

DISCLOSURE SUMMARY PAGE

FORM DR-2 (Rev. 07/2003)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	7119
Logged In	3W
Scanned	
Computer	
Audited	

COMMITTEE NAME (Must be same as on Statement of Organization)
KLEMME FOR STATE REPRESENTATIVE

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
(8)Support Slate of Candidates

CANDIDATE COMMITTEES ONLY:

Candidate Name _____ Political Party _____

Office Sought _____ District (if Senate or House) _____

FILED JAN 25 2005 pm 1-18

Tom J. Bauer SIGNATURE OF TREASURER (or person filing this report) 712-546-6667 TELEPHONE 1/17/05 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 JANUARY 19, 2005 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

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.)	\$ 2,632.44
ADD TOTAL MONEY TAKEN IN THIS PERIOD	
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)	216.77
Schedule F: Loans Received total (Attach Schedule F)	.00
Schedule H: Total Sales of Campaign Property (Attach Schedule H)	.00
(Schedule H applies to Candidates' Committees Only)	
SUB-TOTAL\$	<u>2,849.21</u>
SUBTRACT TOTAL MONEY SPENT THIS PERIOD	
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)	2,417.53
Schedule F: Loan Repayments total (Attach Schedule F)	.00
CASH ON HAND at the end of this reporting period (if final report, balance must be zero) (Attach DR-3)	\$ <u>431.68</u>
**UNPAID BILLS (From Schedule D - Attach Schedule D)	\$.00
*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)	\$.00
**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)	\$.00
CANDIDATE COMMITTEES ONLY:	
CONSULTANT BREAKDOWN (Schedule G Attached?)	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)	\$.00

For Instructions, See Back of Form

Reset 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)

KLEMME 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
1/4/04	ID# INTEREST CK# EARNED ON ACCOUNT	AMERICAN BANK 234 5TH AVE SW LE MARS IA 51031		\$ 2.14	<input type="checkbox"/>
1/10/04	ID# 6445 CK# 1154	RIVERPAC 400 E. 3RD ST DUBUQUE IA 52001-2395		100.00	<input type="checkbox"/>
1/10/04	ID# 6475 CK# 2704	CASEY'S PAC PO BOX 3001 ANKENY IA 50021-8045		100.00	<input type="checkbox"/>
2/10/04	ID# INTEREST CK# EARNED ON ACCOUNT	AMERICAN BANK 234 5TH AVE SW LE MARS IA 51031		2.06	<input type="checkbox"/>
3/10/04	ID# INTEREST CK# EARNED ON ACCOUNT	AMERICAN BANK 234 5TH AVE SW LE MARS IA 51031		1.82	<input type="checkbox"/>
4/10/04	ID# INTEREST CK# EARNED ON ACCOUNT	AMERICAN BANK 234 5TH AVE SW LE MARS IA 51031		1.80	<input type="checkbox"/>
5/10/04	ID# INTEREST CK# EARNED ON ACCOUNT	AMERICAN BANK 234 5TH AVE SW LE MARS IA 51031		1.78	<input type="checkbox"/>
6/10/04	ID# INTEREST CK# EARNED ON ACCOUNT	AMERICAN BANK 234 5TH AVE SW LE MARS IA 51031		1.43	<input type="checkbox"/>
7/9/04	ID# INTEREST CK# EARNED ON ACCOUNT	AMERICAN BANK 234 5TH AVE SW LE MARS IA 51031		1.25	<input type="checkbox"/>
8/10/04	ID# INTEREST CK# EARNED ON ACCOUNT	AMERICAN BANK 234 5TH AVE SW LE MARS IA 51031		1.38	<input type="checkbox"/>
SUB-TOTAL				\$213.66	
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.

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Reset Form

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(Including candidate's personal funds)

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

KLEMME FOR STATE REPRESENTATIVE

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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
9/10/04	ID# INTEREST CK# EARNED ON ACCOUNT	AMERICAN BANK 234 5TH AVE SW LE MARS IA 51031		\$ 1.47	<input type="checkbox"/>
10/8/04	ID# INTEREST CK# EARNED ON ACCOUNT	AMERICAN BANK 234 5TH AVE SW LE MARS IA 51031		.55	<input type="checkbox"/>
11/10/04	ID# INTEREST CK# EARNED ON ACCOUNT	AMERICAN BANK 234 5TH AVE SW LE MARS IA 51031		.57	<input type="checkbox"/>
12/10/04	ID# INTEREST CK# EARNED AT ACCOUNT	AMERICAN BANK 234 5TH AVE SW LE MARS IA 51031		.52	<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				\$ 3.11	
TOTAL (if last page of this schedule)				\$ 216.77	

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FOR INSTRUCTIONS, SEE BACK OF FORM

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

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

KLEMME FOR STATE REPRESENTATIVE

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
1/4/04	ID# CK# 1086	REPUBLICAN PARTY OF IA DES MOINES IA	2004 PACKAGE PLAN OFFICE HOLDER EXPENSE	\$ 365.00
1/10/04	ID# CK# 1087	AKRON HOMETOWNER 330 REED ST AKRON IA 51001	SUBSCRIPTION RENEWAL OFFICE HOLDER EXPENSE	23.00
1/10/04	ID# CK# 1088	LEGION POST #724 BRUNSVILLE IA 51008	2 BREAKFAST OFFICE HOLDER EXPENSE	8.00
1/24/04	ID# CK# 1089	LE MARS CHAMBER OF COMMERCE 50 CENTRAL AVE SE LE MARS IA 51031	2 TICKETS TO ANNUAL MEETING/ DINNER .. OFFICE HOLDER EXP	50.00
2/14/04	ID# CK# 1090	PLYMOUTH COUNTY CATTLEMEN LE MARS IA 51031	2 LUNCH TICKETS OFFICE HOLDER EXPENSE	25.00
2/16/04	ID# CK# 1091	IOWA COMMITTEE OF AUTO- MOTIVE RETAILER, 1111 OFFICE PARK RD, W DES MOINES IA 50265	RETURN CHECK RECEIVED AFTER 2004 SESSION STARTED OFFICE HOLDER EXP	150.00
2/25/04	ID# CK# 1092	TREASURER STATE OF IOWA DES MOINES IA	IOWA GIFTS..NOTE CARDS, BOOK MARKS FOR SECRETARIES OFFICE HOLDER EXPENSE	20.00
4/21/04	ID# CK# 1093	PLYMOUTH COUNTY REPUBLICAN LE MARS IA	PARTY (HELP SEND PEOPLE) CONVENTION EXPENSES OFFICE HOLDER EXPENSE	500.00
SUB-TOTAL				\$ 1,141.00
TOTAL (if last page of this schedule)				\$

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

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
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COMMITTEE NAME (Must be same as on Statement of Organization)
KLEMME FOR STATE REPRESENTATIVE

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
6/2/04	ID# CK# 1094	BLUE BUNNY ICE CREAM PARLOR 26 5TH AVE NW LE MARS IA 51031	CHAMBER OF COMMERCE COFFEE OFFICE HOLDER EXPENSE	\$ 20.00
6/2/04	ID# CK# 1095	TIMMY'S CATERING 117 CENTRAL AVE NW LE MARS IA 51031	ROLLS, MUFFINS, COFFEE FOR CHAMBER OF COMMERCE COFFEE OFFICE HOLDER EXPENSE	106.53
9/4/04	ID# CK# 1096	LEGISLATIVE MAJORITY FUND DES MOINES IA	FOR STATE PARTY CANDIDATES OFFICE HOLDER EXPENSE	1,000.00
12/10/04	ID# CK# 1097	KAREN BREUER 308 1ST AVE NW LE MARS IA 51031	MONEY PAID TO TREASURER FOR DOING REPORTS & BANKING OFFICE HOLDER EXPENSE	150.00
	ID# CK#			
SUB-TOTAL				\$ 1,276.53
TOTAL (if last page of this schedule)				\$ 2,417.53

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).)