

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

COMMITTEE NAME (Must be same as on Statement of Organization)
Severson for State House

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 (8) Ballot Issue/Franchise Committee (7) County/City Central Committee

FORM DR-2 (Rev. 07/2003)	DISCLOSURE REPORT
For Office Use Only	
Comm #	<u>1514</u>
Logged In	_____
Scanned	_____
Computer	_____
Audited	_____

CANDIDATE COMMITTEES ONLY:

Candidate Name Gale Severson Political Party Republican
 Office Sought State Representative District (if Senate or House) 24

DEC 22 2004

Jacquelyn J Opperman 563-933-6416 12-22-04
 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 _____ REPORT FOR AN/A (1) ELECTION/(2) NON-ELECTION YEAR.
 (report date) Indicate one

CHECK IF AMENDMENT TO REPORT DATED Oct 29, 2004

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.)	\$ <u>2777.65</u>
ADD TOTAL MONEY TAKEN IN THIS PERIOD	
Schedule A: Cash Contributions total (Attach Schedule A) (**also see in-kind below)	<u>1680.00</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>4457.65</u>
SUBTRACT TOTAL MONEY SPENT THIS PERIOD	
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)	<u>958.00</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>3499.65</u>

**UNPAID BILLS (From Schedule D - Attach Schedule D)	\$ <u>2529.20</u>
**IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)	\$ _____
**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)	\$ <u>800.00</u>

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)

Sevenson for State House

Reset Form

SCHEDULE E (Rev. 08/97)	IN KIND CONTRIBUTIONS
<input checked="" type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

DATE RECEIVED (MM/DD/YY)	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	<i>Legislative Majority Fund Republican Party of Iowa Des Moines Ia 50309</i>		<i>Printing</i>	<i>\$ 2000.00</i>	<input type="checkbox"/>
✓ 10/26/04	<i>Campaign of ONE PAC PO Box 887 Ames Ia 50010</i>		<i>mailing</i>	<i>230.00</i>	<input type="checkbox"/>
10/26/04	<i>Gale Sevenson 10323 Hwy 3 Strawberry Ia 52076</i>	<i>self</i>	<i>mileage @ 20¢</i>	<i>224.20</i>	<input type="checkbox"/>
10/26/04	<i>Gale Sevenson 10323 Hwy 3 Strawberry Ia 52076</i>	<i>self</i>	<i>various meal tickets</i>	<i>75.00</i>	<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 \$ *2529.20*

TOTAL (if last page of this schedule) \$ *2529.20*

*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



FORM DR-2 (Rev. 07/2003)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	1514
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Computer	
Audited	

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

Severson for State House

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 Issues/Franchise Committee (7) County/City Central Committee

CANDIDATE COMMITTEES ONLY:

Candidate Name: Gale Severson Political Party: Republican
 Office Sought: State Representative District (if Senate or House): 24

Signature of Treasurer: Jacquelyn G. Deppe
SIGNATURE OF TREASURER (or person filing this report)

563-933-6416
TELEPHONE

10-29-04
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 Oct. 29, 2004 REPORT FOR AN/A (1) ELECTION (2) NON-ELECTION YEAR.
(report date) (Indicate one)

CHECK IF AMENDMENT TO REPORT DATED September 2004

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.)	\$	2777.65
ADD TOTAL MONEY TAKEN IN THIS PERIOD		
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)		1680.00
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>		
SUB-TOTAL	\$	4457.65
SUBTRACT TOTAL MONEY SPENT THIS PERIOD		
Schedule B Expenditures total (Attach Schedule B) (**also see debts and loans below)		958.00
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)	\$	3499.65

**UNPAID BILLS (From Schedule D - Attach Schedule D)	\$	-0-
**IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)	\$	279.30
**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)	\$	800.00

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

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)
Demerson for State House

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 88B.32A(8), Iowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/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
✓ 10/15/04	ID# CK#	Fayette Co. Republican Central Committee Delwex Ia 50662		\$ 450.00	<input type="checkbox"/>
✓ 10/15/04	ID# C00347641 CK# 1165	Iowa Teachers Action Comm. PO Box 35 Manchester Ia 52057		500.00	<input type="checkbox"/>
10/15/04	ID# CK#	Rev. L. R. Decker Box 219 Burlington Ia 52002		35.00	<input type="checkbox"/>
10/18/04	ID# CK#	Luan Markison PO Box 98 Algona Ia 52004		25.00	<input type="checkbox"/>
10/19/04	ID# CK#	Miretta Jones 1723 40th St Burlington Ia 52606		25.00	<input type="checkbox"/>
10/20/04	ID# CK#	Katherine Clefesch PO Box 157 Marion Ia 52049-0137		20.00	<input checked="" type="checkbox"/>
10/20/04	ID# CK#	Betty Zickert PO Box 401 Marion Ia 52049		20.00	<input checked="" type="checkbox"/>
10/20/04	ID# CK#	Neil Meyer 507 N. Center St Marion Ia 52159		25.00	<input checked="" type="checkbox"/>
10/20/04	ID# CK#	Marcin Zickert 204 Eagle Dr Marion Ia 52157		10.00	<input checked="" type="checkbox"/>
10/20/04	ID# CK#	John Thiel 21505 Edgewood Ave Albion Ia 52003		30.00	<input checked="" type="checkbox"/>
SUB-TOTAL				\$ 1130.00	<input checked="" type="checkbox"/>
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

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)
Senators for State House

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
10/20/04	ID# CK#	Donna Thompson 20313 145th St Monona, Ia 52159		\$ 25.00	<input checked="" type="checkbox"/>
10/20/04	ID# CK#	Mary Jo Wilke Monona, Ia 52159		25.00	<input checked="" type="checkbox"/>
10/20/04	ID# CK#	Linda Sedemeyer Amersburg, Ia 52047		30.00	<input checked="" type="checkbox"/>
10/20/04	ID# CK#	Loren Kieren 18025 Eagle Ln Lutana, Ia 52156		50.00	<input checked="" type="checkbox"/>
10/21/04	ID# CK#	John Prossner 1276 160th St Dunnell, Ia 52038		30.00	<input type="checkbox"/>
✓ 10/21/04	ID# 6211 CK# 11945	NFIB - Iowa Safe Trust 1201 F St. NW Suite 200 Washington DC 20004		250.00	<input type="checkbox"/>
10/22/04	ID# CK#	Steven W. Huff PO Box 152 Edgewood, Ia 52042		50.00	<input type="checkbox"/>
✓ 10/22/04	ID# 8338 CK# 5149	FASO PAC 2600 E. 8th St Boone, Ia 50036		100.00	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

\$ 550.00

TOTAL (If last page of this schedule)

\$ 1680.00

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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)
Devernon for State House

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
10/18/04	ID# CK#	Postmaster Strawberry Point IA	postage	\$ 345.00
10/18/04	ID# CK#	Postmaster Strawberry Point IA	postage	230.00
10/25/04	ID# CK#	Postmaster Strawberry Point IA	postage	383.00
	ID# CK#			
SUB-TOTAL				\$ 958.00
TOTAL (if last page of this schedule)				\$ 958.00

230,

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)

Amateur for State House

Reset Form

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

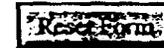
DATE RECEIVED (MM/DD/YY)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	IF FOR FUND-RAISER CONTRIBUTION
10/26/04	<i>Gale Jensen 10323 Hwy 3 Strawberry, Pa 15204</i>	<i>self</i>	<i>mileage (2) 204</i>	\$ <i>224.20</i>	<input type="checkbox"/>
10/26/04	<i>Gale Jensen 10323 Hwy 3 Strawberry, Pa 15204</i>	<i>self</i>	<i>various meal tickets</i>	\$ <i>75.00</i>	<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 \$ *299.20*

TOTAL (if last page of this schedule) \$ *299.20*

*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



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

COMMITTEE NAME (Must be same as on Statement of Organization)
Sevenson for State House

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

TOTAL UNPAID LOANS FROM LAST REPORTING PERIOD \$ 800.00

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/YYR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, if Applicable)	RELATIONSHIP TO CANDIDATE (if Applicable*)	AMOUNT OF LOAN
			\$

TOTAL (PART I) - \$ _____

PART II - MONETARY LOAN REPAYMENTS MADE THIS REPORTING PERIOD
 (Loans forgiven must be reported on Schedule E -- In-kind Contributions.)

DATE PAID (MM/DD/YYR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, if Applicable)	RELATIONSHIP TO CANDIDATE* (if Applicable)	AMOUNT REPAYED
			\$

TOTAL CASH REPAYMENTS (PART II) \$ _____

From Schedule E - TOTAL LOANS FORGIVEN \$ _____

TOTAL OUTSTANDING LOANS END OF REPORT PERIOD \$ 800.00

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P.07
 OCT-29-04 02:17 PM QUALITY ACCT AND TAX SER 5639336416