FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

FORM DR-2 (Rev. 07/2003) — DISCLOSURE REPORT

For Office Use Only
Comm. # 1514
Logged in SW
Scanned
Computer
Audited

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

Severson for State House

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

CANDIDATE COMMITTEES ONLY:

Candidate Name: Gale Severson
Political Party: Republican
Office Sought: State Representative
District (If Senate or House): 24

JUL 19 2004

Jacquelyn J. Opperman — 563-933-6275 — 7-19-04
SIGNATURE OF TREASURER (or person filing this report) — TELEPHONE — 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 7-19-04 (report date) REPORT FOR AN/A (1) ELECTION /(2)NON-ELECTION YEAR. 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

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. (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.) ..... $ 7176.56

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below) 2215.00

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 ..... $ 9391.56

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below) 5487.89

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) ..... $ 3903.67

**UNPAID BILLS (From Schedule D - Attach Schedule D) ..... $ 159.80

*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E) ..... $ 714.60

**OUTSTANDING LOANS (From Schedule F - Attach Schedule F) ..... $ 800.00

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
☐ 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)*
Sieverson for State House

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
5/26/04	ID# CK#	Michelle + Kelly Regan 4015 Ashby Ave Des Moines Ia 50310		$50.00	
5/27/04	ID# CK#	Susan Dohrmann Box 502 Fayette Ia 52142		100.00	
6/10/04	ID# CK#	Brian + Florence Gifford 912 Carter St Reader Ia 52043		50.00	
6/14/04	ID# CK#	Gary + Judith Burrack 14557 Glider Rd. Monona Ia 52159		50.00	
6/24/04	ID# CK#	Gary + Barbara Gellenga 12202 Bell Rd. Volga Ia 52077-8016		100.00	✓
6/26/04	ID# CK#	Gerry Ammen 307 Bridge Reader Ia 52043		50.00	✓
6/29/04	ID# CK#	Ray + Eunice Steinapp 34456 Crystal Rd. Strawberry Point Ia 52076		100.00	✓
6/30/04	ID# CK#	Robert + Bonnie Bassett 5303 B Ave Arlington Ia 50606		50.00	✓
7/1/04	ID# CK#	Mark Zieman 254 Guana Rd Postville Ia 52162		50.00	✓
7/2/04	ID# CK#	Marlin + Donna Schmidke 411 Park Ave. PO Box 157 Strawberry Point Ia 52076		30.00	✓
			SUB-TOTAL	$630.00	
			TOTAL *(If last page of this schedule)*	$ [illegible]	

* 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
☐ CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME *(Must be same as on Statement of Organization)*
Leverson for State House

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
7/2/04	ID# C0034641 CK# 1077	Iowa PAC PO Box 35 Manchester Ia 52057		$ 500.00	☐
7/2/04	ID# CK#	Richard Kelly 1351 20th St. Manchester Ia 52057		100.00	☐
7/7/04	ID# CK#	Ken Klocke 10831 322nd St Arlington Ia 50606		50.00	✓
7/8/04	ID# CK#	Don + Sandra Clowanger 11032 370th St. Strawberry Point Ia 52076		50.00	✓
7/11/04	ID# CK#	Mark + Lana Mueller 11499 Hwy 3 Strawberry Point Ia 52076		120.00	✓
7/12/04	ID# CK#	Wayne + Karen Brownell 12857 18th St Belmond Ia 50662		50.00	✓
7/13/04	ID# CK#	Don + Del Baker 2451 J. Ave Stanley Ia 50671		50.00	☐
	ID# CK#	unitemized contributions for the period		$ 665.00	☐
	ID# CK#				☐
	ID# CK#				☐
			SUB-TOTAL	$ 1535.00	
			TOTAL *(If last page of this schedule)*	$ 2215.00	

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FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

SCHEDULE B (Rev 07/03)	MONETARY EXPENDITURES
☐ CHECK THIS BOX IF AMENDING 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.

COMMITTEE NAME *(Must be same as on Statement of Organization)*
Emerson for State House

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
5/25/04	ID# CK#	Becher Signs 908 E. Main St. Manchester Ia 52057	magnetic signs + rework signs	$ 157.29
5/28/04	ID# CK#	North Iowa Times Box H McGregor Ia 52157	subscription	22.00
5/28/04	ID# CK#	Fayette Leader Fayette Ia 52142	subscription	11.00
5/28/04	ID# CK#	The Guttenberg Press PO Box 937 Guttenberg Ia 52052	subscription	18.00
5/28/04	ID# CK#	Edgewood Reminder Edgewood Ia 52042	subscription	11.00
5/28/04	ID# CK#	Outlook Publishing PO Box 310 Monona Ia 52159	subscription	27.00
5/28/04	ID# CK#	Elgin Echo Box 97 Elgin Ia 52141	subscription	12.50
5/28/04	ID# CK#	Heritage Printing 124 E. Main St. Manchester Ia 52057	10,000 labels	437.63
			SUB-TOTAL	$ 696.42
			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

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SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
☐ CHECK THIS BOX IF AMENDING 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.

COMMITTEE NAME *(Must be same as on Statement of Organization)*
Severson for State House

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#	Victory Enterprises Inc 5200 N. 30th St Davenport Ia 52802	clear literature bags (for parades)	$ 145.39
6/2/04	ID# CK#	Clayton Co Register PO Box 130 Elkader Ia 52043	6 mo. subscription	17.00
6/2/04	ID# CK#	Heritage Printing Co 124 E Main St Manchester Ia 52057	postcards to mail to voters	*267.54
6/11/04	ID# CK#	Postmaster Strawberry Pt Ia 52076	postage stamps	29.60
6/18/04	ID# CK#	Elaine Severson 10323 Hwy 3 Strawberry Pt Ia 52076	reimb. for parade candy	129.60
6/18/04	ID# CK#	The Rec Room 229 S Frederick Delwein Ia 50662	printed t-shirts and polo for parade & promotion	441.26
6/25/04	ID# CK#	Postmaster Strawberry Pt Ia 52076	postage stamps	37.00
6/30/04	ID# CK#	Postmaster Strawberry Pt Ia 52076	postage stamps	29.60
			SUB-TOTAL	$ 1096.79
			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).)

(for Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM

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SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES

☐ CHECK THIS BOX IF AMENDING 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

COMMITTEE NAME *(Must be same as on Statement of Organization)*
Generson for State House

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
6/30/04	ID# CK#	Elaine Generson 10323 Hwy 3 Strawberry Pt Ia 52076	parade candy	$ 250 07
7/7/04	ID# CK#	Online Store 5200 SW 30th St Davenport Ia 52802	literature bags for parades	145 39
7/10/04	ID# CK#	Wal-Mart Decorah Ia 52101	parade	150.00
7/14/04	ID# CK#	Scott Printing & Design 1112 Iowa St Dubuque Ia 52001	brochures	663.40
7/14/04	ID# CK#	Heritage Printing Co 124 E. Main St Manchester Ia 52057	note pads	248 55 62
	ID# CK#			
	ID# CK#			
	ID# CK#			

SUB-TOTAL $3694.48

TOTAL *(if last page of this schedule)* $5487 89

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

COMMITTEE NAME (Must be same as on Statement of Organization)
Severson for State House

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

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SCHEDULE D (Rev. 08/98) INCURRED INDEBTEDNESS

☐ CHECK THIS BOX IF AMENDING FORM

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

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

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*
7/13/04	The Rec Room 229 A. Frederick Delmeen Ia 50662	shirts with campaign logo	$ 72.06
7/2/04	Bleker Photography Inc. 3324 50th St. Arlington Ia 50606	photos + sitting fee	87.74
		SUB-TOTAL	$ 159.80
		TOTAL DEBTS OWED BY COMMITTEE AT THE END OF THIS REPORTING PERIOD	$ 159.80

*If actual figure is unknown, show "estimated" beside the figure.

Page 1 of 1 (for Schedule D)

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.

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)
Severson for State House

Reset Form

SCHEDULE E (Rev. 06/97) IN KIND CONTRIBUTIONS

☐ 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
7/2/04	Elaine Severson 10323 Hwy 3 Strawberry Point IA	wife	food for Nussle Event	$ 25.00	☐
7/10/04	Jon Janssen 7623 J Ave Arlington IA 50606	son-in-law	truck repairs to parade vehicle	110.00	☐
7/14/04	gale Severson 10323 Hwy 3 Strawberry Pt IA	self	vehicle mileage @ 20¢	489.60	☐
7/14/04	gale Severson 10323 Hwy 3 Strawberry Point IA	self	various meal tickets	90.00	☐
					☐
					☐
					☐
					☐
					☐
					☐

SUB-TOTAL $ 714.60

TOTAL (if last page of this schedule) $ 714.60

*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.

Page 1 of 1 (for Schedule E)

FOR INSTRUCTIONS, SEE BACK OF FORM

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SCHEDULE F (Rev. 07/03)	LOANS RECEIVED & REPAID

☐ CHECK THIS BOX IF AMENDING FORM

COMMITTEE NAME (Must be same as on Statement of Organization)
Severson for State House

NOTE: This schedule reports money loaned to the committee which is deposited in the committee account.

TOTAL UNPAID LOANS FROM LAST REPORTING PERIOD $ 800.00

PART I - MONETARY LOANS RECEIVED THIS REPORTING PERIOD
(Original source of loan, such as a bank, must be shown if a third party is involved. Include loans from candidate's personal funds.)

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE (If Applicable*)	AMOUNT OF LOAN
			$

TOTAL (PART I) - $ _____

PART II - MONETARY LOAN REPAYMENTS MADE THIS REPORTING PERIOD
(Loans forgiven must be reported on Schedule E – In-kind Contributions.)

DATE PAID (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE* (If Applicable)	AMOUNT REPAID
			$

TOTAL CASH REPAYMENTS (PART II) $ _____

From Schedule E – TOTAL LOANS FORGIVEN $ _____

TOTAL OUTSTANDING LOANS END OF REPORT PERIOD $ 800.00

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(for Schedule F)

JUL-19-04 02:56 PM QUALITY ACCT AND TAX SER 5639336416 P.11