

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

<b>FORM DR-2</b> (Rev. 07/2004)	<b>DISCLOSURE REPORT</b>
<b>For Office Use Only</b>	
Comm. # <u>6033</u>	Logged in <u>SN</u>
Scanned _____	Computer _____
Audited _____	

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

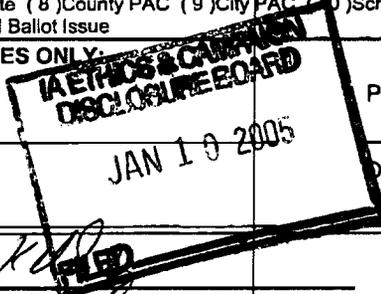
Employers Mutual Casualty Co. Political Action Comm. for Responsible State Govt.

IMPORTANT: Indicate by # type of committee you are reporting for:  2  
 ( 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 \_\_\_\_\_ Political Party (if applicable) \_\_\_\_\_

Office Sought \_\_\_\_\_ District (if Senate or House) \_\_\_\_\_



Late reports are subject to possible civil and criminal penalties.

David S. Miller 515-280-2950 Jan. 7, 2005  
 SIGNATURE OF PERSON FILING REPORT TELEPHONE DATE SIGNED

I AM FILING A January 19, 2005 REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR.  
 (report date) Indicate by #  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 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

CASH ON HAND at the beginning of the reporting period. (Total of all funds 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.) ..... \$ 3,278.32

**ADD TOTAL MONEY TAKEN IN THIS PERIOD**

Schedule A: Cash Contributions total (Attach Schedule A) (\*also see in-kind below) ..... 1,634.50

Schedule F: Loans Received total (Attach Schedule F) ..... 0

Schedule H: Total Sales of Campaign Property (Attach Schedule H) ..... 0

**(Schedule H applies to Candidates' Committees Only)**

**SUB-TOTAL ..... \$ 4,912.82**

**SUBTRACT TOTAL MONEY SPENT THIS PERIOD**

Schedule B: Expenditures total (Attach Schedule B) (\*\*also see debts and loans below).... 800.00

Schedule F: Loan Repayments total (Attach Schedule F)..... 0

CASH ON HAND at the end of this reporting period (if final report balance must be zero) (Attach DR-3) ..... \$ 4,112.82

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\*\*UNPAID BILLS (From Schedule D - Attach Schedule D)..... \$ 0

\*\*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E) ..... \$ 0

\*\*OUTSTANDING LOANS (From Schedule F - Attach Schedule F)..... \$ 0

**CANDIDATE COMMITTEES ONLY:**

CONSULTANT BREAKDOWN (Schedule G Attached?)  YES  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)

**COMMITTEE NAME** (Must be same as on Statement of Organization)  
 Employers Mutual Casualty Co. Political Action Com. for Responsible State Govt

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

**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
10/8/04 11/5/04 12/3/04 12/31/04	ID# CK#	Ron Herman 1209 Benwood Ct Altoona, IA 7 x \$2.50 =		\$17.50	<input type="checkbox"/>
"	ID# CK#	Greg Christianson 7819 Hwy 5 52 N Baxter, IA 50028 7 x \$3.25 =		22.75	<input type="checkbox"/>
"	ID# CK#	Heather Boustead 7618 Madison Ave Des Moines, IA 7 x \$3.50 =		24.50	<input type="checkbox"/>
"	ID# CK#	James Dawson 9017 Ridgeview Dr Johnston, IA 50131 7 x \$2.50 =		17.50	<input type="checkbox"/>
"	ID# CK#	David Grzeskowiec 4400 Park Ave., #16 Des Moines, IA 50321 7 x \$2.50 =		17.50	<input type="checkbox"/>
"	ID# CK#	Martin Reed 737 E Walnut, #29 Elkhart, IA 50073 7 x \$4.00 =		28.00	<input type="checkbox"/>
"	ID# CK#	Adam Rourke 386 215th Ave Hartford, IA 50118 7 x \$2.50 =		17.50	<input type="checkbox"/>
"	ID# CK#	Denise Mernka 4328 New York Ave Des Moines, IA 50310 7 x \$2.00 =		14.00	<input type="checkbox"/>
"	ID# CK#	Mike Hanback 4212 Adams Des Moines, IA 50310 7 x \$3.25 =		22.75	<input type="checkbox"/>
"	ID# CK#	Joe Smith 6885 Sharon Dr Urbandale, IA 50322 7 x \$5.00 =		35.00	<input type="checkbox"/>

SUB-TOTAL

\$ 217.00

TOTAL (If last page of this schedule)

\$

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For Instructions, See Back of Form



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

**CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

<b>COMMITTEE NAME</b> (Must be same as on Statement of Organization) Employers Mutual Casualty Co. Political Action Comm. for Responsible State Gov
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10/8, 10/21, 11/5, 11/19, 12/3, 12/17, 12/31/04	ID# CK#	Ken Cumpston 1900 NW 152nd St Clive, IA 50325 7 x \$2.50 =		\$17.50	<input type="checkbox"/>
"	ID# CK#	Dave Hixenbaugh 4903 Lakewood Dr Norwalk, IA 50211 7 x \$3.25 =		22.75	<input type="checkbox"/>
"	ID# CK#	Mike Bloomberg 4638 Elm West Des Moines, IA 50265 7 x \$1.50 =		10.50	<input type="checkbox"/>
"	ID# CK#	Ron Hallenbeck 5880 Brentwood Johnston, IA 7 x \$4.00 =		28.00	<input type="checkbox"/>
"	ID# CK#	Doug Nuchring 14430 Bryn Mawr Urbandale, IA 50323 7 x \$2.00 =		14.00	<input type="checkbox"/>
"	ID# CK#	Curtis Husske 300 Baldwin St Maxwell, IA 50161 7 x \$1.92 =		13.44	<input type="checkbox"/>
"	ID# CK#	Nick Kolacia 8817 Hickman Rd., Apt 704 Urbandale, IA 50322 7 x \$10.00 =		70.00	<input type="checkbox"/>
"	ID# CK#	John Power 217 Elm Ave Story City, IA 7 x \$5.00 =		35.00	<input type="checkbox"/>
"	ID# CK#	Georgia Rhoades 3633 Cornell Des Moines, IA 50313 7 x \$10.00 =		70.00	<input type="checkbox"/>
"	ID# CK#	Nathan Habben 210 S Prairie View Dr., Apt 837 West Des Moines, IA 7 x \$3.75 =		26.25	<input type="checkbox"/>
<b>SUB-TOTAL</b>				\$ 307.44	
<b>TOTAL (if last page of this schedule)</b>				\$	

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**CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

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

<b>COMMITTEE NAME</b> (Must be same as on Statement of Organization) Employers Mutual Casualty Co. Political Action Comm. for Responsible State Gov
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10/8, 10/21, 11/5, 11/19, 12/3, 12/17, 12/31/04	ID# CK#	Mike Freel 4213 E Euclid Des Moines, IA 7 x \$3.25 =		\$22.75	<input type="checkbox"/>
"	ID# CK#	Bob Morlan 3404 Wakonda Ct Des Moines, IA 50321 7 x \$15.38 =		107.66	<input type="checkbox"/>
"	ID# CK#	Monte Ball 304 41st St Des Moines, IA 7 x \$5.00 =		35.00	<input type="checkbox"/>
"	ID# CK#	Mark McColley 8901 Boston Ave Urbandale, IA 50322 7 x \$3.20 =		22.40	<input type="checkbox"/>
"	ID# CK#	Herb Suffel 990 3rd Waukee, IA 50263 7 x \$3.75 =		26.25	<input type="checkbox"/>
"	ID# CK#	Rob Friedman 9390 Lakewood Circle Norwalk, IA 50211 7 x \$3.84 =		26.88	<input type="checkbox"/>
"	ID# CK#	Carol Hallenbeck 5880 Brentwood Johnston, IA 7 x \$2.00 =		14.00	<input type="checkbox"/>
"	ID# CK#	Beech Turner 1904 75th St Des Moines, IA 50322 7 x \$2.50 =		17.50	<input type="checkbox"/>
"	ID# CK#	Sharon Gentsch 408 Lacona Des Moines, IA 50315 7 x \$1.25 =		8.75	<input type="checkbox"/>
"	ID# CK#	Leann Goebel 2608 68th St Urbandale, IA 50322 7 x \$1.00 =		7.00	<input type="checkbox"/>

SUB-TOTAL

\$ 288.19

TOTAL (if last page of this schedule)

\$

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**CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

SCHEDULE <b>A</b> (Rev. 07/03)	MONETARY RECEIPTS
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<b>COMMITTEE NAME</b> (Must be same as on Statement of Organization) Employers Mutual Casualty Co. Political Action Comm. for Responsible State Gov
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10/8, 10/21, 11/5, 11/19, 12/3, 12/17, 12/31/04	ID# CK#	Joe Burkle 14421 Bryn Mawr Urbandale, IA 50323 7 x \$3.34 =		\$23.38	<input type="checkbox"/>
"	ID# CK#	Jean Bloomberg 4638 Elm West Des Moines, IA 50265 7 x \$6.00 =		42.00	<input type="checkbox"/>
"	ID# CK#	Ron Paine 10577 Elmcrest Dr West Des Moines, IA 50325 7 x \$3.75 =		26.25	<input type="checkbox"/>
"	ID# CK#	Ray Davis 12926 Timberline Dr Urbandale, IA 50323 7 x \$3.27 =		22.89	<input type="checkbox"/>
"	ID# CK#	Kevin Hovick 13560 Lake Shore Dr Clive, IA 50325 7 x \$2.50 =		17.50	<input type="checkbox"/>
"	ID# CK#	Ron Jean 2214 Ridgewood Dr Altoona, IA 7 x \$5.50 =		38.50	<input type="checkbox"/>
"	ID# CK#	Bruce Kelley 14 Glenview Dr Des Moines, IA 50312 7 x \$19.23 =		134.61	<input type="checkbox"/>
"	ID# CK#	William A. Murray 1770 Birchwood Circle Waukee, IA 50263 7 x \$3.25 =		22.75	<input type="checkbox"/>
"	ID# CK#	Dave Narigon P. O. Box 308 Monroe, IA 50170 7 x \$20.00 =		140.00	<input type="checkbox"/>
"	ID# CK#	Dennis Christy 1801 NW 81st St Clive, IA 50325 7 x \$3.25 =		22.75	<input type="checkbox"/>

SUB-TOTAL

\$ 490.63

TOTAL (if last page of this schedule)

\$

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**CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

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

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10/8, 10/21, 11/5, 11/19, 12/3, 12/17, 12/31/04	ID# CK#	Lonnie Schwab P. O. Box 475 Waukee, IA 50263 7 x \$3.50 =		\$24.50	<input type="checkbox"/>
"	ID# CK#	Jim Fontanini 929 43rd St West Des Moines, IA 50265 7 x \$6.00 =		42.00	<input type="checkbox"/>
"	ID# CK#	Tim Wylder 8512 Horton Ave Des Moines, IA 7 x \$2.31 =		16.17	<input type="checkbox"/>
"	ID# CK#	Bob Neswold 187 52nd St West Des Moines, IA 50265 7 x \$3.23 =		22.61	<input type="checkbox"/>
"	ID# CK#	Scott Behrens 416 Grand Ave West Des Moines, IA 50265 7 x \$2.40 =		16.80	<input type="checkbox"/>
"	ID# CK#	Debra Cunningham 1804 57th St Des Moines, IA 50310 7 x \$3.25 =		22.75	<input type="checkbox"/>
"	ID# CK#	Shari Scoonover 1443 NW 104th Clive, IA 50325 7 x \$1.50 =		10.50	<input type="checkbox"/>
"	ID# CK#	Sean Pelletier 13927 Bryn Mawr Dr Urbandale, IA 50323 7 x \$3.27 =		22.89	<input type="checkbox"/>
"	ID# CK#	Chris Hatchitt 1315 HyVue St Adel, IA 50003 7 x \$4.00 =		28.00	<input type="checkbox"/>
"	ID# CK#	Robert Greedy 1104 Clark Ames, IA 50010 7 x \$2.50 =		17.50	<input type="checkbox"/>
<b>SUB-TOTAL</b>				\$ 223.72	
<b>TOTAL (if last page of this schedule)</b>				\$	

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**CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

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

<b>COMMITTEE NAME</b> (Must be same as on Statement of Organization) Employers Mutual Casualty Co. Political Action Comm. for Responsible State Gov
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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
10/8, 10/22, 11/5, 11/19, 12/3, 12/17, 12/31/04	ID# CK#	Deana Clark P. O. Box 248 Monroe, IA 50170 7 x \$3.25 =		\$22.75	<input type="checkbox"/>
	ID# CK#	Kathleen Knutsen 2500 Ashworth Rd West Des Moines, IA 50265 7 x \$3.25 =		22.75	<input type="checkbox"/>
	ID# CK#	Alison Cate 6709 Compton Ct Johnston, IA 50131 7 x \$1.00 =		7.00	<input type="checkbox"/>
	ID# CK#	Mark Reese 4765 NW Lovington Dr Des Moines, IA 50310 7 x \$4.61 =		32.27	<input type="checkbox"/>
	ID# CK#	Mark Ferner 4753 85th St Urbandale, IA 50322 7 x \$3.25 =		22.75	<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"/>
<b>SUB-TOTAL</b>				\$ 107.52	
<b>TOTAL (If last page of this schedule)</b>				\$ 1,634.50	

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**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>B</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)  
Employers Mutual Casualty Co. Political Action Comm. for Responsible State Government

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
10-26-04	ID#1061 CK#1044	Citizens to Re- Elect Wayne Ford P. O. Box 5042 Des Moines, IA 50306-5042	Campaign Contribution	\$ 100.00
11-16-04	ID#851 CK#1045	Iowans for Van Fossen 2802 Middle Road Davenport, IA 52803	Campaign Contribution	100.00
12-01-04	ID# 9098 CK#1046	Senate Majority Fund 5661 Fleur Dr Des Moines, IA 50321	Campaign Contribution	500.00
12-13-04	ID#1441 CK#1047	Jim Van Fossen for State House #13 Enchanted Island Davenport, IA 52802	Campaign Contribution	100.00
	ID# CK#			
<b>SUB-TOTAL</b>				\$
<b>TOTAL (if last page of this schedule)</b>				\$ 800.00

**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).)