

**DISCLOSURE SUMMARY PAGE**



<b>FORM DR-2</b> (Rev. 07/2004)	<b>DISCLOSURE REPORT</b>
<b>For Office Use Only</b>	
Comm. #	1554
Logged In	
Scanned	<input checked="" type="checkbox"/>
Computer	
Audited	

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

**IMPORTANT:** Indicate by # type of committee you are reporting for:   
 ( 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 PAUL CARSTENSEN Political Party (if applicable) REPUBLICAN  
 Office Sought Representative District (if Senate or House) House 25

Late reports are subject to possible civil and criminal penalties.

10-18-04  
 PM 10-19 2004

[Signature] 563-682-7488  
**SIGNATURE OF PERSON FILING REPORT** **TELEPHONE**

10-18-04  
**DATE SIGNED**

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

CHECK IF AMENDMENT TO REPORT DATED October 19, 04  
 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**

<b>CASH ON HAND</b> at the beginning of the reporting period. (Total of all funds held by the committee. This amount <b>MUST</b> 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>1379.41</u>
<b>ADD TOTAL MONEY TAKEN IN THIS PERIOD</b>		
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)		<u>6120.00</u>
Schedule F: Loans Received total (Attach Schedule F)		<u>1280.00</u>
Schedule H: Total Sales of Campaign Property (Attach Schedule H)		<u>-0-</u>
<b>(Schedule H applies to Candidates' Committees Only)</b>		
	<b>SUB-TOTAL .....</b>	<u>8779.41</u>
<b>SUBTRACT TOTAL MONEY SPENT THIS PERIOD</b>		
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)		<u>3591.47</u>
Schedule F: Loan Repayments total (Attach Schedule F)		<u>-0-</u>
<b>CASH ON HAND</b> at the end of this reporting period (if final report balance must be zero) (Attach DR-3)	\$	<u>5187.94</u>
<b>**UNPAID BILLS</b> (From Schedule D - Attach Schedule D)	\$	<u>-0-</u>
<b>*IN KIND CONTRIBUTIONS</b> (From Schedule E - Attach Schedule E)	\$	<u>1335.76</u>
<b>**OUTSTANDING LOANS</b> (From Schedule F - Attach Schedule F)	\$	<u>3380.00</u>
<b>CANDIDATE COMMITTEES ONLY:</b>		
<b>CONSULTANT BREAKDOWN</b> (Schedule G Attached?)		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
<b>VALUE OF CAMPAIGN PROPERTY</b> (From Schedule H - Attach Schedule H)	\$	_____

For Instructions, See Back of Form

**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 checked="" type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)  
*Carstensen for STATE Representative Comm.*

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 688.32A(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
9/15/04	ID# CK#	Betty Farrell 45962 - 75th ST PRESTON, IA 52069		\$ 50.00	<input type="checkbox"/>
9/15/04	ID# CK#	SHARON RETTIQ 820 - NILES ST MAGDOKETA, IA 52060		100.00	<input type="checkbox"/>
9/15/04	ID# CK#	"UNLIMITED CONTRIBUTIONS"		15.00	<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				\$ 165.00	
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.

**DISCLOSURE SUMMARY PAGE**



<b>FORM DR-2</b> (Rev. 07/2004)	<b>DISCLOSURE REPORT</b>
<b>For Office Use Only</b>	
Comm. #	1554
Logged In	SW
Scanned	<input checked="" type="checkbox"/>
Computer	
Audited	

**COMMITTEE NAME** (Must be same as on Statement of Organization)  
 7001 0360 0000 5071 2479  
CARSTENSEN FOR STATE REPRESENTATIVE COMMITTEE

**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 Party PAC (6) City Candidate (7) School Board or Other  
 Political Subdivision Candidate (8) County Party PAC (9) City PAC (10) School Board or Other Political  
 Subdivision PAC (11) Local Ballot Issue

**CANDIDATE COMMITTEES ONLY:**

Candidate Name: PAUL CARSTENSEN Political Party (if applicable): REPUBLICAN  
 Office Sought: REPRESENTATIVE District (if Senate or House): HOUSE 25

Late reports are subject to possible civil and criminal penalties.

[Signature] 563-682-7480 10/15/04  
 SIGNATURE OF PERSON FILING REPORT TELEPHONE DATE SIGNED

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

<b>CASH ON HAND</b> at the beginning of the reporting period. (Total of all funds held by the committee. This amount <b>MUST</b> 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>1379.41</u>
<b>ADD TOTAL MONEY TAKEN IN THIS PERIOD</b>	
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)	<u>5955.00</u>
Schedule F: Loans Received total (Attach Schedule F)	<u>1280.00</u>
Schedule H: Total Sales of Campaign Property (Attach Schedule H)	<u>- 0 -</u>
<b>(Schedule H applies to Candidates' Committees Only)</b>	
<b>SUB-TOTAL</b> .....	\$ <u>8614.41</u>
<b>SUBTRACT TOTAL MONEY SPENT THIS PERIOD</b>	
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)	<u>3591.47</u>
Schedule F: Loan Repayments total (Attach Schedule F)	<u>- 0 -</u>
<b>CASH ON HAND</b> at the end of this reporting period (if final report balance must be zero) (Attach DR-3)	\$ <u>5022.94</u>
<b>**UNPAID BILLS</b> (From Schedule D - Attach Schedule D)	\$ <u>- 0 -</u>
<b>*IN KIND CONTRIBUTIONS</b> (From Schedule E - Attach Schedule E)	\$ <u>1335.76</u>
<b>**OUTSTANDING LOANS</b> (From Schedule F - Attach Schedule F)	\$ <u>3380.00</u>
<b>CANDIDATE COMMITTEES ONLY:</b>	
<b>CONSULTANT BREAKDOWN</b> (Schedule G Attached?)	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
<b>VALUE OF CAMPAIGN PROPERTY</b> (From Schedule H - Attach Schedule H)	\$ <u>- 0 -</u>

For Instructions, See Back of Form



SCHEDULE <b>A</b> (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 Comm.*

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
8/7/04	ID# CK#	NORMAN NIELSEN 4126-17th ST PRESTON, IA 52069		\$ 50.-	<input type="checkbox"/>
8/9/04	ID# CK#	MICHAEL KNAKE 21955-14th 62 Bellevue, IA 52031		100.-	<input type="checkbox"/>
8/10/04	ID# CK#	EVERETT YADDOF 41 S. STEPHENS ST. PRESTON, IA		35.-	<input type="checkbox"/>
8/11/04	ID# CK#	ED TUBBS 1605-BLAIR ST. MARGUETA, IA 52060		100.-	<input type="checkbox"/>
8/11/04	ID# CK#	JOE BARRY 2208 ELIZABETH AVE. SMYRNA, GA 30080	SISTER	50.-	<input type="checkbox"/>
8/11/04	ID# CK#	MADLINE MEYER 1854-28th ST ODEBOLT, IA 51458	COUSIN	50.-	<input type="checkbox"/>
8/11/04	ID# CK#	DANIEL KUNAU 2 W. HENRY PRESTON, IA 52069		100.-	<input type="checkbox"/>
8/11/04	ID# CK#	GARY TRENKAMP 4866-435th AVE PRESTON, IA 52069		50.-	<input type="checkbox"/>
8/13/04	ID# CK#	CHRISTINE CORNELIUS 14795-317th AVE Bellevue, IA 52031		50.-	<input type="checkbox"/>
8/13/04	ID# CK#	BOB TIETJENS 4211-150th ST CLINTON, IA 52732		100.-	<input type="checkbox"/>
SUB-TOTAL				\$ 685.-	
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.

For Instructions, See Back of Form



SCHEDULE <b>A</b> (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 COMM.*

**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
8/13/04	ID# CK#	JOAN NIELSEN 41 - W. BLACK ST. PRESTON, IA 52069		\$ 50. -	<input type="checkbox"/>
8/13/04	ID# CK#	DOBUQUE COUNTY REPUBLICANS PO BOX 1052 DOBUQUE, IA 52004		50. -	<input type="checkbox"/>
8/13/04	ID# CK#	ROBERT HENNINGSEN 502 - S. MITCHELL PRESTON, IA 52069		100. -	<input type="checkbox"/>
8/16/04	ID# CK#	BRIAN SCHMIDT 1499 - 235th AVE DELMAR, IA 52037		50. -	<input type="checkbox"/>
8/17/04	ID# CK#	LOUIS SULLIVAN 1545 - 370th AVE GOOSE LAKE, IA 52750		50. -	<input type="checkbox"/>
8/21/04	ID# CK#	KORAS KILBORG 108 - S. DIVISION SPRAVILLIE, IA 52074		50. -	<input type="checkbox"/>
8/23/04	ID# CK#	WANDA CORNELIUS 31578 - 150th ST BELLEVUE, IA 52031		50. -	<input type="checkbox"/>
8/23/04	ID# CK#	JEAN DAVIDSAUER 606 N. RIVERVIEW BELLEVUE, IA 52031		50. -	<input type="checkbox"/>
8/23/04	ID# CK#	PHYLLIS FRETZ 4059 - 435th AVE PRESTON, IA 52069		50. -	<input type="checkbox"/>
8/23/04	ID# CK#	DOROTHY C. MORRIS 204 - S. RIVERVIEW BELLEVUE, IA 52031		100. -	<input type="checkbox"/>
SUB-TOTAL				\$ 600	
TOTAL (if last page of this schedule)				\$	

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SCHEDULE <b>A</b> (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 COMM*

**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
8/23/04	ID# CK#	CAROLE WITISMAN 73 CORNELL AVE MAYQUOKETA, IA 52060		\$ 30.-	<input type="checkbox"/>
8/23/04	ID# 6027 CK# 2241	Deere PAC IA #6027 666 BRAND AVE, SUITE 1707 DES MOINES, IA 50309		500.-	<input type="checkbox"/>
8/24/04	ID# CK#	JAMES R. TAPLIN 5432-550th AVE SABUDA, IA 52070		50.-	<input type="checkbox"/>
2/28/04	ID# CK#	SARA HAYTCHER 3311-21ST. ST. MONMOUTH, IA 52039		100.-	<input checked="" type="checkbox"/>
8/28/04	ID# CK#	JEANETTE LANC 3582-371 AVE PRESTON, IA 52069	SISTER-IN-LAW	30.-	<input checked="" type="checkbox"/>
8/28/04	ID# CK#	ROBERT KILBURG 11 SOUTH ELLIOT PRESTON, IA 52069		50.-	<input checked="" type="checkbox"/>
7/28/04	ID# CK#	SHARON JEPSEN 592 BREEZY POINT DR CLINTON, IA 52732		50.-	<input checked="" type="checkbox"/>
8/28/04	ID# CK#	GERALD GRANT 46064 HWY 64 PRESTON, IA 52069		50.-	<input checked="" type="checkbox"/>
8/28/04	ID# CK#	GENE GRANT 45307-17th ST PRESTON, IA 52069		50.-	<input checked="" type="checkbox"/>
8/23/04	ID# CK#	UNITERIMIZED CONTRIBUTIONS FROM FUNDRAISER		540.-	<input checked="" type="checkbox"/>
SUB-TOTAL				\$1450.-	
TOTAL (if last page of this schedule)				\$	

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For Instructions, See Back of Form



SCHEDULE <b>A</b> (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 Comm*

**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
8/28/04	ID# CK#	William George 706 - PARK ST. Belleuve, IA 52031		\$ 30.-	<input type="checkbox"/>
9/8/04	ID# CK#	Roger Wilke PO Box 8 ANDOVER, IA 52701		50.-	<input type="checkbox"/>
9/8/04	ID# CK#	ARCHIE MCNIEL 2892 - 446th AVE PRESTON, IA 52069		50.-	<input type="checkbox"/>
9/8/04	ID# CK#	Kenneth Lane 39415 - 82nd ST SPRAQUEVILLE, IA 52074		50.-	<input type="checkbox"/>
9/8/04	ID# CK#	JACKSON COUNTY Rep. Cent. Comm. MAGUOKETA, IA 52069		750.-	<input type="checkbox"/>
9/16/04	ID# CK#	Ken Shelly 3594 - HWY 136 GOOSE LAKE, IA 52750		100.-	<input type="checkbox"/>
9/16/04	ID# CK#	WYTHE Willey PO Box 2145 CEDAR RAPIDS, IA 52401		100.-	<input type="checkbox"/>
9/16/04	ID# CK#	ERON PENNINGROTH 402 - E Angus CT MAGUOKETA, IA 52069		100.-	<input type="checkbox"/>
9/28/04	ID# CK#	Gene Camp 43873 - 21 Street PRESTON, IA 52069		100.-	<input type="checkbox"/>
10/2/04	ID# CK#	MARILYN Willey 315 EDDY PLAC MAGUOKETA, IA 52069		50.-	<input type="checkbox"/>
SUB-TOTAL				\$ 1380	
TOTAL (if last page of this schedule)				\$	

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For Instructions, See Back of Form



SCHEDULE <b>A</b> (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*

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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
10/2/04	ID# CK#	ELAINE LUETT 10505 - 7 <sup>th</sup> ST. MAGUOKETA, IA 52069		\$ 50.-	<input type="checkbox"/>
10/4/04	ID# CK#	MARILYN DEEGAN 18372 - 145 <sup>th</sup> AVE ZWINGLER, IA 52079		50.-	<input type="checkbox"/>
10/4/04	ID# CK#	PAUL PETERSEN 30758 COUNTRY LN BELLEVUE, IA 52031		50.-	<input type="checkbox"/>
10/4/04	ID# 6037 CK# 712	IA. MED. POL. ACT. COMM. 1001 GRAND AVE WEST DES MOINES, IA 50265		100.-	<input type="checkbox"/>
10/14/04	ID# CK#	"UNITEMIZED CONTRIBUTIONS"		1590.-	<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

\$ 1840

TOTAL (if last page of this schedule)

\$ 5955.-

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FOR INSTRUCTIONS, SEE BACK OF FORM



**EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT**

SCHEDULE <b>B</b> (Rev. 07/03)	MONETARY EXPENDITURES
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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.

CHECK THIS BOX IF AMENDING FORM

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
8/6/04	ID# CK# 1015	PRESTON TIMES PO BOX 9 PRESTON IA 52069	Memo PADS	\$624.-
8/28/04	ID# CK# 1016	PRESTON TIMES PO BOX 9 PRESTON, IA 52069	AD'S FOR FUNDRAISER	56.-
9/8/04	ID# CK# 1017	PRESTON MEATS 121 W. FARLEY PRESTON, IA 52069	FOOD FOR FUNDRAISER	119.70
9/8/04	ID# CK# 1018	BROWNS JACK & JILL 141 W Gillett PRESTON, IA 52069	FOOD FOR FUNDRAISER	12.46
9/16/04	ID# CK# 1019	AT+T UNIVERSAL MASTERCARD	SIGNS, ENVELOPES & FOOD FOR FUNDRAISER	1250.88
9/16/04	ID# CK# 1020	ELYSE CARSTENSEN 42448 - 45th ST PRESTON, IA 52069	ADS AND FOOD FOR FUNDRAISER	132.78
9/16/04	ID# CK# 1021	PAUL CARSTENSEN 42448 - 45th ST PRESTON, IA 52069	SHIRTS (PRINTED) - CARSTENSEN FOOD FOR FUNDRAISER CANDY FOR PARADES AND STAMPS FOR POSTAGE	1195.65
10/1/04	ID# CK# 1022	HOMETOWN CAFE 41 W Gillett PRESTON, IA 52069	FOOD FOR FUNDRAISER	200.-
SUB-TOTAL				\$3591.47
TOTAL (if last page of this schedule)				\$3591.47

**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).)

SCHEDULE <b>E</b> (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)  
*CARSTENSEN FOR STATE REPRESENTATIVE COMMITTEE*



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
8/19/04	REPUBLICAN PARTY OF IOWA 621 E. 9th, Des Moines IA 50309		IN KIND COPYWRITING	\$ 110.00	<input type="checkbox"/>
9/8/04	IOWA FARM BUREAU FED, 5400 UNIVERSITY AVE W, DES MOINES, IA 50266		POLLING EXPENSES	1225.76	<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
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					<input type="checkbox"/>

SUB-TOTAL \$ 1335.76  
TOTAL (if last page of this schedule) \$ 1335.76

\*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

Realt Form

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

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

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

TOTAL UNPAID LOANS FROM LAST REPORTING PERIOD \$ 2100.-

**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
8/13/04	PAUL CARSTENSEN 42448 - 45 <sup>th</sup> ST PRESTON, IA 52064	SELF	\$ 1200.-
10/4/04	PAUL CARSTENSEN 42448 - 45 <sup>th</sup> ST PRESTON, IA 52064	SELF	80.-

TOTAL (PART I) \$ 1280.-

**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 REPAYED
			\$

TOTAL CASH REPAYMENTS (PART II) \$ -0-

From Schedule E - TOTAL LOANS FORGIVEN \$ -0-

TOTAL OUTSTANDING LOANS END OF REPORT PERIOD \$ 3380

\*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 when it applies.