

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

Reset Form

COMMITTEE NAME (Must be same as on Statement of Organization)
McKibben for Senate Committee
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

FORM DR-2 DISCLOSURE REPORT
(Rev. 07/2003)
For Office Use Only
Comm. # 965
Logged In
Scanned
Computer
Audited

CANDIDATE COMMITTEES ONLY:
Candidate Name Political Party
Office Sought District (if Senate or House)

ETHICS & CAMPAIGN DISCLOSURE BOARD
JUN - 4 2004
p.m. 6-3
FILED
JUNE 5 2004
DATE SIGNED

Signature of Maura McKibben
SIGNATURE OF TREASURER (or person filing this report)

641-752-6908
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 June 4, 2004 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

Table with columns for description and amount. Rows include: CASH ON HAND at the beginning of the reporting period (\$45,832.31), ADD TOTAL MONEY TAKEN IN THIS PERIOD (Schedule A: 2,075.00, Schedule F: 0.00, Schedule H: 0.00), SUB-TOTAL (\$47,907.31), SUBTRACT TOTAL MONEY SPENT THIS PERIOD (Schedule B: 452.09, Schedule F: 0.00), CASH ON HAND at the end of this reporting period (\$47,455.22), **UNPAID BILLS (\$0.00), **IN KIND CONTRIBUTIONS (\$200.00), **OUTSTANDING LOANS (\$0.00), CANDIDATE COMMITTEES ONLY: CONSULTANT BREAKDOWN (\$0.00), VALUE OF CAMPAIGN PROPERTY (\$0.00).

For Instructions, See Back of 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)
 McKibben for Senate 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
5/20/04	ID# CK#	Lois J. Jensen 1902 W. Olive Marshalltown, Iowa 50158		\$100.00	<input type="checkbox"/>
5/21/04	ID# CK#	Cheryle Watts Mitvalsky 352 Park Terrace SE Cedar Rapids, Iowa 52403		50.00	<input type="checkbox"/>
5/21/04	ID# CK#	Lois M. Nanke 1221 19th Street NW Cedar Rapids, Iowa 52405		50.00	<input type="checkbox"/>
5/21/04	ID# CK#	Deere PAC Iowa 666 Grand Avenue, Suite 1707 Des Moines, Iowa 50309		1,000.00	<input type="checkbox"/>
5/26/04	ID# CK#	Homebuilders Association Political Action Committee Des Moines, Iowa		500.00	<input type="checkbox"/>
5/26/04	ID# CK#	Iowa Telecom Political Action Committee 115 S. 2nd Avenue W. Newton, Iowa 50208		250.00	<input type="checkbox"/>
5/15-6/1/04	ID# CK#	Total unitemized contributions during May 15 - June 1, 2004 reporting period of \$25 or less		125.00	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
SUB-TOTAL				\$	
TOTAL (if last page of this schedule)				\$	2,075.00

* 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.

FOR INSTRUCTIONS, SEE BACK OF 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)
McKibben for Senate 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
5/17/04	ID# CK#	Postmaster 309 E. Linn Marshalltown, Iowa 50158	Postage & certified mail fee to submit Iowa Ethics Disclosure Report due on 5/19/04	\$ 5.57
5/20/04	ID# CK#	Adland Engraving 307 Riverside Street Marshalltown, Iowa 50158	Campaign shirts	303.16
5/21/04	ID# CK#	River Bend Rally Parade 520 Rocksylvania Avenue Iowa Falls, Iowa 50126	Parade entry fee	10.00
5/27/04	ID# CK#	Postmaster 309 E. Linn Marshalltown, Iowa 50158	Two rolls of stamps	74.00
6/1/04	ID# CK#	Sign Creations 111 S. 1st Avenue Marshalltown, Iowa 50158	Banner	59.36
	ID# CK#			
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$
TOTAL (if last page of this schedule)				\$ 452.09

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).)

THIS FORM IS USED BY CANDIDATES' COMMITTEES ONLY

SCHEDULE G (Rev. 02/96)	BREAKDOWN OF MONETARY EXPENDITURES BY CONSULTANT
	<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM

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

McKibben for Senate Committee

PART II- ITEMIZED BREAKDOWN OF UNREIMBURSED EXPENSES PAID BY CONSULTANT TO OTHERS IN PERFORMING SERVICES OF CONTRACT (These expenses should NOT be reported on Schedule B, as they are direct payment from the consultant.)

PART I - NAME AND ADDRESS OF CONSULTANT

Name of Consultant		
LeAnn Jesina		
Mailing Address		
151 Vogel		
City	State	Zip Code
Ottumwa	Iowa	52501

CONTRACT PERIOD (MM/DD/YR)	TOTAL ANTICIPATED COMPENSATION FOR PERFORMANCE
From 5-15-04	\$ 13.00 per hour plus reimbursement for actual expenses incurred.
To 6-1-04	

DATE EXPENDED (MM/DD/YR)	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE	AMOUNT EXPENDED
			\$

ESTIMATES OF PERFORMANCE

To advise the campaign committee on matters of organization,
 volunteer staffing & prepare media advertising copy.

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