

FOR INSTRUCTIONS, SEE BACK OF FORM



DISCLOSURE SUMMARY PAGE

FORM DR-2 (Rev. 07/2004)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	965
Logged In	SL TR
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Computer	
Audited	

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COMMITTEE NAME (Must be same as on Statement of Organization)
McKibben for Senate Committee

IMPORTANT: Indicate by # type of committee you are reporting for: 1 2 3 4 5 6 7 8 9 10 11

(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: Larry Political Party (if applicable): _____
Office Sought: _____ District (if Senate or House): _____

Jul 19 2004 pm 7-16

Late reports are subject to possible civil and criminal penalties.

Marsha Gaskill
SIGNATURE OF PERSON FILING REPORT

641-752-6908
TELEPHONE

July 16, 2004
DATE SIGNED

I AM FILING A July 19, 2004 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.)	\$ 47,455.22
ADD TOTAL MONEY TAKEN IN THIS PERIOD	
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)	2,095.00
Schedule F: Loans Received total (Attach Schedule F)	0.00
Schedule H: Total Sales of Campaign Property (Attach Schedule H)	0.00
(Schedule H applies to Candidates' Committees Only)	
SUB-TOTAL	\$ 49,550.22
SUBTRACT TOTAL MONEY SPENT THIS PERIOD	
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)....	5,362.32
Schedule F: Loan Repayments total (Attach Schedule F)	0.00
CASH ON HAND at the end of this reporting period (if final report balance must be zero) (Attach DR-3)	\$ 44,187.90
**UNPAID BILLS (From Schedule D - Attach Schedule D)	\$ 0.00
*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)	\$ 555.00
**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)	\$ 0.00
CANDIDATE COMMITTEES ONLY:	
CONSULTANT BREAKDOWN (Schedule G Attached?)	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)	\$ 0.00

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)

McKibben for Senate 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
6/24/04	ID# CK#	Paula Feltner 1609 Buffalo Road West Des Moines, Iowa 50265		\$250.00	<input type="checkbox"/>
6/8/04	ID# CK#	Dennie Gould 2236 Marble Road Liscomb, Iowa 50148		50.00	<input type="checkbox"/>
6/24/04	ID# CK#	Michael B. Heller 1621 S. 50th Place West Des Moines, Iowa 50265		250.00	<input type="checkbox"/>
6/16/04	ID# CK#	Jary L. Hoskey 2292 Three Bridges Road Marshalltown, Iowa 50158		100.00	<input type="checkbox"/>
6/14/04	ID# CK#	Dickson Jensen 235 Alexander Avenue Ames, Iowa 50010		100.00	<input type="checkbox"/>
6/16/04	ID# CK#	Thomas E. Mack 204 Highland Acres Road Marshalltown, Iowa 50158		100.00	<input type="checkbox"/>
6/21/04	ID# CK#	M. Corinne Martin 1215 Glick Avenue Union, Iowa 50258		100.00	<input type="checkbox"/>
6/10/04	ID# CK#	Dan A. Moellers 708 Jackson Marshalltown, Iowa 50158		100.00	<input type="checkbox"/>
6/10/04	ID# 6070 CK# 3001	Iowa LawPac 521 E. Locust Street, Fl. 3rd Des Moines, Iowa 50309		250.00	<input type="checkbox"/>
6/1-6/30/04	ID# CK#	Total unitemized contributions during June 1-30, 2004 reporting period of \$25 or less		85.00	<input type="checkbox"/>
SUB-TOTAL				\$ 1,385.00	
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)
McKibben for Senate 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
7/9/04	ID# CK#	Ed W. Adams 1201 W. Main Street Marshalltown, Iowa 50158		\$ 50.00	<input type="checkbox"/>
7/9/04	ID# CK#	Abie Chadderdon 501 E. Main Street Marshalltown, Iowa 50158		100.00	<input type="checkbox"/>
7/9/04	ID# CK#	Ervin E. Ficken 1829 310th Street Melbourne, Iowa 50162		35.00	<input type="checkbox"/>
7/6/04	ID# CK#	Emily G. Putney 1365 170th Street Gladbrook, Iowa 50635		500.00	<input type="checkbox"/>
7/1-7/14/04	ID# CK#	Total unitemized contributions during July 1-14, 2004 reporting period of \$25 or less		25.00	<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				\$ 710.00	
TOTAL (if last page of this schedule)				\$ 2,095.00	

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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)
 McKibben for Senate 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
6/2/04	ID# CK#	Jason McKibben 2264 Marsh Avenue Marshalltown, Iowa 50158	Reimburse for Menard's wood lath for campaign signs	\$ 7.36
6/3/04	ID# CK#	Postmaster 309 E. Linn Marshalltown, Iowa 50158	Postage & certified mail fee to submit 6/4/04 Disclosure Report to Iowa Ethics	4.88
6/7/04	ID# CK#	Jason McKibben 2264 Marsh Avenue Marshalltown, Iowa 50158	Consulting from 5/24 - 6/4/04 (\$200 per week)	400.00
6/8/04	ID# CK#	Mid-Iowa Enterprise 130 W. Main Street State Center, Iowa 50247	One-year subscription renewal	25.00
6/10/04	ID# CK#	LeAnn Jesina 151 Vogel Ottumwa, Iowa 52501	May consulting (8 hours)	104.00
6/10/04	ID# CK#	LeAnn Jesina 151 Vogel Ottumwa, Iowa 52501	Reimburse for May mileage (170 mi.)	63.75
6/14/04	ID# CK#	VictoryStore.com 5200 S.W. 30th Street Davenport, Iowa 52802	Printing costs for popcorn bags, campaign signs & magnets	3,756.13
6/16/04	ID# CK#	Adland Engraving & Screenprint Company	Printing on campaign t-shirts	44.20
SUB-TOTAL				\$ 4,405.32
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)(l).)

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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)
McKibben for Senate 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
6/21/04	ID# CK#	Jason McKibben 2264 Marsh Avenue Marshalltown, Iowa 50158	Bi-weekly Consulting from 6/7 - 6/18/04	\$ 400.00
7/6/04	ID# CK#	Jason McKibben 2264 Marsh Avenue Marshalltown, Iowa 50158	Bi-weekly Consulting from 6/21-7/2/04	400.00
7/6/04	ID# CK#	Postmaster 309 E. Linn Marshalltown, Iowa 50158	Two rolls of stamps	74.00
7/6/04	ID# CK#	Postmaster 309 E. Linn Marshalltown, Iowa 50158	Semi-annual Post Office Box Rent	63.00
7/14/04	ID# CK#	Oktemberfest P.O. Box 1616 Marshalltown, Iowa 50158	Parade Entry Fee	20.00
	ID# CK#			
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$ 957.00
TOTAL (if last page of this schedule)				\$ 5,362.32

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).)

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

McKibben for Senate Committee



SCHEDULE E (Rev. 06/97)	IN KIND CONTRIBUTIONS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
6/30/04	Larry E. McKibben 1703 Robertson Drive Marshalltown, Iowa 50158	Self	Office space & computer usage for June	\$ 200.00	<input type="checkbox"/>
6/30/04	Larry E. McKibben 1703 Robertson Drive Marshalltown, Iowa 50158	Self	Mileage - 320 miles @ .375 cents	120.00	<input type="checkbox"/>
7/14/04	Larry E. McKibben 1703 Robertson Drive Marshalltown, Iowa 50158	Self	Office space & computer usage for July 1-14 2004	100.00	<input type="checkbox"/>
7/14/04	Larry E. McKibben 1703 Robertson Drive Marshalltown, Iowa 50158	Self	Mileage-360 miles @ .375 cents	135.00	<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
SUB-TOTAL				\$	
TOTAL (if last page of this schedule)				\$	555.00

*Disclosure law requires candidates to disclose the relationship of any relative making an in kind 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.

THIS FORM IS USED BY CANDIDATES' COMMITTEES ONLY

SCHEDULE G (Rev. 02/96)	BREAKDOWN OF MONETARY EXPENDITURES BY CONSULTANT
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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

McKibben for Senate Committee

Reset Form

PART II- ITEMIZED BREAKDOWN OF UNREIMBURSED EXPENSES PAID BY CONSULTANT TO OTHERS IN PERFORMING SERVICES OF CONTRACT (These expenses should NOT be reported on Schedule B, as they are direct payment from the consultant.)

PART I - NAME AND ADDRESS OF CONSULTANT

Name of Consultant		
LeAnn Jesina		
Mailing Address		
151 Vogel		
City	State	Zip Code
Ottumwa	Iowa	52501

DATE EXPENDED (MM/DD/YR)	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE	AMOUNT EXPENDED
			\$

CONTRACT PERIOD (MM/DD/YR)	TOTAL ANTICIPATED COMPENSATION FOR PERFORMANCE
From 6-2-04	\$ 13.00 per hour plus reimbursement for actual expenses incurred.
To 7-14-04	

ESTIMATES OF PERFORMANCE

To advise the campaign committee on matters of organization,

volunteer staffing & prepare media advertising copy.

SUB-TOTAL

TOTAL (If last page of this schedule)

\$
\$

THIS FORM IS USED BY CANDIDATES' COMMITTEES ONLY

SCHEDULE G (Rev. 02/96)	BREAKDOWN OF MONETARY EXPENDITURES BY CONSULTANT
	<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM

COMMITTEE NAME (Must be same as on Statement of Organization)
 McKibben for Senate Committee



PART II- ITEMIZED BREAKDOWN OF UNREIMBURSED EXPENSES PAID BY CONSULTANT TO OTHERS IN PERFORMING SERVICES OF CONTRACT (These expenses should NOT be reported on Schedule B, as they are direct payment from the consultant.)

PART I - NAME AND ADDRESS OF CONSULTANT

Name of Consultant Jason McKibben		
Mailing Address 2264 Marsh Avenue		
City Marshalltown	State Iowa	Zip Code 50158

DATE EXPENDED (MM/DD/YR)	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE	AMOUNT EXPENDED
			\$

CONTRACT PERIOD (MM/DD/YR)	TOTAL ANTICIPATED COMPENSATION FOR PERFORMANCE
From 6-2-04	\$ 200.00 per week
To 7-14-04	

ESTIMATES OF PERFORMANCE

To organize campaign political events and parade activities, recruitment and supervision of campaign volunteers, scheduling and data processing.

SUB-TOTAL	\$
TOTAL (If last page of this schedule)	\$