

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

COMMITTEE NAME (Must be same as on Statement of Organization)
Citizens Acting For Responsible Education

IMPORTANT: Indicate type of committee you are reporting for:
(1) Statewide/Legislative Candidate (2) Statewide PAC (3) State Party (4) County/Local Candidate
(5) County PAC (6) Ballot Issue/Franchise Committee (7) County/City Central Committee
(8) Support State of Candidates

CANDIDATE COMMITTEES ONLY:
Candidate Name _____ Political Party _____

Office Sought _____ District (if Senate or House) _____
State Representative (641) 587-2490

SIGNATURE OF TREASURER (or person filing this report) _____ TELEPHONE (641) 587-2490

Wright

FORM DR-2 (Rev. 07/2003)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	<u>21243</u>
Logged In	_____
Scanned	_____
Computer	_____
Audited	_____

**ETHICS & CAMPAIGN
DISCLOSURE BOARD**
MAY 17 2004
FAX
FILED
DATE SIGNED

Late filed reports are subject to possible civil and criminal penalties.

SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE:

I AM FILING A _____ REPORT FOR AN/A (1) ELECTION /(2) NON-ELECTION YEAR.
(report date)

Indicate one 1

CHECK IF AMENDMENT TO REPORT DATED _____

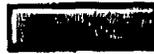
Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
(You must continue to file reports until a Notice of Dissolution is filed.)

Local Committees, enter Date of Election
March 9, 2004
County & Local Committees, enter County in
which Election is held
Wright

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (This is the total of all monies 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>0</u>
ADD TOTAL MONEY TAKEN IN THIS PERIOD		
Schedule A: Cash Contributions total (Attach Schedule A) (**also see in-kind below)		<u>5910.00</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>
<u>(Schedule H applies to Candidates' Committees Only)</u>		
SUB-TOTAL	\$	<u>5910.00</u>
SUBTRACT TOTAL MONEY SPENT THIS PERIOD		
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)		<u>5159.48</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>\$50.52</u>
**UNPAID BILLS (From Schedule D - Attach Schedule D)	\$	<u>0</u>
**IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)	\$	<u>0</u>
**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)	\$	<u>0</u>
CANDIDATE COMMITTEES ONLY:		
CONSULTANT BREAKDOWN (Schedule G Attached?)		<input type="checkbox"/> YES <input type="checkbox"/> NO
VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)	\$	_____

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)
Citizens Acting for Responsible Education

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
2-4-04	ID# CK# 7200	Keda Inc. 320 Allen Ave. Garner, IA 50438		\$ 100	<input type="checkbox"/>
2-4-04	ID# CK# 5192	Rev Kropp 2380 170th St Klemme, IA 50449		100	<input type="checkbox"/>
2-4-04	ID# CK# 4877	Grant Anderson 1820 180th St Garner, IA 50438		100	<input type="checkbox"/>
2-4-04	ID# CK# 3717	Michael Barkema 1835 HWY 69 Klemme, IA 50449		100	<input type="checkbox"/>
2-4-04	ID# CK# 1090	New Farms, Inc. 2470 170th St. Klemme, IA 50449		100	<input type="checkbox"/>
2-4-04	ID# CK# 9595	Tom Renner 2360 244th St. Vantura, IA		200	<input type="checkbox"/>
2-5-04	ID# CK# 2833	Sam Katter 1880 Rake Av. Garner, IA 50438		100	<input type="checkbox"/>
2-5-04	ID# CK# 9044	Dennis Guth 1770 Rte F Klemme, IA 50449		400	<input type="checkbox"/>
2-5-04	ID# CK# 3323	Mary Ann Wacker 2270 190th St. Garner, IA 50438		250	<input type="checkbox"/>
2-5-04	ID# CK# 1202	A.W. Trust 2270 190th St. Garner, IA 50438		250	<input type="checkbox"/>
SUB-TOTAL				\$ 1700	
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

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

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

COMMITTEE NAME (Must be same as on Statement of Organization)
Citizens Acting for Responsible Education

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(8), 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
2-5-04	ID# CK#	Chet + Elsie Renner 1507 W 6 th Av N Clear Lake, IA 50428		\$ 100	<input type="checkbox"/>
2-5-04	ID# CK# 2119	Pearson Farms 2490 160 th St. Klemme, IA 50449		125	<input type="checkbox"/>
2-5-04	ID# CK# 159	Gloria Goff 2405 160 th St. Klemme, IA 50449		50	<input type="checkbox"/>
2-5-04	ID# CK#	Kevin Pearson Yale Ave Klemme, IA 50449		50	<input type="checkbox"/>
2-5-04	ID# CK#	Brest Renner 2455 140 th St. Klemme, IA 50449		100	<input type="checkbox"/>
2-11-04	ID# CK#	Dean Carolus 1285 Taft Ave Klemme, IA 50449		100	<input type="checkbox"/>
2-11-04	ID# CK#	Stan Olson PO Box 186 Rowan, IA 50470		1000	<input type="checkbox"/>
2-19-04	ID# CK#	Bill Neuberger 505 E Jerusalem St. Klemme, IA 50449		300	<input type="checkbox"/>
2-23-04	ID# CK#	Charlotte Christie 1735 Palm Ave. Garner, IA 50438		50	<input type="checkbox"/>
3-2-04	ID# CK#	Marion Buckley 1645 140 th St Klemme, IA 50449		100	<input type="checkbox"/>
SUB-TOTAL				\$ 1975	
TOTAL (If last page of this schedule)				\$	

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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)
CARE Citizens Acting for Responsible Education

STATE CANDIDATE'S 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
3/5/04	ID# CK#	Gary Lenz 1845 Hwy 69 Garner, IA 50438		\$ 100	<input type="checkbox"/>
3/5/04	ID# CK#	Melvin Schlichting 3255 150th St Klemme, IA 50449		200	<input type="checkbox"/>
3/5/04	ID# CK#	Bill Velau 1585 160th St. Garner, IA 50438		200	<input type="checkbox"/>
3/5/04	ID# CK#	Virgil Stahl 1285 Welch Ave Klemme, IA 50449		10	<input type="checkbox"/>
3/5/04	ID# CK#	Marvin Lonnevick 1450 180th St Britt, IA 50423		100	<input type="checkbox"/>
3/8/04	ID# CK#	Glaybaugh Electric 314 E Iowa St. Klemme, IA 50449		125	<input type="checkbox"/>
3/9/04	ID# CK#	Herman Goll 1805 Taffs Av. Klemme, IA 50449		50	<input type="checkbox"/>
3/10/04	ID# CK#	Pine Knoll Farms 2080 150th St. Klemme, IA 50449		100	<input type="checkbox"/>
3/12/04	ID# CK#	Gloria Warren 226 Maple St Shafter, CA 93263		200	<input type="checkbox"/>
3/16/04	ID# CK#	Everett Guth 215 S 4th St Klemme, IA 50449		250	<input type="checkbox"/>
SUB-TOTAL				\$ 800	1435
TOTAL (If last page of this schedule)				\$ 4	

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For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

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

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

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 88B.32A(9), 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
3/22/04	ID# CK#	BC Arnold PO Box 281 Klamme, IA 50449		\$ 200	<input type="checkbox"/>
3/22/04	ID# CK#	Randy Nunnaga 2290 160th St. Klamme, IA 50449		50	<input type="checkbox"/>
3/22/04	ID# CK#	Gary Laubs 2158 James Ave. Britt, IA 50423		50	<input type="checkbox"/>
4/20/04	ID# CK#	Evelyn Arnold		100	<input type="checkbox"/>
4/20/04	ID# CK#	Wilbur Arnold		100	<input type="checkbox"/>
4/20/04	ID# CK#	Eugene Grieman		100	<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

\$ 600
5910.00

TOTAL (If last page of this schedule)

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FOR INSTRUCTIONS, SEE BACK OF 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)
 Citizens Acting for Responsible Education

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
2/10/04	ID# CK# CC	Dorr Consulting Services 268 Main Street P.O. Box 188 Ocheyedan, IA 51354	Consulting Services	\$2000.00
2/23/04	ID# CK# 1006	Printing Services Inc. 524 River Ave. North Belmond, IA 50421	Newspaper Ad	214.50
2/23/04	ID# CK# 1007	Belmond Independent 215 E Main St Belmond, IA 50421	Newspaper Ad	175.00
3/1/04	ID# CK# 1008	Dorr Consulting Services P.O. Box 188 Ocheyedan, IA 51354	costs	100.00
3/3/04	ID# CK# 1009	Mail House PO Box 1105 Sioux City, IA 51102-1105	Flyer	800.00
3/4/04	ID# CK# 1010	KLMS 1509 4th St NE Hampton, IA 50441	Radio Ad	286.00
3/4/04	ID# CK# 1011	K10W 18643 360th St Forest City, IA 50436	Radio Ad	333.90
	ID# CK#			

SUB-TOTAL \$ 3909.40
~~TOTAL~~ \$ 3909.40

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.8(3)(i).)

FOR INSTRUCTIONS, SEE BACK OF 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)

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
3/9/04	ID# CK# 1012	Record Printing Record Printing 117 Villa Ave. Sioux City, IA 51103	Flyer Printing	\$ 308.92
3/9/04	ID# CK# 1013	Mail House Inc PO Box 1105 Sioux City, IA 51102-1105	Flyer	141.16
3/12/04	ID# CK# 1014	Paul Dorn Consulting 868 Main St. PO Box 188 Ocheyedan, IA 51354	Consulting Services	900.00
	ID# CK#			
SUB-TOTAL				\$ 1250.08
TOTAL (If last page of this schedule)				\$ 5159.48

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.6(3)(i).)