

DISCLOSURE SUMMARY PAGE

FORM DR-2 (Rev. 01/98)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	960
Indexed	<u>2</u>
Audited	
Computer	

IAET-NC CAMPAIGN DISCLOSURE
 JAN 13 2005
 FILED PM 1-10

COMMITTEE NAME (Must be same as on Statement of Organization)
 Citizens for Rehberg
 Kitty

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 State of Candidates

Lea Rehberg 319-938-2840 1-4-05
SIGNATURE OF TREASURER (or person filing this report) **TELEPHONE** **DATE SIGNED**

Routine Penalties Due For Late Filed Reports Range from \$20 to \$800

SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE:

I AM FILING A Jan. 19th, 2005 REPORT FOR AN/A (1) ELECTION / (2) NON-ELECTION YEAR.
 (report date) Indicate one 2

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.) \$ 15254.02

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) -0-

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.....\$ _____

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) 6911.11

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) \$ 8342.91

UNPAID BILLS (From Schedule D - Attach Schedule D) \$ _____

IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E) \$ _____

OUTSTANDING LOANS (From Schedule F - Attach Schedule F) \$ _____

CANDIDATE COMMITTEES ONLY:

CONSULTANT BREAKDOWN (Schedule G Attached?) X YES ___ NO

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

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. 09/97)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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

Citizens for Rehberg

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
2-5-04	ID# CK#	Web Advertising P.O. Box 171 Webster City, IA 50595 #380	Advertising	\$ 125.00
2-17-04	ID# CK#	Christian Coalition P.O. Box 65066 West Des Moines, IA 50265 #381	Contribution	575.00
3-13-04	ID# CK#	Kitty Rehberg 2279 310 th St. Rowley, IA 52329 #382	Reimbursement 1343 stamps @ .37	506.91
5-4-04	ID# CK#	Shelly Ohrt 407 Sunset Blvd Rowley, IA 52329 #383	Reimbursement Parade Candy	437.00
5-4-04	ID# CK#	Sidonic Graves 415 3 rd St. SW Independence, IA 50644 #384	consultation see schedule G	1000.00
6-3-04	ID# CK#	Treasurer, State of Iowa Capitol Bldg. Des Moines IA 50319 #385	Senate Finance office	288.74
7-9-04	ID# CK#	Bulletin Journal 116 5 th Ave NE Box 240 Independence IA 50644 #386	subscription	47.00
7-9-04	ID# CK#	Postmaster 111 Cly St. Rowley, IA 52329 #387	Stamps 200 @ .37	74.00
SUB-TOTAL				\$ 3053.65
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 56.6(3)(i).)

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

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SCHEDULE B (Rev. 09/97)	MONETARY EXPENDITURES
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COMMITTEE NAME (Must be same as on Statement of Organization)
Citizens for Rehberg

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
7-22-04	ID# CK#	<i>Copy Works 4837 1st Ave SE Cedar Rapids, IA 52402 #388</i>	<i>printing Thank You's</i>	<i>\$ 1120.88</i>
8-6-04	ID# CK#	<i>Postmaster 111 Cly St. Rowley, IA 52329 #389</i>	<i>stamps 2000 @ .37</i>	<i>740.00</i>
8-7-04	ID# CK#	<i>Copy Works 4837 1st Ave SE Cedar Rapids, IA 52402 #390</i>	<i>printing pictures</i>	<i>349.13</i>
8-21-04	ID# CK#	<i>Lea Rehberg 3186 Michel Ave Walker, IA 52352 #391</i>	<i>Reimbursement supplies - mailing Thank You's ink - labels - seals</i>	<i>186.00</i>
9-15-04	ID# CK#	<i>Lea Rehberg 3186 Michel Ave Walker, IA 52352 #392</i>	<i>Reimbursement office supplies binders, folders pens, ink</i>	<i>114.13</i>
9-15-04	ID# CK#	<i>Clayton Co. Republican 18025 Eagle Ave Luana, IA 52156 #393</i>	<i>ticket</i>	<i>30.00</i>
9-15-04	ID# CK#	<i>Delaware Co. Republican 800 Tanglewood Dr. Manchester, IA 52057 #394</i>	<i>ticket</i>	<i>40.00</i>
10-9-04	ID# CK#	<i>Buchanan Co. Republican P.O. Box 174 Independence, IA 50644 #395</i>	<i>Contribution</i>	<i>300.00</i>
SUB-TOTAL				<i>\$ 2880.14</i>
TOTAL (if last page of this schedule)				<i>\$</i>

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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 56.6(3)(i).)

FOR INSTRUCTIONS, SEE BACK OF FORM

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

SCHEDULE B (Rev. 09/97)	MONETARY EXPENDITURES
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COMMITTEE NAME (Must be same as on Statement of Organization)
Citizens for Rehberg

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#	<i>Kitty Rehberg 2279 310th St. Rowley, IA 52329</i>	<i>Reimbursement Auction Gifts Buchanan North Trust #396</i>	<i>\$ 125.00</i>
10-28-04	ID# CK#	<i>Postmaster 111 City St. Rowley, IA 52329</i>	<i>Stamps 492 @ .37 #397</i>	<i>182.05</i>
10-28-04	ID# CK#	<i>Kitty Rehberg 2279 310th St. Rowley, IA 52329</i>	<i>Reimbursement postage #398</i>	<i>89.00</i>
10-28-04	ID# CK#	<i>Accent 201 N. River St. Manchester, IA 52057</i>	<i>Toner Cartridge #399</i>	<i>151.04</i>
12-17-04	ID# CK#	<i>Postmaster 111 City St. Rowley, IA 52329</i>	<i>Stamps 1000 @ .37 #400</i>	<i>370.00</i>
12-17-04	ID# CK#	<i>Kitty Rehberg 2279 310th St. Rowley</i>	<i>Reimbursement Banquet Gifts couldn't find #401 grabbed next book #426 (out of order)</i>	<i>60.23</i>
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$ 977.32
TOTAL (if last page of this schedule)				\$ 6911.11

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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 56.6(3)(i).)

THIS FORM IS USED BY CANDIDATES' COMMITTEES ONLY

G
 (Rev. 02/96) BREAKDOWN
 OF MONETARY
 EXPENDITURE
 BY CONSULTANT

CHECK THIS BOX IF
 AMENDING FORM

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

PART I - NAME AND ADDRESS OF CONSULTANT

Name of Consultant <i>Sidonie Graves</i>		
Mailing Address <i>415 3rd St. SW</i>		
City <i>Independence</i>	State <i>IA</i>	Zip Code <i>50644</i>

**TOTAL ANTICIPATED
 COMPENSATION FOR
 PERFORMANCE**

CONTRACT PERIOD (MM/DD/YR)

From <i>May 2004</i>	\$ <i>1000.00</i>
To <i>Nov. 2004</i>	

ESTIMATES OF PERFORMANCE

*writing literature, letters,
 radio spots*

**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.)**

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

SUB-TOTAL \$
 TOTAL (if last page of this schedule) \$ *0-*