

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

Reset Form

FORM <b>DR-2</b> (Rev. 07/2003)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	1525
Logged In	SD tracked
Scanned	
Computer	

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

Pat Cline For State Representative

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: Patricia Cline Political Party: Republican  
Office Sought: State Representative District (if Senate or House): 28

IAEWB CAMPAIGN DISCLOSURE BOARD  
MAY 19 2004  
FILED FAX

Signature of Treasurer: Patricia Cline Telephone: (563)-663-0657 Date Signed: 5-18-2004

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 AN/A (1) ELECTION (2) NON-ELECTION YEAR. (report date) Indicate one

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.) ..... \$ 0

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (\*also see in-kind below) ..... \$ 5,645.00

Schedule F: Loans Received total (Attach Schedule F) ..... \$ 0

Schedule H: Total Sales of Campaign Property (Attach Schedule H) ..... \$ 0

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL ..... \$ 5,645.00

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (\*\*also see debts and loans below)..... \$ 2,891.78

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)..... \$ 2,753.22

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

\*\*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E) ..... \$ 110.00

\*\*OUTSTANDING LOANS (From Schedule F - Attach Schedule F)..... \$ 0

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

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

<b>SCHEDULE</b> <b>A</b> (Rev. 07/03)	<b>MONETARY</b> <b>RECEIPTS</b>
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**COMMITTEE NAME** (Must be same as on Statement of Organization)  
*Pat Cline 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(8), 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
1-17-04	ID# CK#	Rose Kramer 2554 Rosewood Drive Dubuque IA 52001		\$ 20. <sup>00</sup>	<input type="checkbox"/>
1-17-04	ID# CK#	Charles Burkart 2565 Mineral St. Dubuque IA 52001		\$ 5. <sup>00</sup>	<input type="checkbox"/>
1-17-04	ID# CK#	David Kendall 30602 Mill Creek Rd. Bellevue, IA 52031		\$ 50. <sup>00</sup>	<input type="checkbox"/>
1-17-04	ID# CK#	Greg Orwoll 2260 Foye St. Dubuque IA 52001		\$ 25. <sup>00</sup>	<input type="checkbox"/>
2-26-04	ID# CK#	Nick Schrupp 1380 Auburn St. Dubuque IA 52001		\$ 500. <sup>00</sup>	<input type="checkbox"/>
3-9-04	ID# CK#	Jeff Mozena 1207 Grove Terrace Dubuque IA 52001		\$ 200. <sup>00</sup>	<input type="checkbox"/>
3-17-04	ID# CK#	John Butler 2000 South Grandview Ave Dubuque IA 52001		\$ 400. <sup>00</sup>	<input type="checkbox"/>
4-02-04	ID# CK#	N.J. Yiannias 1140 Arrowhead Drive Dubuque IA 52001		\$ 250. <sup>00</sup>	<input type="checkbox"/>
4-10-04	ID# CK#	Douglas & Mary Buswell 1854 Churchill Drive Dubuque IA 52001		\$ 30. <sup>00</sup>	<input type="checkbox"/>
4-12-04	ID# CK#	Dave & Joyce Hartig 830 Southern Ave Dubuque IA 52001		\$ 100. <sup>00</sup>	<input type="checkbox"/>
SUB-TOTAL				\$ 1580. <sup>00</sup>	
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.

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**CONTRIBUTIONS – MONEY TAKEN IN**

(Including candidate's personal funds)

SCHEDULE <b>A</b> (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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

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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
4-14-04	ID# CK#	Mark Falb 770 Mount Carmel Dubuque IA 52001		\$2000. <sup>00</sup>	<input type="checkbox"/>
4-15-04	ID# CK#	Shirley Sheehan 3549 Keystone Dr. Dubuque IA 52001		\$15. <sup>00</sup>	<input type="checkbox"/>
4-16-04	ID# CK#	Doug & Karen Horstmann 2418 Beacon Hill Drive Dubuque IA 52003		\$25. <sup>00</sup>	<input type="checkbox"/>
4-16-04	ID# CK#	Ed Baska 451 Riverview Terrace East Dubuque, IL 61025		\$700. <sup>00</sup>	<input type="checkbox"/>
4-17-04	ID# CK#	Marilyn Taylor 1340 Alta Vista Dubuque IA 52001		\$50. <sup>00</sup>	<input type="checkbox"/>
4-17-04	ID# CK#	Thomas + Judy Prochaska 1863 Hummingbird Drive Dubuque IA 52001		\$15. <sup>00</sup>	<input type="checkbox"/>
4-18-04	ID# CK#	Dennis & Carol Ann Willenborg 62924 Columbus St. New Vienna, IA 52065	sister	\$50. <sup>00</sup>	<input type="checkbox"/>
4-19-04	ID# CK#	Doug Brotherton 2823 Hickory Hill Dubuque IA 52001		\$100. <sup>00</sup>	<input type="checkbox"/>
4-19-04	ID# CK#	John & Mary Kretz 2160 Jonathon Lane Dubuque IA 52001		\$50. <sup>00</sup>	<input type="checkbox"/>
4-20-04	ID# CK#	Dan Holman 1009 Bunker Hill Rd. NE Washington DC 20017		\$100. <sup>00</sup>	<input type="checkbox"/>
SUB-TOTAL				\$3,105. <sup>00</sup>	
TOTAL (if last page of this schedule)				\$	

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

<b>SCHEDULE</b> <b>A</b> (Rev. 07/03)	<b>MONETARY RECEIPTS</b>
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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

**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.

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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
4-22-04	ID# CK#	Dr. John Widness 629 Melrose Ave. Iowa City, IA 52246		\$ 50. <sup>00</sup>	<input type="checkbox"/>
4-22-04	ID# CK#	Mary Ellen Carew 46 Cambridge Ct. Dubuque IA 52001		\$ 100. <sup>00</sup>	<input type="checkbox"/>
4-23-04	ID# CK#	Bob Eichman 3086 Karen St Dubuque IA 52001		\$ 25. <sup>00</sup>	<input type="checkbox"/>
4-24-04	ID# CK#	John Perrenoud 601 1st Ave NW Fareley IA 52046		\$ 40. <sup>00</sup>	<input type="checkbox"/>
4-25-04	ID# CK#	Warner Helmer 15538 Timber Range Tr. Durango IA 52039		\$ 50. <sup>00</sup>	<input type="checkbox"/>
4-27-04	ID# CK#	Eric Schulz 1045 W 3rd St. Dubuque IA 52001		\$ 25. <sup>00</sup>	<input type="checkbox"/>
5-02-04	ID# CK#	Richard + Ruth Vaske 6107 Heroncrest Ct. Lithia FL 33547-3878	Brother	\$ 100. <sup>00</sup>	<input type="checkbox"/>
5-2-04	ID# CK#	Chuck + Kathe Lehman 393 N. Grandview Ave Dubuque IA 52001		\$ 50. <sup>00</sup>	<input type="checkbox"/>
5-10-04	ID# CK#	John + Anita Hulsizer 2824 Indiana Ave Dubuque IA 52001		\$ 20. <sup>00</sup>	<input type="checkbox"/>
5-10-04	ID# CK#	Gerald + Wendy Westmeyer 3799 Village Run Dr. Unit 108 Des Moines IA 50317		\$ 100. <sup>00</sup>	<input type="checkbox"/>
SUB-TOTAL				\$ 560. <sup>00</sup>	
TOTAL (if last page of this schedule)				\$	

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<b>SCHEDULE</b> <b>A</b> (Rev. 07/03)	<b>MONETARY RECEIPTS</b>
	<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)

**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
5-11-04	ID# CK#	Mike Finnin 3600 Dodge St. Dubuque IA 52001		\$100. <sup>00</sup>	<input type="checkbox"/>
5-12-04	ID# CK#	Dubuque County Republicans PO Box 1052 Dubuque IA 52001		\$300. <sup>00</sup>	<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"/>
	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"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL \$ 400  
 TOTAL (if last page of this schedule) \$ 5645.<sup>00</sup>

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**EXPENDITURES – MONEY SPENT FROM COMMITTEE ACCOUNT**

<b>SCHEDULE</b> <b>B</b> (Rev. 07/03)	<b>MONETARY</b> <b>EXPENDITURES</b>
<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)  
*Pat Cline 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
03/18/04	ID# 1525 CK# Temp Check	Five Flags Civic Center 4th & Main Dubuque, IA 52001	Room Rental for Reception	\$ 118.88
03/29/04	ID# 1525 CK# 1001	Pat Cline 1243 Walnut St. Dubuque, IA 52001	Reimbursement for Candidate School Trip to Des Moines. Gas, Hotel and School Fee.	214.31
03/30/04	ID# 1525 CK# NA	Premier Bank 1475 JFK Rd., PO Box 420 Dubuque, IA 52004-0420	Checking Account Fees	15.70
04/01/04	ID# 1525 CK# 1002	Pat Cline 1243 Walnut St. Dubuque, IA 52001	Misc. Reimbursement; Office Supplies, Linen Rental for Reception & Gas for Des Moines Trip	105.41
04/02/04	ID# 1525 CK# 1003	Staples 140 JFK Rd. Dubuque, IA 52001	Toner Cartridge and Pens for Nomination Letter mailing	38.48
04/02/04	ID# 1525 CK# 1004	US Post Office 350 W. 6th St. Dubuque, IA 52001	100 stamps for Nomination Letters	37.00
04/02/04	ID# 1525 CK# 1005	Dubuque County Auditor Court House, 720 Central Ave. Dubuque, IA 52001	Precinct Maps 1-5, 17-21 Large Map of HD 28	10.00
04/09/04	ID# 1525 CK# 1006	Copy Works 136 Walker Plaza Dubuque, IA 52001	Copies of Precinct Maps and lamination of large map	14.66
SUB-TOTAL				\$ 554.44
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 88A.402(3)(f).)

FOR INSTRUCTIONS, SEE BACK OF FORM

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**EXPENDITURES – MONEY SPENT FROM COMMITTEE ACCOUNT**

SCHEDULE <b>B</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)  
*Pat Cline 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
04/12/04	ID# 1525 CK# 1007	AT+T wireless PO Box 8220 Aurora, IL 60572-8220	Campaign cell phone	\$143.66
04/12/04	ID# 1525 CK# 1008	Staples 190 JFK Rd. Dubuque, IA 52001	Printer Cartridge for FF letters + copies	62.24
04/12/04	ID# 1525 CK# 1009	Scott Printing 1112 Iowa St. Dubuque, IA 52001	Pre-printed Return Envelopes	219.35
04/19/04	ID# 1525 CK# 1010	Mail Services Unlimited 2270 Twin Valley Rd. Dubuque, IA 52001	Mailing Services for Friends & Family letter	71.37
04/29/04	ID# 1525 CK# 1011	Victory Store 5206 SW 30th St. Davenport, IA 52802	Campaign signs and other pre-printed campaign material	1,830.72
05/03/04	ID# 1525 CK# 1012	Dubuque County Auditor courthouse 1770 Central Ave. Dubuque, IA 52001	Voter lists	10.00
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$2,337.34
TOTAL (if last page of this schedule)				\$2,891.78

**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)  
 Pat Cline for State Representative

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SCHEDULE E (Rev. 08/97)	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
03/11/04	Republican Party of Iowa		Read Copy writing Writing Services	\$ 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"/>

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.