

FOR INSTRUCTIONS, SEE BACK OF FORM

# DISCLOSURE SUMMARY PAGE

Reset Form

|                                       |                      |
|---------------------------------------|----------------------|
| FORM<br><b>DR-2</b><br>(Rev. 07/2003) | DISCLOSURE<br>REPORT |
| <b>For Office Use Only</b>            |                      |
| Comm. #                               | <u>1525</u>          |
| Logged in                             |                      |
| Scanned                               |                      |
| Computer                              |                      |
| Audited                               |                      |

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

Pat Cline for State Representative

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**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<br><u>Patricia Cline</u>                    | Political Party<br><u>Republican</u>       |
| Office Sought<br><u>APR 6 2005</u><br>State Representative | District (if Senate or House)<br><u>28</u> |

Patricia Cline SIGNATURE OF TREASURER (or person filing this report)      (503)-557-9164 TELEPHONE      4/4/05 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 October 15 through October 26 REPORT FOR AN/A (1) ELECTION (2) NON-ELECTION YEAR  
(report date) Indicate one  1

CHECK IF AMENDMENT TO REPORT DATED 10/29/04

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.) \$ 2,545.39

**ADD TOTAL MONEY TAKEN IN THIS PERIOD**

Schedule A: Cash Contributions total (Attach Schedule A) (\*\*also see in-kind below) \$ 700.00

Schedule F: Loans Received total (Attach Schedule F) \$ -

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

**(Schedule H applies to Candidates' Committees Only)**

**SUB-TOTAL** ..... \$ 3,245.39

**SUBTRACT TOTAL MONEY SPENT THIS PERIOD**

Schedule B: Expenditures total (Attach Schedule B) (\*\*also see debts and loans below) \$ 2,472.30

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) \$ 773.09

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

\*\*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E) \$ 4,600.00

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

**CANDIDATE COMMITTEES ONLY:**

CONSULTANT BREAKDOWN (Schedule G Attached?)  YES  NO

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

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)  
 Pat Cline for State Representative

Reset Form

|                                                                        |                          |
|------------------------------------------------------------------------|--------------------------|
| SCHEDULE<br><b>E</b><br>(Rev. 06/97)                                   | IN KIND<br>CONTRIBUTIONS |
| <input checked="" type="checkbox"/> CHECK THIS BOX IF<br>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 |
|---------------------------------------|------------------------------------------------------------------------|---------------------------------------------|-------------------------------------|-----------------------------|-----------------------------------|
| 10/20/04                              | Republican Party of Iowa<br>621 East 9th St.<br>Des Moines, Iowa 50309 |                                             | Postage for mailers                 | \$ 1,850.00                 | <input type="checkbox"/>          |
| 10/20/04                              | Republican Party of Iowa<br>621 East 9th St.<br>Des Moines, Iowa 50309 |                                             | Printing cost for brochures         | 2,750.00                    | <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"/>          |
| SUB-TOTAL                             |                                                                        |                                             |                                     | \$                          |                                   |
| TOTAL (if last page of this schedule) |                                                                        |                                             |                                     | \$                          | 4,600.00                          |

\*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

**DISCLOSURE SUMMARY PAGE**

Reset Form

**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 Central Committee

|                                    |                          |
|------------------------------------|--------------------------|
| <b>FORM DR-2</b><br>(Rev. 07/2003) | <b>DISCLOSURE REPORT</b> |
| <b>For Office Use Only</b>         |                          |
| Comm. #                            | 1525                     |
| Logged In                          | SW                       |
| Scanned                            |                          |
| Computer                           | WRS                      |
| Audited                            | 2-10-05                  |

**CANDIDATE COMMITTEES**

**Candidate Name**  
Patricia Cline

**Office Sought**  
State Representative

**Political Party**  
Republican

**District (if Senate or House)**  
28

**FILED** **DISCLOSURE BOARD** **10/29/2004** **fax**

Patricia Cline (515) - 557-9104 10/29/04  
**SIGNATURE OF TREASURER (or person filing this report)** **TELEPHONE** **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 October 15 through October 26 REPORT FOR AN/A (1) ELECTION (2) NON-ELECTION YEAR.  
 (report date) Indicate one  (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 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**

|                                                                                                                                                                                                                                                                        |             |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|
| <b>CASH ON HAND</b> at the beginning of the reporting period. (This is the total of all monies 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.) | \$ 2,545.39 |
| <b>ADD TOTAL MONEY TAKEN IN THIS PERIOD</b>                                                                                                                                                                                                                            |             |
| Schedule A: Cash Contributions total (Attach Schedule A) (**also see in-kind below)                                                                                                                                                                                    | 700.00      |
| 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>                                                                                                                                                                                                             |             |
| <b>SUB-TOTAL</b> ....                                                                                                                                                                                                                                                  | \$ 3,245.39 |
| <b>SUBTRACT TOTAL MONEY SPENT THIS PERIOD</b>                                                                                                                                                                                                                          |             |
| Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)                                                                                                                                                                                  | 2,472.30    |
| Schedule F: Loan Repayments total (Attach Schedule F)                                                                                                                                                                                                                  |             |
| <b>CASH ON HAND</b> at the end of this reporting period (if final report, balance must be zero) (Attach DR-3)                                                                                                                                                          | \$ 773.09   |

|                                                               |             |
|---------------------------------------------------------------|-------------|
| **UNPAID BILLS (From Schedule D - Attach Schedule D)          | \$          |
| **IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E) | \$ 1,850.00 |
| **OUTSTANDING LOANS (From Schedule F - Attach Schedule F)     | \$          |

**CANDIDATE COMMITTEES ONLY:**

**CONSULTANT BREAKDOWN** (Schedule G Attached?)  YES  NO

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

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**CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

|                                                             |                      |
|-------------------------------------------------------------|----------------------|
| SCHEDULE<br><b>A</b><br>(Rev. 07/03)                        | MONETARY<br>RECEIPTS |
| <input type="checkbox"/> CHECK THIS BOX IF<br>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 ICWA 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 |
|----------------------------------------------|----------------------------------------------------|-------------------------------------------------------------------------------------|--------------------------------------------|-----------------|-----------------------------|
| 10/16/04                                     | ID#<br>CK#                                         | Dubuque County Republican Central Committee<br>P.O. Box 1052<br>Dubuque, Iowa 52001 |                                            | \$500.00        | <input type="checkbox"/>    |
| 10/19/04                                     | ID#<br>CK#                                         | Ronald Herrig<br>3686 Crescent Ridge<br>Dubuque, Iowa 52001                         |                                            | 50.00           | <input type="checkbox"/>    |
| 10/19/04                                     | ID#<br>CK#                                         | John Herrig<br>13668 Surrey Lane<br>Dubuque, Iowa 52001                             |                                            | 50.00           | <input type="checkbox"/>    |
| 10/19/04                                     | ID#<br>CK#                                         | William Hammel<br>3522 Frontenac Ct.<br>Aurora, IL 60504-6146                       |                                            | 100.00          | <input type="checkbox"/>    |
|                                              | ID#<br>CK#                                         |                                                                                     |                                            |                 | <input type="checkbox"/>    |
|                                              | ID#<br>CK#                                         |                                                                                     |                                            |                 | <input type="checkbox"/>    |
|                                              | ID#<br>CK#                                         |                                                                                     |                                            |                 | <input type="checkbox"/>    |
|                                              | ID#<br>CK#                                         |                                                                                     |                                            |                 | <input type="checkbox"/>    |
|                                              | ID#<br>CK#                                         |                                                                                     |                                            |                 | <input type="checkbox"/>    |
|                                              | ID#<br>CK#                                         |                                                                                     |                                            |                 | <input type="checkbox"/>    |
| SUB-TOTAL                                    |                                                    |                                                                                     |                                            | \$              |                             |
| <b>TOTAL (if last page of this schedule)</b> |                                                    |                                                                                     |                                            | \$              | 700.00                      |

\* 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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**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.

|                                                          |                          |
|----------------------------------------------------------|--------------------------|
| SCHEDULE<br><b>B</b><br>(Rev. 07/03)                     | MONETARY<br>EXPENDITURES |
| <input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM |                          |

COMMITTEE NAME (Must be same as on Statement of Organization)  
Pat Cline for State Representative

| DATE EXPENDED (MM/DD/YY)                     | CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER | NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE   | PURPOSE (DESCRIBE TRANSACTION) | AMOUNT EXPENDED    |
|----------------------------------------------|----------------------------------------------------------|----------------------------------------------------------------|--------------------------------|--------------------|
| 10/18/04                                     | ID# 1525<br>CK#                                          | The Dubuque Leader<br>1527 Central Ave.<br>Dubuque, Iowa 52001 | Newspaper Ad                   | \$ 126.00          |
| 10/19/04                                     | ID# 525<br>CK#                                           | Telegraph-Herald<br>801 Bluff St.<br>Dubuque, Iowa 52001       | Newspaper Ad                   | 186.30             |
| 10/26/04                                     | ID# 525<br>CK#                                           | Radio Dubuque<br>846 West 8th St.<br>Dubuque, Iowa 52001       | Radio Ad Campaign              | 2,160.00           |
|                                              | ID#<br>CK#                                               |                                                                |                                |                    |
| SUB-TOTAL                                    |                                                          |                                                                |                                | \$                 |
| <b>TOTAL (if last page of this schedule)</b> |                                                          |                                                                |                                | <b>\$ 2,472.30</b> |

**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)(f).)

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)  
 Pat Cline for State Representative

Reset Form

|                                                             |                          |
|-------------------------------------------------------------|--------------------------|
| SCHEDULE<br><b>E</b><br>(Rev. 06/97)                        | IN KIND<br>CONTRIBUTIONS |
| <input type="checkbox"/> CHECK THIS BOX IF<br>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 |
|--------------------------|------------------------------------------------------------------------|---------------------------------------------|-------------------------------------|-----------------------------|---------------------------------|
| 10/20/04                 | Republican Party of Iowa<br>621 East 9th St.<br>Des Moines, Iowa 50309 |                                             | Postage for Mailers                 | \$ 1,850.00                 | <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"/>        |

*See Amended Schedule*

SUB-TOTAL \$

TOTAL (if last page of this schedule) \$

1,850.00

\*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.