE. WHEATLAND, IA 50777	Brother-in-law	50.00	<input checked="" type="checkbox"/>
9/16/04	ID# CK#	JOAN KOENIGS 39401 Foothill Ave. St. Ansgar, IA 50472		50.00	<input checked="" type="checkbox"/>
SUB-TOTAL				\$ 375.00	
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

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)

ROTTINGHAUS FOR AUDITOR COMMITTEE

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
9/16/04	ID# CK#	DEB M. MCNBILUS 2950 230TH ST. CHARLES CITY, IA 50616		\$ 25.00	<input checked="" type="checkbox"/>
9/16/04	ID# CK#	BETH ROYER 2156 PIN OAK ESTATES LANE CHARLES CITY, IA 50616		25.00	<input checked="" type="checkbox"/>
9/16/04	ID# CK#	RICHARD R. PUMP 602 1ST AVE. NW ROCKFORD, IA 50468		25.00	<input checked="" type="checkbox"/>
9/16/04	ID# CK#	JOHN SEBERN 918 8TH ST. CHARLES CITY, IA 50616		25.00	<input checked="" type="checkbox"/>
9/16/04	ID# CK#	JERRY W. DUNN 4951 ROSEBERRY ROAD CENTER POINT, IA 52213	Brother in Law	25.00	<input checked="" type="checkbox"/>
9/16/04	ID# CK#	BARBARA E. MORK P.O. BOX 1 CHARLES CITY, IA 50616		25.00	<input checked="" type="checkbox"/>
9/16/04	ID# CK#	SYLVIA STEINBERG 1661 WALNUT AVE. CHARLES CITY, IA 50616		15.00	<input checked="" type="checkbox"/>
9/16/04	ID# CK#	P.E. MA LAND, DVM 505 3RD AVE. CHARLES CITY, IA		20.00	<input checked="" type="checkbox"/>
9/16/04	ID# CK#	DALE WEILER 1002 COURT ST. CHARLES CITY, IA 50616		10.00	<input checked="" type="checkbox"/>
9/16/04	ID# CK#	STANLEY J. HAYEK 210 PARR AVE. CHARLES CITY, IA 50616		10.00	<input checked="" type="checkbox"/>
SUB-TOTAL				\$ 205.00	
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)

ROTTINGHAUS FOR AUDITOR COMMITTEE

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
9/16/04	ID# CK#	Karen M. Beyer 212 N. Main St. Charles City, IA 50616		\$ 10.00	<input checked="" type="checkbox"/>
9/16/04	ID# CK#	Karen R. Forsyth 2283 Seven Mile Road Charles City, IA 50616		10.00	<input checked="" type="checkbox"/>
9/16/04	ID# CK#	Tracy Merfeld 734 Bradford P.O. Box 308 Marble Rock, IA 50653		10.00	<input checked="" type="checkbox"/>
9/16/04	ID# CK#	Carolyn M. Gary 212 Charles St. Charles City, IA 50616		10.00	<input checked="" type="checkbox"/>
9/16/04	ID# CK#	Ruth T. Neuzil 1588 Windfall Ave. Charles City, IA 50616		25.00	<input checked="" type="checkbox"/>
9/16/04	ID# CK#	Charlotte M. Nehls 1745 Windfall Ave. Tania, IA 50645		25.00	<input checked="" type="checkbox"/>
9/16/04	ID# CK#	Unitemized cash received @ fundraiser		25.00	<input checked="" type="checkbox"/>
9/16/04	ID# CK#	Sandra A. Ewart 1645 Quarry Rd. Floyd, IA 50435		10.00	<input checked="" type="checkbox"/>
9/16/04	ID# CK#	Teresa A. Rottinghaus 2102 S. Monroe Mason City, IA 50401	Aunt	20.00	<input checked="" type="checkbox"/>
9/16/04	ID# CK#	Rachel R. Hardman 1766 Oak Drive Charles City, IA 50616			<input checked="" type="checkbox"/>
SUB-TOTAL				\$ 170.00	
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

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)

ROTTINGHAUS FOR AUDITOR COMMITTEE

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
9/16/04	ID# CK#	Veronica Riley 113 Highland Ave. Charles City, IA		\$ 25.00	<input checked="" type="checkbox"/>
9/16/04	ID# CK#	Sarah D. Barrett 101 Hulin Charles City, IA 50616		50.00	<input checked="" type="checkbox"/>
9/16/04	ID# CK#	Laurie Pederson 114 W. Main Ave. P.O. Box 313 Rockford, IA 50468		25.00	<input checked="" type="checkbox"/>
9/16/04	ID# CK#	Cleo G. Hebert 1790 Quarry Rd. Charles City, IA 50616		25.00	<input checked="" type="checkbox"/>
9/16/04	ID# CK#	Neoma J. Thompson 701 Kellogg Ave. Charles City, IA 50616		25.00	<input checked="" type="checkbox"/>
9/16/04	ID# CK#	Brian J. Quirk 415 N. Chestnut New Hampton, IA 50659		25.00	<input checked="" type="checkbox"/>
9/16/04	ID# CK#	Patricia L. Molnar 204 Cedar Circle Charles City, IA 50616		50.00	<input checked="" type="checkbox"/>
9/16/04	ID# CK#	James H. Ragan 20 Granite Court, SE. Mason City, IA 50401		100.00	<input checked="" type="checkbox"/>
9/16/04	ID# CK#	Laurie M. Davis 1898 Gilbert St. Charles City, IA 50616		100.00	<input checked="" type="checkbox"/>
9/16/04	ID# CK#	Margo L. Rottinghaus 103 Ellis Drive Charles City, IA 50616	Siste-in-law	100.00	<input checked="" type="checkbox"/>
SUB-TOTAL				\$ 525.00	
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)

ROTTINGHAUS FOR AUDITOR COMMITTEE

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
9/17/04	ID# CK#	Charles W. Stanbro 1108 15th Ave. Charles City, IA 50616		\$ 10.00	<input checked="" type="checkbox"/>
9/17/04	ID# CK#	Larry Stewart 503 Kelly St. Charles City, IA 50616		50.00	<input checked="" type="checkbox"/>
9/16/04	ID# CK#	Judy Koenig 2065 Quait Rd. Charles City, IA 50616		10.00	<input checked="" type="checkbox"/>
9/20/04	ID# CK#	Laurel J. Schlump 2120 Pin Oak Estates Lane Charles City, IA 50616		40.00	<input checked="" type="checkbox"/>
9/23/04	ID# CK#	Robert D. Lincoln 204 Clark St. Charles City, IA 50616		20.00	<input checked="" type="checkbox"/>
9/24/04	ID# CK#	Carl C. "Kip" Hauser 1006 9th St. Charles City, IA 50616		25.00	<input checked="" type="checkbox"/>
9/25/04	ID# CK#	Mary C. Lindamin 1831 Cleveland Ave. Charles City, IA 50616		10.00	<input checked="" type="checkbox"/>
9/25/04	ID# CK#	Bruce H. Eldridge 1 Glen Oak Circle Charles City, IA 50616		10.00	<input checked="" type="checkbox"/>
9/25/04	ID# CK#	Ronald F. Turner 1706 Clark St. Charles City, IA 50616		10.00	<input checked="" type="checkbox"/>
9/27/04	ID# CK#	Charles L. Shindelar 1095 135th St. Charles City, IA 50616		50.00	<input type="checkbox"/>
SUB-TOTAL				\$ 235.00	
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

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)

BOTTINGHAUS FOR AUDITOR COMMITTEE

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
4/27/04	ID# CK#	DAN BROWN 804 7TH AVE. CHARLES CITY, IA 50616		\$ 200.00	<input type="checkbox"/>
9/29/04	ID# CK#	DAVID ROWEN 1460 TIMBER AVE. HANSBELL, IA 50441	Brother in Law	25.00	<input checked="" type="checkbox"/>
10/1/04	ID# CK#	EMELDA + BREN KRALL 1607 SALZER ST CHARLES CITY, IA 50616		10.00	<input checked="" 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"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
SUB-TOTAL				\$ 235.00	
TOTAL (if last page of this schedule)				\$ 225.55	

* 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)

ROTTINGHAUS FOR AUDITOR COMMITTEE

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
9/2/04	ID# CK#	UNITED STATES POSTAL SERVICE CHARLES CITY, IA 50616	300 37¢ STAMPS	\$ 111.00
9/14/04	ID# CK#	CONNIE BURNAY 618 1ST AVE. CHARLES CITY, IA 50616	PAPER PLATES + MARTINS 2PM FOR FUND RAISER	16.05
9/16/04	ID# CK#	SHERMAN HOUSE 300 GILBERT ST. CHARLES CITY, IA 50616	DEPOSIT FOR ROOMS FOR FUND RAISER	125.00
9/19/04	ID# CK#	JACKSON STREET PRESS FAC. 708 N. JACKSON ST. CHARLES CITY, IA 50616	CAMPAIGN LEAFLETS	717.05
9/19/04	ID# CK#	SUPERIOR LUMBER INC. 2914 HWY. 18 EAST CHARLES CITY, IA 50616	CUT PLYWOOD FOR SIGNS	180.83
9/20/04	ID# CK#	FRANK ROTTINGHAUS 1004 COURT ST. CHARLES CITY, IA 50616	PAINT, BRUSHES. ROLLERS TO PAINT SIGNS REIMBURSEMENT	101.31
9/20/04	ID# CK#	FRANK ROTTINGHAUS 1004 COURT ST. CHARLES CITY, IA 50616	ENVELOPES, LABELS STAMPS REIMBURSEMENT	100.68
9/20/04	ID# CK#	FRANK ROTTINGHAUS 1004 COURT ST. CHARLES CITY, IA 50616	FOOD FOR FUND RAISER + DRINK REIMBURSEMENT	100.24
SUB-TOTAL				\$ 1452.16
TOTAL (if last page of this schedule)				\$

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



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

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

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
9/19/04	ID# CK#	RUN AND WIN.COM P.O. Box 177 STUDLEY, VIRGINIA 23162	FOLD OVER POSTERS FRAMES FOR YARD SIGNS	\$ 283.50
10/11/04	ID# CK#	SHELL ROCK VALLEY TIMES P.O. BOX 648 NORA SPRINGS, IA 50458	NEWS PAPER ADS	60.00
	ID# CK#			
SUB-TOTAL				\$ 343.50
TOTAL (if last page of this schedule)				\$ 1795.66

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).)

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

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

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



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.

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

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*
10/9/04	PAT ROTTINGHAUS 1004 COURT ST. CHARLES CITY, IA 50616	LABELS Mailing	\$ 8.97
SUB-TOTAL			\$ 8.97
TOTAL DEBTS OWED BY COMMITTEE AT THE END OF THIS REPORTING PERIOD			\$ 8.97

*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.

