

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

FORM DR-2 (Rev. 07/2003)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	1514
Logged In	[Signature]
Scanned	[Signature]
Computer	WRS
Audited	5-26-05

COMMITTEE NAME (Must be same as on Statement of Organization)
 Anderson 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 Issue/Franchise Committee (7) County/City Central Committee

CANDIDATE COMMITTEES ONLY:

Candidate Name: Sal. Severson Political Party: Republican
 Office Sought: State Representative District (If Senate or House): 24
 Date: JAN 18 2005

SIGNATURE OF TREASURER (or person filing this report): Jacqueline G. Overman TELEPHONE: 563-933-6416 DATE SIGNED: 1-18-05

Late filed reports are subject to possible civil and criminal penalties.

SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE:

I AM FILING A 1-19-05 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)	\$	<u>3499.65</u>
ADD TOTAL MONEY TAKEN IN THIS PERIOD		
Schedule A: Cash Contributions total (Attach Schedule A) (*also see In-kind below)		<u>935.50</u>
Schedule F: Loans Received total (Attach Schedule F)		<u>.00</u>
Schedule H: Total Sales of Campaign Property (Attach Schedule H)		<u>.00</u>
<u>(Schedule H applies to Candidates' Committees Only)</u>		
SUB-TOTAL	\$	<u>4435.15</u>
SUBTRACT TOTAL MONEY SPENT THIS PERIOD		
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)		<u>908.55</u>
Schedule F: Loan Repayments total (Attach Schedule F)		<u>800.00</u>
CASH ON HAND at the end of this reporting period (if final report, balance must be zero) (Attach DR-3)	\$	<u>2726.60</u>
**UNPAID BILLS (From Schedule D - Attach Schedule D)	\$	<u>.00</u>
**IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)	\$	<u>4722.01</u>
**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)	\$	<u>.00</u>
CANDIDATE COMMITTEES ONLY:		
CONSULTANT BREAKDOWN (Schedule G Attached?)		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)	\$	_____

filed
1-18-05

FOR INSTRUCTIONS, SEE BACK OF FORM
DISCLOSURE SUMMARY PAGE

FORM DR-2 (Rev. 07/2003)	DISCLOSURE REPORT
For Office Use Only	
Comm. # _____	Logged In _____
Scanned _____	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 Issue/Franchise Committee (7)County/City Central Committee

CANDIDATE COMMITTEES ONLY:

Candidate Name Gale Severson JUL 23 2005 Political Party Republican
Office Sought State Representative District (if Senate or House) 24

Schedule

Jacquelyn J. Opperman 563-933-6416 1-18-05
SIGNATURE OF TREASURER (or person filing this report) TELEPHONE DATE SIGNED

Late filed reports are subject to possible civil and criminal penalties.

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Schedule H: Total Sales of Campaign Property (Attach Schedule H)		<u>.00</u>
(Schedule H applies to Candidates' Committees Only)		
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**UNPAID BILLS (From Schedule D - Attach Schedule D)	\$	<u>.00</u>
*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)	\$	<u>4722.01</u>
**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)	\$	<u>.00</u>
CANDIDATE COMMITTEES ONLY:		
CONSULTANT BREAKDOWN (Schedule G Attached?)		<input type="checkbox"/> YES <input checked="" type="checkbox"/> 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)

Severson 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
<i>10/28/04</i>	ID# <i>8445</i> CK# <i>4130</i>	<i>Volunteer PAC 2033 Richard Jones Rd. Nashville TN 37215</i>		<i>\$ 500.00</i>	<input type="checkbox"/>
<i>11/1/04</i>	ID# CK#	<i>Clayton Co. Republican Central Comm. PO Box 93 Marquette IA 52158</i>		<i>175.50</i>	<input type="checkbox"/>
<i>11/3/04</i>	ID# CK#	<i>Tina Gulick 213 11th St NE Dyersville IA 52040</i>		<i>200.00</i>	<input type="checkbox"/>
	ID# CK#	<i>Unitemized Receipts for Period</i>		<i>60.00</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"/>

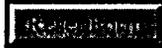
SUB-TOTAL

\$
\$ *935.50*

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



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)
Severson 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
12/11/04	ID# CK#	<i>Victory Enterprises 5200 SW 30th St Inc. Davenport Ia 52802</i>	<i>refund overpayment of media buy</i>	<i>\$(1091.45) credit</i>
12/20/04	ID# CK#	<i>John Janssen 7623 J Ave Maynard Ia 50655</i>	<i>campaign help</i>	<i>500.00</i>
12/20/04	ID# CK#	<i>Stacie Janssen 7623 J Ave Maynard Ia 50655</i>	<i>campaign help</i>	<i>500.00</i>
12/20/04	ID# CK#	<i>Jacquelyn J. Opperman 200 W. Mission Strawberry Point Ia 52076</i>	<i>campaign help</i>	<i>1000.00</i>
	ID# CK#			

SUB-TOTAL \$
TOTAL (if last page of this schedule) \$ *908.55*

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)

Severson 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/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
✓ 10/28/04	Republican Party of Ia 621 E. 9th Des Moines Ia 50309		printing + postage	\$ 2,538.90	<input type="checkbox"/>
✓ 10/28/04	Republican Party of Ia 621 E 9th Des Moines Ia 50309		printing	850.00	<input type="checkbox"/>
✓ 11/2/04	Republican Party of Ia 621 E 9th Des Moines Ia 50309		GOTV calls	20.31	<input type="checkbox"/>
✓ 11/11/04	Republican Party of Ia 621 E 9th Des Moines Ia 50309		Radio/TV ad	900.00	<input type="checkbox"/>
✓ 12/30/04	Republican Party of Ia 621 E 9th Des Moines Ia 50309		media production	185.00	<input type="checkbox"/>
12/31/04	Gale Severson 10323 Hwy 3 Strawberry Point Ia 52076	self	mileage @ 20¢	176.80	<input type="checkbox"/>
12/31/04	Gale Severson 10323 Hwy 3 Strawberry Point Ia 52076	self	various meal tickets	51.00	<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

SUB-TOTAL

\$

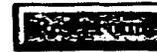
TOTAL (if last page of this schedule)

\$

4722.01 ✓

*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.

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SCHEDULE F (Rev. 07/03)	LOANS RECEIVED & REPAID
<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.)

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

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, if Applicable)	RELATIONSHIP TO CANDIDATE (If Applicable)	AMOUNT OF LOAN
			\$

DATE PAID (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, if Applicable)	RELATIONSHIP TO CANDIDATE (If Applicable)	AMOUNT REPAID
12/20/04	Gale Sevenson 10323 Hwy 3 Strawberry Point IN 52076	self	\$ 800.00

TOTAL (PART I) - \$ _____

TOTAL CASH REPAYMENTS (PART II) \$ 800.00

From Schedule E - TOTAL LOANS FORGIVEN \$.00

TOTAL OUTSTANDING LOANS END OF REPORT PERIOD \$ - 0 -

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P.06
JAN-18-05 01:45 PM QUALITY ACCT AND TAX SER 5639336416