

DISCLOSURE SUMMARY PAGE

FORM DR-2 (Rev. 01/98)	DISCLOSURE REPORT
For Office Use Only	
Comm. # <u>711</u>	
Indexed <u>✓</u>	
Audited _____	
Computer _____	

COMMITTEE NAME (Must be same as on Statement of Organization)
 KLEMME FOR STATE REPRESENTATIVE

IMPORTANT: Indicate type of committee you are reporting for: 1

(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

Karen J. Brewer 712-546-6667 1/9/04
SIGNATURE OF TREASURER (or person filing this report) **TELEPHONE** **DATE SIGNED**

Routine Penalties Due For Late Filed Reports Range from \$20 to \$600

SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE:

I AM FILING A JANUARY 19, 2004 REPORT FOR AN/A (1) ELECTION /(2) ~~NON-ELECTION YEAR~~.
 (report date) Indicate one 2

JAN 12 2004
 pm 1-9

CHECK IF AMENDMENT TO REPORT DATED _____

Local Committees, enter Date of Election _____

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

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.)

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.)\$ 3,660.79

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) 280.26

Schedule F: Loans Received total (Attach Schedule F)00

Schedule H: Total Sales of Campaign Property (Attach Schedule H)00

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL.....\$ 3,941.05

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule D: Expenditures total (Attach Schedule D) 1,308.61

Schedule F: Loan Repayments total (Attach Schedule F)00

CASH ON HAND at the end of this reporting period (if final report, balance must be zero) (Attach DR-3)\$ 2,632.44

UNPAID BILLS (From Schedule D - Attach Schedule D)\$.00

IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)\$.00

OUTSTANDING LOANS (From Schedule F - Attach Schedule F)\$.00

CANDIDATE COMMITTEES ONLY:

CONSULTANT BREAKDOWN (Schedule G Attached?) YES NO

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)\$.00

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

SCHEDULE A (Rev. 06/97)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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

KLEMME 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

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
1/10/03	ID# INTEREST CK# EARNED ON ACCOUNT	AMERICAN BANK 234 5TH AVE SW LE MARS, IA 51031		\$ 3.09	
1/15/03	ID# 6059 CK# 2337	IOWA COMMITTEE OF AUTOMOTIVE RETAILERS 1111 OFFICE PARK RD WEST DES MOINES IA 50265		150.00	
2/10/03	ID# INTEREST CK# EARNED ON ACCOUNT	AMERICAN BANK 234 5TH AVE SW LE MARS IA 51031		3.19	
3/10/03	ID# INTEREST CK# EARNED ON ACCOUNT	AMERICAN BANK 234 5TH AVE SW LE MARS, IA 51031		2.84	
4/10/03	ID# INTEREST CK# EARNED ON ACCOUNT	AMERICAN BANK 234 5TH AVE SW LE MARS IA 51031		3.11	
5/9/03	ID# INTEREST CK# EARNED ON ACCOUNT	AMERICAN BANK 234 5TH AVE SW LE MARS IA 51031		2.51	
6/10/03	ID# INTEREST CK# EARNED ON ACCOUNT	AMERICAN BANK 234 5TH AVE SW LE MARS IA 51031		2.77	
7/10/03	ID# INTEREST CK# EARNED ON ACCOUNT	AMERICAN BANK 234 5TH AVE SW LE MARS IA 51031		2.42	
8/8/03	ID# INTEREST CK# EARNED ON ACCOUNT	AMERICAN BANK 234 5TH AVE SW LE MARS IA 51031		1.96	
8/19/03	ID# SEE ATTACHED CK# 4780	DUPONT GOOD GOVERNMENT FUND 1007 MARKET ST ROOM D-11078 WILMINGTON DE 19898		100.00	
SUB-TOTAL				\$ 271.89	
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) (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.

For Instructions, See Back of Form

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

SCHEDULE A (Rev. 06/97)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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

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
9/10/03	ID# INTEREST CK# EARNED ON ACCOUNT	AMERICAN BANK 234 5TH AVE SW LE MARS IA 51031		\$ 2.02	
10/10/03	ID# INTEREST CK# EARNED ON ACCOUNT	AMERICAN BANK 234 5TH AVE SW LE MARS IA 51031		1.95	
11/10/03	ID# INTEREST CK# EARNED ON ACCOUNT	AMERICAN BANK 234 5TH AVE SW LE MARS IA 51031		2.24	
12/4/03	ID# INTEREST CK# EARNED ON ACCOUNT	AMERICAN BANK 234 5TH AVE SW LE MARS IA 51031		2.16	
	ID# CK#				
SUB-TOTAL				\$ 8.37	
TOTAL (If last page of this schedule)				\$ 280.26	

* 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) (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.

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

SCHEDULE B (Rev. 09/97)	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)
 KLEMME 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
1/26/03	ID# CK# 1073	AKRON HOMETOWNER 330 REED STREET AKRON IA 51001	1 YEAR SUBSCRIPTION OFFICE HOLDER EXPENSE	\$ 23.00
2/1/03	ID# CK# 1074	LE MARS CHAMBER OF COMMERCE 50 CENTRAL AVE SE LE MARS IA 51031	ANNUAL MEETING - 2 DINNERS OFFICE HOLDER EXPENSE	50.00
2/3/03	ID# CK# 1075	TREASURER STATE OF IOWA DES MOINES IA	"IOWA" GIFT ITEMS OFFICE HOLDER EXPENSE	13.50
2/4/03	ID# CK# 1076	TREASURER STATE OF IOWA DES MOINES IA	STATIONARY OFFICE HOLDER EXPENSE	41.63
2/8/03	ID# CK# 1077	SIOUX COUNTY PORK PRODUCERS SIOUX CENTER IA 51250	2 DINNERS OFFICE HOLDER EXPENSE	20.00
4/1/03	ID# CK# 1078	REPUBLICAN PARTY OF IOWA DES MOINES IA	CONTRIBUTE TO STATE PARTY OFFICE HOLDER EXPENSE	500.00
6/23/03	ID# CK# 1079	PAPER WAREHOUSE 4400 SARGEANT RD SIOUX CITY IA 51106	4TH JULY PARADE, CANDY, BOWS, PAPER DECORATION OFFICE HOLDER EXPENSE	64.48
7/9/03	ID# CK# 1080	CAPITAL DEMOCRAT 113 CENTRAL AVE SE ORANGE CITY IA 51041	1 YEAR SUBSCRIPTION OFFICE HOLDER EXPENSE	24.00
SUB-TOTAL				\$ 736.61
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 56.6(3)(i).)

FOR INSTRUCTIONS, SEE BACK OF FORM

EXPENDITURES – MONEY SPENT FROM COMMITTEE ACCOUNT

SCHEDULE B (Rev. 09/97)	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)

KLEMME 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
7/14/03	ID# CK# 1081	LEGISLATIVE MAJORITY FUND DES MOINES IA	FOR STATE PARTY CANDIDATES OFFICE HOLDER EXPENSE	\$ 500.00
9/28/03	ID# CK# 1082	CHRIST LUTHERAN CHURCH 27071 C16 LE MARS IA 51031	2 DINNERS OFFICE HOLDER EXPENSE	13.00
10/27/03	ID# CK# 1083	AKRON REGISTER TRIBUNE 131 REED ST AKRON IA 51001	1 YEAR SUBSCRIPTION OFFICE HOLDER EXPENSE	24.00
11/6/03	ID# CK# 1084	INDEPENDENT EXAMINER 820 CENTRAL AVE HAWARDEN IA 51023	1 YEAR SUBSCRIPTION OFFICE HOLDER EXPENSE	25.00
12/4/03	ID# CK# 1085	LE MARS CHAMBER OF COMMERCE 50 CENTRAL AVE SE LE MARS IA 51031	1 LUNCHEN TICKET OFFICE HOLDER EXPENSE	10.00
	ID# CK#			
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$ 572.00
TOTAL (if last page of this schedule)				\$ 1,308.61

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 56.6(3)(i).)