

FOR INSTRUCTIONS, SEE BACK OF FORM

# DISCLOSURE SUMMARY PAGE

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<b>FORM DR-2</b> (Rev. 07/2004)	DISCLOSURE REPORT
<b>For Office Use Only</b>	
Comm. #	1554
Logged to	SW 2
Scanned	
Computer	
Audited	

COMMITTEE NAME (Must be same as on Statement of Organization)  
**C7001 0360 0000 5071 1922**  
 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 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

<b>CANDIDATE COMMITTEES ONLY</b>		<b>ETHICS &amp; CAMPAIGN DISCLOSURE BOARD</b>
Candidate Name	PAUL CARSTENSEN	Political Party (if applicable) REPUBLICAN
Office Sought	NOV 1 2004 REPRESENTATIVE	District (if Senate or House) HOUSE 25

Late reports are subject to possible civil and criminal penalties.

*[Signature]* **FILED** **563-682-7488** **10/28/04**  
 SIGNATURE OF PERSON FILING REPORT TELEPHONE DATE SIGNED

I AM FILING A BEGIN 10-15 END 10-26 DUE 10-29 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.)	\$ 5187.94
<b>ADD TOTAL MONEY TAKEN IN THIS PERIOD</b>	
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)	1265.00
Schedule F: Loans Received total (Attach Schedule F)	-0-
Schedule H: Total Sales of Campaign Property (Attach Schedule H)	-0-
<b>(Schedule H applies to Candidates' Committees Only)</b>	
<b>SUB-TOTAL</b> .....	\$ 6452.94
<b>SUBTRACT TOTAL MONEY SPENT THIS PERIOD</b>	
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)	-0-
Schedule F: Loan Repayments total (Attach Schedule F)	-0-
<b>CASH ON HAND</b> at the end of this reporting period (if final report balance must be zero) (Attach DR-3)	\$ 6452.94
<b>**UNPAID BILLS</b> (From Schedule D - Attach Schedule D)	\$ 3946.00 *EST.
<b>**IN KIND CONTRIBUTIONS</b> (From Schedule E - Attach Schedule E)	\$ 4011.16
<b>**OUTSTANDING LOANS</b> (From Schedule F - Attach Schedule F)	\$ 3380.00

**CANDIDATE COMMITTEES ONLY:**

CONSULTANT BREAKDOWN (Schedule G Attached?)  YES  NO

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H) \$ -0-

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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 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/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
10/18/04	ID# CK#	DUBUQUE COUNTY REPUBLICAN COMM. PO BOX 1052 DUBUQUE, IOWA 52004		\$50.00	<input type="checkbox"/>
10/18/04	ID# CK#	HAZEL SULLIVAN 329 6TH AVE. SOUTH CLINTON, IA 52732		100.00	<input type="checkbox"/>
10/26/04	ID# CK#	CLINTON COUNTY REPUBLICAN WOMENS CLUB, CLINTON, IOWA 52732		50.00	<input type="checkbox"/>
10/26/04	ID# 6234 CK# 004024	IFBF, POLITICAL ACTION COMMITTEE 5400 UNIVERSITY AVE WEST DES MOINES, IA 50266		1000.00	<input type="checkbox"/>
10/26/04	ID# CK#	"UNITEMIZED CONTRIBUTIONS"		65.00	<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"/>
SUB-TOTAL				\$	
<b>TOTAL (if last page of this schedule)</b>				\$	1265.00

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

<b>SCHEDULE</b> <b>D</b> (Rev. 08/98)	<b>INCURRED</b> <b>INDEBTEDNESS</b>
<input type="checkbox"/> <b>CHECK THIS BOX</b> <b>IF AMENDING</b> <b>FORM</b>	

**NOTE:** Debts previously reported that remain unpaid must be included on this Schedule, as well as any new obligations incurred in this period.

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**DEBTS/OBLIGATIONS REMAINING THIS REPORTING PERIOD**  
**(DO NOT INCLUDE LOANS -- SHOW LOANS ON SCHEDULE F)**

An "incurred debt" is a debt for goods or services ordered or received, but not paid for by the end of the reporting period, regardless of whether an invoice has been received.

DATE INCURRED (MM/DD/YR)	NAME AND ADDRESS OF PERSON TO WHOM DEBT OR OBLIGATION IS OWED	DESCRIPTION OF GOODS OR SERVICES PROVIDED OR PURCHASED	BALANCE OWED AT CLOSE OF REPORTING PERIOD*
	ALL BILLS ARE ESTIMATES FOR BOTH DATE AND AMOUNT SINCE I HAVE NOT RECEIVED THE ACTUAL BILL FROM THE VENDOR		\$ * ESTIMATES
10-26-04	DUBUQUE TELEGRAPH HERALD DUBUQUE, IOWA	NEWSPAPER ADS	370.00 *EST.
10-26-04	BELLEVUE HEARLD LEADER BELLEVUE, IOWA	NEWSPAPER ADS	1121.00 *EST.
10-26-04	CLINTON HERALD CLINTON, IOWA 52732	NEWSPAPER ADS	447.00 *EST.
10-26-04	KCLN RADIO CLINTON, IOWA 52732	RADIO ADS	250.00 *EST.
10-26-04	KROS RADIO CLINTON, IOWA 52732	RADIO ADS	180.00 *EST.
10-26-04	KMAQ RADIO MAQUOKETA, IOWA	RADIO ADS	430.00 *EST.
<b>SUB-TOTAL</b>			\$ 2798.00 *EST.
<b>TOTAL DEBTS OWED BY COMMITTEE AT THE END OF THIS REPORTING PERIOD</b>			\$

\*If actual figure is unknown, show "estimated" beside the figure.

**CANDIDATE COMMITTEES NOTE:**  
 \*Incurred indebtedness also includes each person/entity with whom the candidate's committee has entered into a contract during the reporting period for future or continuing performance. Enter the name of the consultant who provides or procures services for items such as advertising, fund-raising, polling, managing, or organizing services. Report on Schedule G the nature of performance and the estimated performance reasonably expected of the consultant.





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SCHEDULE <b>F</b> (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 \$ 3380.00

**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
	"NONE"		\$

TOTAL (PART I) \$ -0-

**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) \$ -0-  
From Schedule E -- TOTAL LOANS FORGIVEN \$ -0-  
TOTAL OUTSTANDING LOANS END OF REPORT PERIOD \$ 3380.00

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