

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

COMMITTEE NAME (Must be same as on Statement of Organization)
Karen Butler for State Representative

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

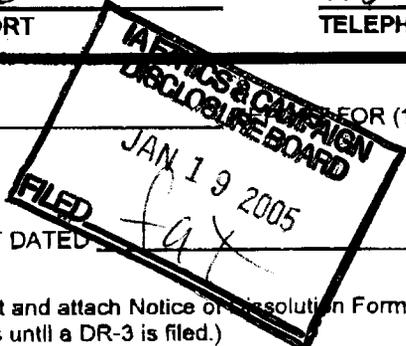
CANDIDATE COMMITTEES ONLY:
Candidate Name: Karen Butler
Political Party (if applicable): Republican
Office Sought: Iowa House Representative
District (if Senate or House): 7

FORM DR-2 DISCLOSURE REPORT (Rev. 07/2004)
For Office Use Only
Comm. #: 1573
Logged In: [initials]
Scanned: [initials]
Computer: 2-7-05 WRS
Audited: 2-7-05 [initials]

Late reports are subject to possible civil and criminal penalties.

SIGNATURE OF PERSON FILING REPORT: [Signature] TELEPHONE: 712-362-4459 DATE SIGNED: 19 Jan 05

I AM FILING A [1-19-05] (report date) FOR (1) ELECTION / (2) NON-ELECTION YEAR. Indicate by # []



[] CHECK IF AMENDMENT TO REPORT DATED []
[] Check if this is final (termination) report and attach Notice of Resolution 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

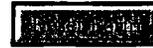
STATEMENT OF CASH ON HAND

Table with columns for description and amount. Rows include: CASH ON HAND at the beginning of the reporting period (\$2703.10), ADD TOTAL MONEY TAKEN IN THIS PERIOD (Schedule A: 765.00, Schedule F: -0-, Schedule H: -0-), SUBTRACT TOTAL MONEY SPENT THIS PERIOD (Schedule B: 2319.40, Schedule F: -0-), CASH ON HAND at the end of this reporting period (\$1148.70), **UNPAID BILLS (\$349.12), **IN KIND CONTRIBUTIONS (\$28,852.95), **OUTSTANDING LOANS (-0-), CANDIDATE COMMITTEES ONLY: CONSULTANT BREAKDOWN (Schedule G Attached?) (X YES), VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H) (-0-)

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN
(Including candidate's personal funds)

APR 25 2005



SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input checked="" type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)
Karen Butler 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 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
10/29/04	ID# CK#	unitemized		\$ 700.00	<input checked="" type="checkbox"/>
12/3/04	ID# CK#	unitemized		65.00	<input checked="" type="checkbox"/>
1/12/05	ID# CK#	Tom Balms Winter Haven, Fla.	friend	15.00	<input type="checkbox"/>
10-29-04	ID# CK#	Michall Flanigan Emmetsburg, Iowa	friend	50.00	<input type="checkbox"/>
10-4	ID# CK#	James Flall Emmetsburg, IL		20	<input type="checkbox"/>
10-18	ID# CK#	James Flall		100.	<input type="checkbox"/>
	ID# CK#	(most are committee)			<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				\$	
TOTAL (if last page of this schedule)				\$ 765.00	

* 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



SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input checked="" 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)
Karen Butler 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 IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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10/29/04	ID# CK#	I Believe this was from Unitemized Republican Party		\$ 700.00	<input checked="" type="checkbox"/>
12/2/04	ID# CK#	unitemized		65.00	<input checked="" type="checkbox"/>
1/12/05	ID# CK#	Tom Balsm Winter Haven, Fla.	friend	15.00	<input type="checkbox"/>
10/29/04	ID# CK#	Michaell Flanigan Emmetsburg, Iowa	friend	50.00	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#	See amended schedule			<input type="checkbox"/>
	ID# CK#		APR 8 2005		<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

\$
\$ 765.00

TOTAL (if last page of this schedule)

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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)
Karen Butler 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 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
10/29/04	ID# CK#	unitemized		\$ 700.00	<input checked="" type="checkbox"/>
12/2/04	ID# CK#	unitemized		65.00	<input checked="" type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#	<i>See amended schedule</i>			<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

\$
\$ 765.00

TOTAL (if last page of this schedule)

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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)

Karen Butler 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
1080	ID# CK#	KILR PO Box 453 Estherville IA 51334	Radio Advertising	\$500.00
12-4-04 1081	ID# CK#	Jim Butler 2003 Dan Bur Dr. Estherville IA 51334	Postage for Mailing postcards	115.00 ✓
1060	ID# CK#	Custom Newspaper Adv. 319 E 5th Des Moines IA 50309	Newspaper Advertising	1704.40
	ID# CK#			

SUB-TOTAL \$

TOTAL (if last page of this schedule) \$ ~~2319.40~~ 2319.40

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)(l).)

Page 1 of 1

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)
 Karen Butler for State Representative

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

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

**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*
11/30/04	Estherville Daily News 10 N. 7th St Estherville IA 51334	Newspaper Advertising	\$ 137.00
11/31/04	Algona Publishing PO Box 400 Algona IA 50511	" "	114.62
12/31/04	Emmetsburg Publishing PO Box 73 Emmetsburg IA 51334	" "	97.50

SUB-TOTAL \$

TOTAL DEBTS OWED BY COMMITTEE AT THE END OF THIS REPORTING PERIOD \$ 349.12

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

Page 1 of 1 (for Schedule D)

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.

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)
Karen Butler for State Representative

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
10/13/04	Republican Party of IA 621 E 9th Des Moines IA 50309		Printing Anderson Bros	\$ 3500.00	<input checked="" type="checkbox"/>
10/13/04	" "		Mail House Postage	3500.00	<input checked="" type="checkbox"/>
10/22/04	" "		Victory ent Radio Ad	300.00	<input checked="" type="checkbox"/>
10/26/04	NFIB SAFE TRUST PAC 1201 F St NW Washington DC 20004		Endorsement letters	39.43	<input checked="" type="checkbox"/>
10/20/04	Republican Party of Iowa		Mail House Postage	1750.00	<input checked="" type="checkbox"/>
10/20/04	" "		Anderson Bros Printing	3500.00	<input checked="" type="checkbox"/>
10/26/04	" "		Mail House Postage	1874.90	<input checked="" type="checkbox"/>
10/26/04	" "		Anderson Bros Printing	2146.49	<input checked="" type="checkbox"/>
10/28/04	" "	Macdonald Letter Service	Printing & Postage	2457.78	<input checked="" type="checkbox"/>
11/11/04	" "	Victory Stim	GOTV Phone calls	328.06	<input checked="" type="checkbox"/>
SUB-TOTAL				\$ 19396.66	
TOTAL (if last page of this schedule)				\$	

OK
OK
OK
OK
OK

*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

COMMITTEE NAME (Must be same as on Statement of Organization)
 Karen Butler for State Representative

SCHEDULE E (Rev. 06/97)	IN KIND CONTRIBUTIONS
<input type="checkbox"/> CHECK THIS BOX IF 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
11/11/04	Republican Party of Iowa	Victory end	TV Ad	\$ 750.00	<input checked="" type="checkbox"/>
11/11/04	" "	"	Radio/TV Ad	900.00	<input checked="" type="checkbox"/>
10/26/04	" "	Anderson BWS	Printing	2146.39	<input checked="" type="checkbox"/>
10/26/04	" "	Mail Home	Postage	1874.90	<input checked="" type="checkbox"/>
12/30/04	" "	Victory end	media production	785.00	<input checked="" type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

SUB-TOTAL \$ 6456.29

TOTAL (if last page of this schedule) \$ 25,852.95 ✓

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