

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

Revised Form

FORM DR-2 (Rev. 07/2003)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	9664
Logged In	<input checked="" type="checkbox"/>
Scanned	
Computer	
Audited	

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

SITI pac # 9664

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

CANDIDATE COMMITTEES ONLY:

Candidate Name _____ Political Party _____

Office Sought _____ District (if Senate or House) _____

JUL 19 2004
pm 6-30

Therian Upbe 515.205.2167 6-29-04
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 July 19, 2004 REPORT FOR AN/A (1) ELECTION / (2) NON-ELECTION YEAR.
(report date) Indicate one

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.) \$ 5.00

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below) 500.00

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 \$ 505.00

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below).... 120.54

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) \$ 384.46

****UNPAID BILLS** (From Schedule D - Attach Schedule D) \$ -

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

****OUTSTANDING LOANS** (From Schedule F - Attach Schedule F) \$ -

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



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)
SITI pac #9664

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
5-5-04	ID# CK# 1548	Dawn Connet 812-52nd West Des Moines, IA 50265		\$ 100	<input type="checkbox"/>
5-13-04	ID# CK#	Mike Lang 15232 Holcomb Cir. Clive 50325		100	<input type="checkbox"/>
5-20-04	ID# CK# 1307	Bob Keenig 4200 white Birch Dr. Cedar Rapids, IA 52411		50	<input type="checkbox"/>
6-15-04	ID# CK# 1962	Jeff Daniels P.O. Box 87 Bondurant, IA 50035		50	<input type="checkbox"/>
6-15-04	ID# CK# 5140	Steve Sikkink 2125-40th St. Des Moines, IA 50310		100	<input type="checkbox"/>
6-15-04	ID# CK# 1336	Ben Dillon 1906 Calvin Ave. Iowa City, IA 52246		50	<input type="checkbox"/>
6-17-04	ID# CK# 1694	Sheldon Ohringer 304 Castle Pines Dr. S Castle Rock, CO 80108		50	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

\$ 500

TOTAL (if last page of this schedule)

\$ 500

* 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)
 SIT1 pac # 9664

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
4-16-04	ID# CK# -	Wells Fargo	Bank Fee	\$ 3.18
5-16-04	ID# CK# -	Wells Fargo	Bank Fee	3.18
6-16-04	ID# CK# -	Wells Fargo	Bank Fee	3.18
5-17-04	ID# CK#	U.S. Postal Service	Postage for SIT1pac mailing.	111.00
	ID# CK#			
SUB-TOTAL				\$ 120.54
TOTAL (if last page of this schedule)				\$ 120.54

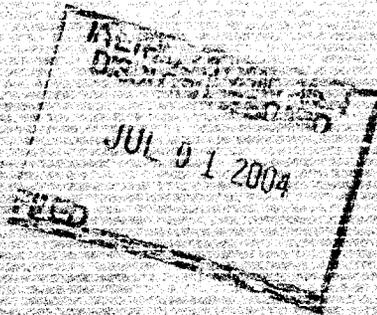
THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

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).)



WELLS FARGO BANK, N.A.
666 WALNUT STREET
DES MOINES, IA 50309



Account Number: 706
Statement End Date:

(CO 01)
954-7000555
06/16/04

SOFTWARE AND INFORMATION TECHNOLOGY
OF IOWA
SITIPAC
1500 NW 118TH ST
CLIVE IA 50325-8242

If you have any questions about this statement or your accounts, call: 800-225-5935 (1-800-CALL-WELLS).

Your Accounts at a Glance

Account Type	Beginning Balance	Deposits/ Credits	Withdrawals/ Debits	Ending Balance
Low Activity Business Checking 954-7000555	98.64	150.00	- 114.18	134.46

News from Wells Fargo

Save time by ordering your business checks through Wells Fargo. We offer a wide variety of styles to complement your professional image. Whether your business requires the convenience of manual checks, or the efficiency of computer checks, we can help. Call 1-800-237-8982 to find out more or place an order.

Low Activity Business Checking 954-7000555

Software And Information Technology
Of Iowa
Sitipac

May 18	Beginning Balance	98.64
Jun 16	Ending Balance	134.46

Deposits and Credits

Date	Transaction Detail	Amount
May 19	Deposit	100.00
Jun 16	Deposit	50.00

deposited 4/29 + 250.00

Withdrawals and Debits

Date	Transaction Detail	Amount
Jun 16	Monthly Service Fee	- 3.18

Checks Paid

Check #	Date	Amount	Check #	Date	Amount
1526	May 20	111.00			