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FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

Rec'd Form

FORM DR-2 (Rev. 07/2003)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	1554
Logged In	[Signature]
Scanned	
Computer	
Audited	

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

CARSTENSEN FOR STATE REPRESENTATIVE COMMITTEE

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: PAUL CARSTENSEN Political Party: REPUBLICAN

Office Sought: REPRESENTATIVE District (if Senate or House): HOUSE 25

ETHICS & CAMPAIGN
DISCLOSURE BOARD

MAY 19 2004

PM 5:17

FILED

[Signature]
SIGNATURE OF TREASURER (or person filing this report)

563-682-7488
TELEPHONE

5-17-04
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 MAY 19, 2004 REPORT FOR ANA (1) ELECTION / (2) NON-ELECTION YEAR.
(report date) Indicate one 1

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.)\$ -0-

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below) 2218.-

Schedule F: Loans Received total (Attach Schedule F) 2100.-

Schedule H: Total Sales of Campaign Property (Attach Schedule H) -0-

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL\$ 4318.-

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below).... 1576.52

Schedule F: Loan Repayments total (Attach Schedule F)..... -0-

CASH ON HAND at the end of this reporting period (if final report, balance must be zero) (Attach DR-3)\$ 2741.48

****UNPAID BILLS** (From Schedule D - Attach Schedule D).....\$ -0-

****IN KIND CONTRIBUTIONS** (From Schedule E - Attach Schedule E)\$ 110.-

****OUTSTANDING LOANS** (From Schedule F - Attach Schedule F).....\$ 2100.-

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

CONTRIBUTIONS - MONEY TAKEN IN

(Including candidate's personal funds)

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

Garstensen For State Representative 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.

SCHEDULE A
(Rev. 07/03)

MONETARY RECEIPTS

CHECK THIS BOX IF AMENDING FORM

DATE RECEIVED (MM/DD/YY)	PAC ID NUMBER AND PAC CHECK NUMBER (if applicable)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE (if applicable)	AMOUNT RECEIVED	IF FOR FUND-RAISER INCOME
4/1/04	ID# CK#	ELMER HADDOFF JR. 413-N MITCHELL ST, PRESTON IA 52069		\$ 100.-	<input type="checkbox"/>
4/1/04	ID# CK#	INGVOR GARSTENSEN 4543-454 ST PRESTON, IA 52069	UNCLE	100.-	<input type="checkbox"/>
4/10/04	ID# CK#	JIM GARSTENSEN 1309S-4504 AVE. BELLEVUE, IA 52031	COUSIN	50.-	<input type="checkbox"/>
4/23/04	ID# CK#	BEN J TIETJENS 4211-1504 ST CLINTON, IA 52732		100.-	<input type="checkbox"/>
4/24/04	ID# CK#	RUTH G. DOWNEY 11 S. MERRILL ST. PRESTON, IA 52069		50.-	<input type="checkbox"/>
4/24/04	ID# CK#	DANIEL KUNAU 2-W. HENRY ST. PRESTON, IA 52069		100.-	<input type="checkbox"/>
4/24/04	ID# CK#	MARY EMMER 711-W. ST. JOSEPH ST PRESTON, IA 52069		100.-	<input type="checkbox"/>
4/24/04	ID# CK#	KAREN BEUHN 601 SUNSET DR MILES, IA 52064		50.-	<input type="checkbox"/>
4/27/04	ID# CK#	BETTE PETERSEN 1331-400TH AVE BRYANT, IA 52727		50.-	<input type="checkbox"/>
4/28/04	ID# CK#	ALLEN HAYTCHER 3311-21ST ST MONMOUTH, IA 52309		100.-	<input type="checkbox"/>
SUB-TOTAL				\$ 800.-	
TOTAL (if last page of this schedule)				\$	

* Disclosure law requires candidates 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)
CARSTENSEN For STATE REPRESENTATIVE 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/YYR)	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
4/28/04	ID# CK#	KENNETH ANDERSON 141-W. WHITE PRESTON, IA 52069		\$ 50.-	<input type="checkbox"/>
4/28/04	ID# CK#	RONALD GARY 2062-525TH AVE MILES, IA 52064		50.-	<input type="checkbox"/>
4/28/04	ID# CK#	SALLY MARDIN 5034-421 AVE. PRESTON, IA 52069		50.-	<input type="checkbox"/>
4/30/04	ID# CK#	DR. D.L. SHIPPER PO. BOX 279 PRESTON, IA 52069		50.-	<input type="checkbox"/>
5/4/04	ID# CK#	PATTIE MCNEIL 2893-446TH AVE. PRESTON, IA 52069		50.-	<input type="checkbox"/>
5/8/04	ID# CK#	KAREN EMPEN PO. BOX 399 PRESTON, IA 52069		100.-	<input type="checkbox"/>
5/12/04	ID# CK#	CHARLES CORNELIUS 14795-317TH AVE. BELLEVUE, IA 52031		50.-	<input type="checkbox"/>
5/13/04	ID# CK#	BETTY LOU BURKEN 1444-459TH AVE CLINTON, IA 52732		200.-	<input type="checkbox"/>
4/23/04	ID# CK#	FERRIS SULLIVAN 241 S. WEST ST PRESTON, IA 52069		50.-	<input type="checkbox"/>
5/15/04	ID# CK#	"UNITEMIZED CONTRIBUTIONS"		768.-	<input type="checkbox"/>
SUB-TOTAL				\$1418.-	
TOTAL (if last page of this schedule)				\$2218	

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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)
CARSTENSEN FOR STATE REPRESENTATIVE 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
<i>4/16/04</i>	ID# CK# <i>1001</i>	<i>VIKING OFFICE PRPD. 950 W. 190TH ST. TERRANCE, CA 90502</i>	<i>SELF INKING RUBBER STAMPS (2)</i>	<i>\$ 28.45</i>
<i>4/28/04</i>	ID# CK# <i>1002</i>	<i>PRESTON TIMES PO BOX 9 PRESTON, IA 52069</i>	<i>PRINTING 1000 MEMO PADS</i>	<i>321.00</i>
<i>5/13/04</i>	ID# CK# <i>1003</i>	<i>PAUL CARSTENSEN FOR ATT UNIVERSAL MASTERCARD.</i>	<i>COLOR COPIES, CARDSTOCK YARD SIGNS, ROLL LABELS POSTAGE FOR MAILING</i>	<i>1227.07</i>
<i>X</i>	ID# CK# <i>X</i>	<i>42448-45TH ST. PRESTON, IA 52069</i>	<i>X</i>	
	ID# CK#	<i>*CHECK #1003 AS PER INSTRUCTIONS BY LINDA ANDERSON</i>		
	ID# CK#			
	ID# CK#			
	ID# CK#			
SUB-TOTAL				<i>\$1576.52</i>
TOTAL (if last page of this schedule)				<i>\$1576.52</i>

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

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

COMMITTEE NAME (Must be same as on Statement of Organization) *Committee*
CARSTENSEN FOR STATE REPRESENTATIVE DIST. 25



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
5/13/04	REPUBLICAN PARTY OF IOWA 621-EIGHTH, DES MOINES, IA 50309		FRIENDS & FAMILY LETTER	\$ 110.00	<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

SUB-TOTAL \$ 110.00
 TOTAL (if last page of this schedule) \$ 110.00

*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.

FOR INSTRUCTIONS, SEE BACK OF FORM



SCHEDULE F (Rev. 07/03)	LOANS RECEIVED & REPAID
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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

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

TOTAL UNPAID LOANS FROM LAST REPORTING PERIOD \$ _____

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
4/1/04	PAUL AND ELYSE CARSTENSEN 42448-45TH STREET PRESTON, IA 52069	SELF AND WIFE	\$ 2100.-

TOTAL (PART I) \$ 2100.-

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 \$ 2100.-

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