

Reset 1

DISCLOSURE SUMMARY PAGE

FORM DR-2 (Rev. 12/2005)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	1572
Logged In	
Scanned	
Computer	WRS
Audited	5-8-06
File with: Iowa Ethics and Campaign Disclosure Board 510 E. 12 th , Ste. 1A Des Moines, Iowa 50319 Fax: 515-281-3701	

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

IMPORTANT: Indicate by # type of committee you are reporting for: 1
 (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: ROGER GROBSTICH Political Party (if applicable): DEMOCRAT
 Office Sought: STATE REPRESENTATIVE District (if Senate or House): 35

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code section 68B.32A(7) the candidate, for a candidate's committee, and the chairperson, for any other type of committee, is the individual responsible for filing timely and accurate reports.

[Signature] 319-378-4842 5/5/06
 SIGNATURE OF PERSON FILING REPORT TELEPHONE DATE SIGNED

I AM FILING A MAY 19, 2004 REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR.
 (report date) Indicate by #

CHECK IF AMENDMENT TO REPORT DATED MAY 19, 2004

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.)	<u>s/b - 0 -</u>	\$ <u>1550.00</u>
ADD TOTAL MONEY TAKEN IN THIS PERIOD	<u>s/b 8350.00</u>	
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)		<u>6800.00</u>
Schedule F: Loans Received total (Attach Schedule F)		
Schedule H: Total Sales of Campaign Property (Attach Schedule H)		
<u>(Schedule H applies to Candidates' Committees Only)</u>		
SUB-TOTAL		\$ <u>8350.00</u>
SUBTRACT TOTAL MONEY SPENT THIS PERIOD		
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)		<u>814.49</u>
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)		\$ <u>7535.51</u>

**UNPAID BILLS (From Schedule D - Attach Schedule D)	\$ <u>0</u>
**IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)	\$ <u>219.06</u>
**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)	\$ <u>0</u>

CONSULTANT BREAKDOWN (Schedule G Attached?) YES X NO

CANDIDATE COMMITTEES ONLY:
 VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H) \$ 0

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

For Instructions, See Back of Form

Reset 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)
Roger Grubstich 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(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/YY)	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
04/27/04	ID# CK#	<i>Russell Keast 7254 Chain Bridge Rd Palo, IA 52324</i>		\$ 50	<input type="checkbox"/>
04/29/04	ID# CK#	<i>Chuck Fountain 200 Elm St Van Horn, IA 52346</i>		\$100	<input type="checkbox"/>
04/29/04	ID# CK#	<i>Alan Bernard 1634 Grand Ave SE Cedar Rapids, IA 52403</i>		\$100	<input type="checkbox"/>
04/29/04	ID# CK#	<i>Melody Turner 1945 B Ave NE Cedar Rapids, IA 52402</i>		\$100	<input type="checkbox"/>
04/29/04	ID# CK#	<i>Harry Walden 4730 Midway Dr. NW Cedar Rapids, IA 52405</i>		\$100	<input type="checkbox"/>
04/29/04	ID# CK#	<i>Lynette Lindeman 5338 Skyline Dr. NW Cedar Rapids, IA 52405</i>		\$100	<input type="checkbox"/>
04/29/04	ID# CK#	<i>George Hofferber 1774 J. Stephenson Lane Frederick, MD 21702</i>		\$1,000	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL \$ 1550
TOTAL (if last page of this schedule) \$ 1550

* 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

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

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

COMMITTEE NAME (Must be same as on Statement of Organization)
Roger Grobstein 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/YY)	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
✓ 05/10/04	ID# 6060 CK# 2284	Iowa Committee on Political Education, AFL-CIO 2000 Walker, Suite A Des Moines, IA 50317		\$200	<input type="checkbox"/>
05/08/04	ID# CK#	Thyllis Barber 4927 Ellis Rd NW Cedar Rapids, IA 52405		\$20	<input type="checkbox"/>
05/03/04	ID# CK#	Mark Belte 1387 Hickory Hollow Rd NE Solon, IA 52333		\$100	<input type="checkbox"/>
05/12/04	ID# CK#	Roger Blietz 810 7th Ave SW Cedar Rapids, IA 52404		\$150	<input type="checkbox"/>
05/05/04	ID# CK#	Lynn Carter 549 12th St Marion, IA 52302		\$30	<input type="checkbox"/>
✓ 05/11/04	ID# 9680 CK# 5025	Cedar Rapids Building Trades Council CRLC Building Trades PAC 5000 1st SW Cedar Rapids, IA 52404		\$1,000	<input type="checkbox"/>
05/13/04	ID# CK#	Dale Crosier 8501 Wildwood Ct Toddville, IA 52341		\$20	<input checked="" type="checkbox"/>
05/13/04	ID# CK#	Swati Dandekar 2731 28th Ave Marion, IA 52302		\$20	<input checked="" type="checkbox"/>
05/11/04	ID# CK#	Cheryl Dlouhy 1955 29th Ave Marion, IA 52302		\$50	<input type="checkbox"/>
05/13/04	ID# CK#	Gary Ficken 3323 Falcon View Rd SW Cedar Rapids, IA 52404		\$100	<input checked="" type="checkbox"/>

SUB-TOTAL

\$1690

TOTAL (if last page of this schedule)

\$

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MAY 13 2004

For Instructions, See Back of Form

Reset Form

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input checked="" 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)
Roger Grabstich 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
05/03/04	ID# CK#	Shane Forbes 104 McNamee Dr. Anamosa, IA 52205		\$ 100	<input type="checkbox"/>
05/13/04	ID# CK#	Kay Graber 1236 Skyline Dr. Cedar Rapids, IA 52403		\$ 20	<input checked="" type="checkbox"/>
05/03/04	ID# CK#	Heroy and Arlene Grabstich 4700 Westchester Dr. NE Cedar Rapids, IA 52402	Parents	\$ 100	<input type="checkbox"/>
05/12/04	ID# CK#	Dave and Amy Grabstich 81 Simpson St. SW Cedar Rapids, IA 52404	Brother & sister-in-law	\$ 35	<input type="checkbox"/>
05/03/04	ID# CK#	Anthony Grabstich 2809 Falcon Dr. NE CEDAR RAPIDS, IOWA 52402	Brother	\$ 100	<input type="checkbox"/>
05/13/04	ID# CK#	Albert Hartl Jr. 1910 Pleasantview Drive Marion, IA 52302		\$ 25	<input checked="" type="checkbox"/>
05/03/04	ID# CK#	Hawkeye Labor Council/ volunteer meeting (Pass-the-Hat) Cedar Rapids, IA		\$ 35	<input type="checkbox"/>
04/28/04	ID# CK#	Janette Hofferber 1774 Stonehale Ln Frederick, MD 21702	sister	\$ 250	<input type="checkbox"/>
04/28/04	ID# CK#	Tara Hofferber 1426 W 11th St. Frederick, MD 21702	Niece	\$ 20	<input type="checkbox"/>
05/13/04	ID# CK#	Sarah Holbrook 507 Forest Dr. SE Cedar Rapids, IA 52403		\$ 10	<input checked="" type="checkbox"/>

SUB-TOTAL

\$ 695
\$

TOTAL (if last page of this schedule)

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MAY 8 2006

For Instructions, See Back of Form

Reset 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)
Roger Grabstah 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/YY)	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
05/03/04	ID# CK#	Marie Huff 3227 Soutter Ave SE Cedar Rapids, IA 52403		\$ 20	<input type="checkbox"/>
04/30/04	ID# CK#	Linda Langston 4257 Sumland Ct. SE Cedar Rapids, IA 52403		\$ 25	<input type="checkbox"/>
05/03/04	ID# CK#	Deb Lathrop 3523 E Ave NW Cedar Rapids, IA 52405		\$ 100	<input type="checkbox"/>
05/12/04	ID# CK#	RWPSU Local 110 Membership Meeting (Pass-the-hat) Cedar Rapids, IA		\$ 50	<input type="checkbox"/>
05/13/04	ID# CK#	David Loeb sack 610 3rd Ave North Mount Vernon, IA 52314		\$ 25	<input checked="" type="checkbox"/>
05/10/04	ID# CK#	Pat Marshall 3020 Circle Dr. NE Cedar Rapids, IA 52402-3409		\$ 100	<input checked="" type="checkbox"/>
05/13/04	ID# CK#	Pat Marshall 3020 Circle Dr. NE Cedar Rapids, IA 52402-3409		\$ 20	<input checked="" type="checkbox"/>
05/13/04	ID# CK#	Jean McCalmont 2204 De Bann Ln NE Cedar Rapids, IA 52402-2311		\$ 100	<input checked="" type="checkbox"/>
05/10/04	ID# CK#	Joyce Moran 415 Parkland Dr. SE Cedar Rapids, IA 52403		\$ 100	<input checked="" type="checkbox"/>
05/13/04	ID# CK#	Kelly Mulford 6501 White Gate Ct Marton, IA 52302		\$ 125	<input checked="" type="checkbox"/>

SUB-TOTAL

\$ 665

TOTAL (if last page of this schedule)

\$

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Page 5 of 6
(for Schedule A)

MAY 8 2006

For Instructions, See Back of Form

Reset 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)
Roger Grobodech 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(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/YY)	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
05/13/04	ID# CK#	Tyler Olsen 2007 First Ave SE PO Box 2804 Cedar Rapids IA 52406-2804		\$ 100	<input checked="" type="checkbox"/>
05/13/04	ID# CK#	Al Perkins 715 Greenfield St. NE Cedar Rapids, IA 52402		\$ 100	<input checked="" type="checkbox"/>
05/04/04	ID# CK#	Adam Phillips 2945 Edgebrook Drive Maquoket, IA 52302		\$ 10	<input type="checkbox"/>
05/12/04	ID# 9672 CK# 1077	Plumbers and Pipefitters Local 125 Political Education Fund 1835 16th Ave SW Cedar Rapids IA 52404		\$ 2500	<input type="checkbox"/>
05/13/04	ID# CK#	Lawrence Kondabush 421 31st St SW Cedar Rapids IA 52404		\$ 100	<input checked="" type="checkbox"/>
05/07/04	ID# CK#	Bob Rush 4847 Eagleman Ct SE Cedar Rapids IA 52403		\$ 250	<input checked="" type="checkbox"/>
05/05/04	ID# CK#	Jennifer Sherer 1016 Fairchild St Jowa City, IA 52245		\$ 50	<input type="checkbox"/>
05/10/04	ID# CK#	Justin Shields 3201 Pollock Dr SW Cedar Rapids IA 52404		\$ 100	<input type="checkbox"/>
05/13/04	ID# CK#	Scott Smith 5013 110th St. Solon, IA 52333		\$ 50	<input checked="" type="checkbox"/>
05/03/04	ID# CK#	Norm Stenzenbach 1724 Hamilton St -SW Cedar Rapids IA 52404		\$ 20	<input checked="" type="checkbox"/>

SUB-TOTAL

\$ 3,280

TOTAL (if last page of this schedule)

\$

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MAY 8 2006

For Instructions, See Back of Form

Receipt Form

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input checked="" 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)
KEGER GROBSTICH 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(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
4/28/04	ID# CK#	RWDSU LOCAL 110 STEWARDS SCHOOL PASS THE HAT		\$ 120.00	<input type="checkbox"/>
5/13/04	ID# CK#	TODD TAYLOR 1416 A AVE NW CEDAR RAPIDS IOWA 52405		25.00	<input checked="" type="checkbox"/>
5/11/04	ID# CK#	ROBERTA TILL RETZ 600 MANOR DRIVE IOWA CITY, IOWA 52246		50.00	<input type="checkbox"/>
5/3/04	ID# CK#	MELBOY TURNER 1945 B AVE N.E. CEDAR RAPIDS, IOWA 52402		20.00	<input type="checkbox"/>
5/10/04	ID# CK#	DON ZELLER 1962 CORNER RD. PALO, IOWA 52324		100.00	<input checked="" type="checkbox"/>
5/13/04	ID# CK#	UNITEMIZED CASH DONATION COUNTESS, IA. FUNDRAISER		100.00	<input checked="" type="checkbox"/>
5/13/04	ID# CK#	UNITEMIZED CASH DONATION		\$ 20.00	<input checked="" type="checkbox"/>
5/13/04	ID# CK#	UNITEMIZED CASH DONATION		\$ 20.00	<input checked="" type="checkbox"/>
5/13/04	ID# CK#	UNITEMIZED CASH DONATION		\$ 10.00	<input checked="" type="checkbox"/>
5/13/04	ID# CK#	UNITEMIZED CASH DONATION		5.00	<input checked="" type="checkbox"/>

SUB-TOTAL

\$ 470.00

TOTAL (if last page of this schedule)

5/13 8350.00

\$ 6800.00

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MAY 8 2006

FOR INSTRUCTIONS, SEE BACK OF FORM

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input checked="" type="checkbox"/> 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)
ROGER GROBSTICH 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
5/1/04	ID# CK# 1	USPS CEDAR RAPIDS, IOWA	STAMPS	\$ 185.00
5/15/04	ID# CK# 1001	CARTER PRINTING 1739 EAST GRAND AVE. DES MOINES, IOWA 50316	COWBOY CARDS	\$ 587.64
5/11/04	ID# CK#	FARMERS STATE BANK HIWATHA, IOWA 52233	BANK CHARGE	\$ 41.85
	ID# CK#			
SUB-TOTAL				\$ 814.49
TOTAL (if last page of this schedule)				\$ 814.49

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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MAY 2 2004

(for Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM

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

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

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
04/28/04	ROGER GROBSTICH	SELF	ENVELOPES & LETTERHEAD	\$ 99.23	<input type="checkbox"/>
5/3/04	ROGER GROBSTICH	SELF	STAMPS	\$ 39.59	<input type="checkbox"/>
5/4/04	ROGER GROBSTICH	SELF	YBTER INFO. MAPS	\$ 80.24	<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				\$ 219.06	
TOTAL (if last page of this schedule)				\$ 219.06	

*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.

MAY 3 2006

DISCLOSURE SUMMARY PAGE

Reset Form

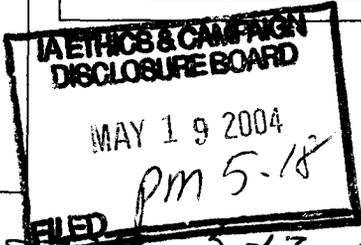
FORM DR-2 (Rev. 07/2003)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	<u>1572</u>
Logged In	
Scanned	
Computer	<u>WRS</u>
Audited	<u>5-28-04</u>

COMMITTEE NAME (Must be same as on Statement of Organization)
Roger Grobstich for State Representative

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 <u>Roger Grobstich</u>	Political Party <u>Democrat</u>
Office Sought <u>State Representative</u>	District (if Senate or House) <u>35</u>



Patman
SIGNATURE OF TREASURER (for person filing this report)

319-363-9761
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 AN/A (1) ELECTION /(2) NON-ELECTION YEAR.
 (report date) Indicate one 1 See amended report

CHECK IF AMENDMENT TO REPORT DATED 4-30-04
 Local Committees, enter Date of Election

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.)
 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.)	<u>518-0</u>	\$	<u>1,550</u>
ADD TOTAL MONEY TAKEN IN THIS PERIOD	<u>518 8075.00</u>		
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)			<u>6,928.86</u>
Schedule F: Loans Received total (Attach Schedule F)			<u>0</u>
Schedule H: Total Sales of Campaign Property (Attach Schedule H)			<u>0</u>
<u>(Schedule H applies to Candidates' Committees Only)</u>			
SUB-TOTAL		\$	<u>8,478.86</u>
SUBTRACT TOTAL MONEY SPENT THIS PERIOD			
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)			<u>629.49</u>
Schedule F: Loan Repayments total (Attach Schedule F)			<u>0</u>
CASH ON HAND at the end of this reporting period (if final report, balance must be zero) (Attach DR-3)	<u>518 7445.51</u>	\$	<u>7,849.37</u>
**UNPAID BILLS (From Schedule D - Attach Schedule D)		\$	<u>0</u>
*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)		\$	<u>403.85</u>
**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)		\$	<u>0</u>
CANDIDATE COMMITTEES ONLY:			
CONSULTANT BREAKDOWN (Schedule G Attached?)			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)		\$	<u>0</u>

For Instructions, See Back of Form

Reset 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)
Roger Grobstein 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(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
<i>05/10/04</i>	ID# <i>6060</i> CK# <i>2284</i>	<i>Iowa Committee on Political Education, AFL-CIO 2000 Walker, Suite A Des Moines, IA 50317</i>		<i>\$200</i>	<input type="checkbox"/>
<i>05/08/04</i>	ID# CK#	<i>Phyllis Barber 4927 Ellis Rd NW Cedar Rapids, IA 52405</i>		<i>\$20</i>	<input type="checkbox"/>
<i>05/03/04</i>	ID# CK#	<i>Mark Beltz 1387 Hickory Hollow Rd NE Solon, IA 52333</i>		<i>\$100</i>	<input type="checkbox"/>
<i>05/12/04</i>	ID# CK#	<i>Roger Blietz 810 7th Ave SW Cedar Rapids, IA 52404</i>		<i>\$150</i>	<input type="checkbox"/>
<i>05/05/04</i>	ID# CK#	<i>Lynn Carter 549 12th St Marion, IA 52302</i>		<i>\$30</i>	<input type="checkbox"/>
<i>05/11/04</i>	ID# <i>9680</i> CK# <i>5025</i>	<i>Cedar Rapids Building Trades Council CRITC Building Trades PAC 5000 1st SW Cedar Rapids, IA 52404</i>		<i>\$1,000</i>	<input type="checkbox"/>
<i>05/13/04</i>	ID# CK#	<i>Dale Crosier 8501 Wildwood Ct Toddville, IA 52341</i>		<i>\$20</i>	<input checked="" type="checkbox"/>
<i>05/13/04</i>	ID# CK#	<i>Swati Dandekar 2731 28th Ave Marion, IA 52302</i>		<i>\$20</i>	<input checked="" type="checkbox"/>
<i>05/11/04</i>	ID# CK#	<i>Cheryl Dlouhy 1955 29th Ave Marion, IA 52302</i>		<i>\$50</i>	<input type="checkbox"/>
<i>05/13/04</i>	ID# CK#	<i>Gary Picken 3323 Falcon View Rd SW Cedar Rapids, IA 52404</i>		<i>\$100</i>	<input checked="" type="checkbox"/>
SUB-TOTAL				<i>\$1690</i>	<input checked="" type="checkbox"/>
TOTAL (if last page of this schedule)				\$	

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For Instructions, See Back of Form

Reset 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)
Roger Grabstich 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
05/03/04	ID# CK#	Shane Forbes 104 McNamara Dr. Anamosa, IA 52205		\$ 100	<input type="checkbox"/>
05/13/04	ID# CK#	Kay Graber 1236 Skyline Dr. Cedar Rapids, IA 52403		\$ 20	<input checked="" type="checkbox"/>
05/03/04	ID# CK#	Heroy and Arlene Grabstich 4700 Westchester Dr. NE Cedar Rapids, IA 52402	Parents	\$ 100	<input type="checkbox"/>
05/12/04	ID# CK#	Dave and Amy Grabstich 84 Simpson St. SW Cedar Rapids, IA 52404	Brother & sister-in-law	\$ 35	<input type="checkbox"/>
05/03/04	ID# CK#	Anthony Grabstich 2809 Falcon Dr. NE	Brother	\$ 100	<input type="checkbox"/>
05/13/04	ID# CK#	Albert Hartl Jr. 1910 Pleasantview Drive Marion, IA 52302		\$ 25	<input checked="" type="checkbox"/>
05/03/04	ID# CK#	Hawkeye Labor Council Volunteer Meeting (Pass-the-Hat) Cedar Rapids, IA		\$ 35	<input type="checkbox"/>
04/28/04	ID# CK#	Janette Hofferber 1774 Stonehaven Ln Frederick, MD 21702	Sister	\$ 250	<input type="checkbox"/>
04/28/04	ID# CK#	Tara Hofferber 1426 W 11th St. Frederick, MD 21702	Niece	\$ 20	<input type="checkbox"/>
05/13/04	ID# CK#	Sarah Holbrook 507 Forest Dr. SE Cedar Rapids, IA 52403		\$ 10	<input checked="" type="checkbox"/>
SUB-TOTAL				\$ 695	<input checked="" type="checkbox"/>
TOTAL (if last page of this schedule)				\$	

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For Instructions, See Back of Form

Reset 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)
Roger Grobstich 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
05/03/04	ID# CK#	Marie Huff 3227 Soutter Ave SE Cedar Rapids, IA 52403		\$ 20	<input type="checkbox"/>
04/30/04	ID# CK#	Linda Langston 4257 Sumland Ct. SE Cedar Rapids, IA 52403		\$ 25	<input type="checkbox"/>
05/03/04	ID# CK#	Deb Latthrop 3523 E Ave NW Cedar Rapids, IA 52405		\$ 100	<input type="checkbox"/>
05/12/04	ID# CK#	RWPSU Local 110 Membership Meeting (Pass-the-Hat) Cedar Rapids, IA		\$ 50	<input type="checkbox"/>
05/13/04	ID# CK#	David Loeb sack 610 3rd Ave North Mount Vernon, IA 52314		\$ 25	<input checked="" type="checkbox"/>
05/10/04	ID# CK#	Pat Marshall 3020 Circle Dr. NE Cedar Rapids, IA 52402-3409		\$ 100	<input type="checkbox"/>
05/13/04	ID# CK#	Pat Marshall 3020 Circle Dr. NE Cedar Rapids, IA 52402-3409		\$ 20	<input checked="" type="checkbox"/>
05/13/04	ID# CK#	Jean McCalmont 2204 DeBann Ln NE Cedar Rapids, IA 52402-2311		\$ 100	<input checked="" type="checkbox"/>
05/10/04	ID# CK#	Joyce Moran 415 Parkland Dr. SE Cedar Rapids, IA 52403		\$ 100	<input type="checkbox"/>
05/13/04	ID# CK#	666 Kelly Mulford 6501 White Gate Ct Marion, IA 52302		\$ 125	<input checked="" type="checkbox"/>
SUB-TOTAL				\$ 665	
TOTAL (if last page of this schedule)				\$	

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For Instructions, See Back of Form

Reset 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)
Roger Grobschick 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(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/YY)	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
05/13/04	ID# CK#	<i>Tyler Olsen 2007 First Ave SE PO Box 2804 Cedar Rapids IA 52406-2804</i>		\$ 100	<input checked="" type="checkbox"/>
05/13/04	ID# CK#	<i>Al Perkins 715 Greenfield St. NE Cedar Rapids, IA 52402</i>		\$ 100	<input checked="" type="checkbox"/>
05/04/04	ID# CK#	<i>Adam Phillips 2945 Edgebrook Drive Mason, IA 52302</i>		\$ 10	<input type="checkbox"/>
05/12/04	ID# 9672 CK# 1077	<i>Plumbers and Pipefitters Local 125 Political Education Fund 1835 16th Ave SW Cedar Rapids, IA 52404</i>		\$ 2500	<input type="checkbox"/>
05/13/04	ID# CK#	<i>Lawrence Kondabush 421 31st St SW Cedar Rapids IA 52404</i>		\$ 100	<input checked="" type="checkbox"/>
05/07/04	ID# CK#	<i>Bob Rush 4847 Eaglesmere Ct SE Cedar Rapids, IA 52403</i>		\$ 250	<input type="checkbox"/>
05/05/04	ID# CK#	<i>Jennifer Sherer 1016 Fairchild St Jowa City, IA 52245</i>		\$ 50	<input type="checkbox"/>
05/10/04	ID# CK#	<i>Justin Shields 3201 Pobbk Dr. SW Cedar Rapids IA 52404</i>		\$ 100	<input type="checkbox"/>
05/13/04	ID# CK#	<i>Scott Smith 3012 110th St. Solon, IA 52333</i>		\$ 50	<input checked="" type="checkbox"/>
05/03/04	ID# CK#	<i>Norm Sternzenbach 1724 Hamilton St SW Cedar Rapids IA 52404</i>		\$ 20	<input type="checkbox"/>
SUB-TOTAL				\$ 3,280	
TOTAL (if last page of this schedule)				\$	

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For Instructions, See Back of Form

Reset 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)
Roger Grabstich 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(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
05/13/04	ID# CK#	Todd Taylor 1416 Ave NW Cedar Rapids, IA 52402-4934		\$ 25	<input checked="" type="checkbox"/>
05/11/04	ID# CK#	Roberta Till-Retz 600 Manor Drive Iowa City, IA 52246		\$ 50	<input type="checkbox"/>
05/03/04	ID# CK#	Melody Turner 1945 B Ave NE Cedar Rapids, IA 52402		\$ 20	<input type="checkbox"/>
05/10/04	ID# CK#	Dan Zeller 1962 Carrier Rd Palo, IA 52324		\$ 100	<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

\$ 195

TOTAL (if last page of this schedule)

\$ 6525

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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)
Roger Grobstich 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
05/03/04	ID# 1572 CK# 1001	<i>Carter Printing</i>	<i>Campaign Cards</i>	\$587.64
05/15/04	ID# 1572 CK#	<i>Farmers State Bank</i>	<i>Bank Charge</i>	41.85
	ID# CK#			

SUB-TOTAL \$ 629.49

TOTAL (if last page of this schedule) \$ 629.49

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)
 Roger Grobstich for State Representative

Reset Form

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
05/07/04	Roger Grobstich 2350 Wolf Creek Trl Hiawatha, IA 52233		Stamps	\$ 185	<input type="checkbox"/>
05/03/04	Roger Grobstich		stamps	\$ 39.59	<input type="checkbox"/>
04/28/04	Roger Grobstich		Envelopes and letterhead	\$ 99.23	<input type="checkbox"/>
05/04/04	Roger Grobstich		Voter Info maps	\$ 80.24	<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 \$ 403.86
 TOTAL (if last page of this schedule) \$ 403.86

*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.

DISCLOSURE SUMMARY PAGE

Reset Form

FORM DR-2 (Rev. 07/2003)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	1572
Logged In	
Scanned	<input checked="" type="checkbox"/>
Computer	
Audited	5-7-04

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

ROGER GROBSTICH FOR STATE REPRESENTATIVE

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	Political Party
<u>Roger Grobstich</u>	<u>DEMOCRAT</u>
Office Sought	District (if Senate or House)
<u>House of Representative</u>	<u>35</u>

MAY 07 2004
PM 5-6
April 30, 2004
DATE SIGNED

Patricia M. Marshall
SIGNATURE OF TREASURER (or person filing this report)

319-363-9769
TELEPHONE

Late filed reports are subject to possible civil and criminal penalties.

SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE:

I AM FILING A _____ 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)	<u>\$ 1,550</u>
Schedule F: Loans Received total (Attach Schedule F)	<u>0</u>
Schedule H: Total Sales of Campaign Property (Attach Schedule H)	<u>0</u>
(Schedule H applies to Candidates' Committees Only)	
SUB-TOTAL	<u>\$ 1,550</u>

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)	<u>0</u>
Schedule F: Loan Repayments total (Attach Schedule F)	<u>0</u>

CASH ON HAND at the end of this reporting period (if final report, balance must be zero) (Attach DR-3)\$ \$ 1,550

**UNPAID BILLS (From Schedule D - Attach Schedule D)	\$ <u>0</u>
**IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)	\$ <u>0</u>
**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)	\$ <u>0</u>

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.

Reset 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)
Roger Grobstich for State Representative

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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
04/27/04	ID# CK#	<i>Russell Keast 7254 Chain Bridge Rd Talo, IA 52324</i>		\$ 50	<input type="checkbox"/>
04/29/04	ID# CK#	<i>Chuck Fountain 200 Elm St Van Horn, IA 52346</i>		\$100	<input type="checkbox"/>
04/29/04	ID# CK#	<i>Alan Bernard 1634 Grand Ave SE Cedar Rapids, IA 52403</i>		\$100	<input type="checkbox"/>
04/29/04	ID# CK#	<i>Melody Turner 1945 B Ave NE Cedar Rapids, IA 52402</i>		\$100	<input type="checkbox"/>
04/29/04	ID# CK#	<i>Tom Waldruff 4730 Midway Dr. NW Cedar Rapids, IA 52405</i>		\$100	<input type="checkbox"/>
04/29/04	ID# CK#	<i>Lynette Lindeman 5338 Skyline Dr. NW Cedar Rapids, IA 52405</i>		\$100	<input type="checkbox"/>
04/29/04	ID# CK#	<i>George Hopperber 1774 Stronahaven Lane Frederick, MD 21702</i>		\$1,000	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
SUB-TOTAL				\$ 1550	
TOTAL (if last page of this schedule)				\$ 1550	

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