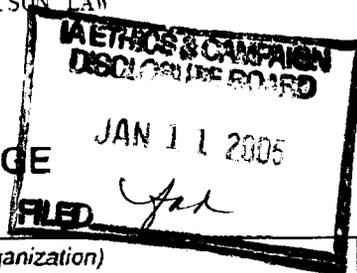


FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE



FORM DR-2 (Rev. 01/98) DISCLOSURE REPORT. For Office Use Only: Comm. # 9555, Indexed, Audited, Computer. Includes handwritten initials 'logged SW'.

COMMITTEE NAME (Must be same as on Statement of Organization) Marshall County Republican Women. IMPORTANT: Indicate type of committee you are reporting for: 2. (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

SIGNATURE OF TREASURER (or person filing this report) [Signature] TELEPHONE 641-752-1272 DATE SIGNED 1-11-05

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 19 (report date) REPORT FOR AN/A (1) ELECTION/(2) NON-ELECTION YEAR. 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.) \$ 932.13. ADD TOTAL MONEY TAKEN IN THIS PERIOD: Schedule A: Cash Contributions total (Attach Schedule A) 1624.10; 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 \$ 1956.23. SUBTRACT TOTAL MONEY SPENT THIS PERIOD: Schedule B: Expenditures total (Attach Schedule B) 269.07; 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) \$ 1687.16

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?) 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)

SCHEDULE A (Rev. 06/97)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)
Marshall Co. Republican Women

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
10/18/04	ID# CK#	Colene Grecian 1911 Knollwood Dr. Marshalltown IA 50158	➤	\$ 15.00	
10/18/04	ID# CK#	Loree A. Burns 2604 Fremont Marshalltown IA 50158	★	20.00	
10/20/04	ID# CK#	unitemized cash contribution		115.00	
10/29/04	ID# CK#	Becky Pruesha Sayle 1504 Fairway Marshalltown IA 50158		30.00	
11/12/04	ID# CK#	Howe L. Goodman 8 N 7th St Marshalltown IA 50158		15.00	
11/12/04	ID# CK#	Jan Brenneke 703 Cuckoo Dr Marshalltown IA 50158		15.00	
11/13/04	ID# CK#	Darlene Hamilton 2844 Vance Ave Marshalltown IA 50158		15.00	
11/13/04	ID# CK#	Mary Lou Spear 2323 Marsh Lane Marshalltown IA 50158		15.00	
11/13/04	ID# CK#	Phyllis Settle 2839 Lafayette Wellbuck IA 50162		15.00	
11/13/04	ID# CK#	Jan L. Elliott 8 Edgeland Dr. Marshalltown IA 50162		15.00	
SUB-TOTAL				\$ 270.00	
TOTAL (if last page of this schedule)				\$ 270.00	

* 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) (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

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

COMMITTEE NAME (Must be same as on Statement of Organization)
Marshall Co. Republican Women

SCHEDULE A (Rev. 06/97)	MONETARY RECEIPTS
<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

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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
11/13/04	ID# CK#	<i>Janet Adams 509 Thunderbol Marshalltown 50158</i>		\$ 15.00	
11/13/04	ID# CK#	<i>Mary Weitzberger 806 W. Merle Hobbs Blvd Marshalltown IA 50158</i>		15.00	
11/13/04	ID# CK#	<i>Patricia Walters 1810 Knollwood Dr. Marshalltown IA 50158</i>		15.00	
11/16/04	ID# CK#	<i>Lucinda Mack 204 Highland Acres Rd Marshalltown IA 50158</i>		15.00	
11/16/04	ID# CK#	<i>Stella Stojohann 1212 W. Anson St Marshalltown IA 50158</i>		15.00	
11/16/04	ID# CK#	<i>Muriel Lounsbery 64898-160th St Mellesburg IA 50154-8038</i>		35.00	
11/16/04	ID# CK#	<i>Patricia L. Vance 612 N. 57th St Marshalltown IA 50158</i>		15.00	
11/16/04	ID# CK#	<i>Grays Leise 1218 Newby Ave Des Moines IA 50148</i>		15.00	
11/16/04	ID# CK#	<i>Marilyn Egleston 509 Bradford Rd Marshalltown IA 50158</i>		15.00	
11/16/04	ID# CK#	<i>unitemized cash contribution</i>		20.00	

SUB-TOTAL

\$ 175.00

TOTAL (if last page of this schedule)

\$

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For Instructions, See Back of Form

SCHEDULE A (Rev. 06/97)	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)

Marshall Co. Republican Women

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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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
11/16/04	ID# CK#	<i>Jane Jch 410 N. 9th St Marshalltown IA 50158</i>		\$ 10.00	
11/16/04	ID# CK#	<i>Carol Stanley 2260 140th St Alburn IA 50005</i>		15.00	
11/16/04	ID# CK#	<i>Bonnie Adle 1719 Abbott, Marshalltown IA 50158</i>		15.00	
11/16/04	ID# CK#	<i>Polly Grossow 22978 5550 Elora IA 50627</i>		15.00	
11/16/04	ID# CK#	<i>Betty Tepestra 508 Edgbrook Marshalltown IA 50158</i>		15.00	
11/16/04	ID# CK#	<i>Bette Bognall 2012 Edgbrook Marshalltown IA 50158</i>		15.00	
11/16/04	ID# CK#	<i>Mary Schendel 902 W. Main Marshalltown IA 50158</i>		30.00	
11/16/04	ID# CK#	<i>Donna Eddy 917 S. 8th Ave Marshalltown IA 50158</i>		15.00	
11/16/04	ID# CK#	<i>Jean Benskin 1201 S. 3rd Ave Marshalltown IA 50158</i>		15.00	
11/16/04	ID# CK#	<i>Betty Kure 1918 W. Main Marshalltown IA 50158</i>		15.00	

SUB-TOTAL

\$ 160-

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)

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

Marshall Co. Republican Women

SCHEDULE A (Rev. 06/97)	MONETARY RECEIPTS
	<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.

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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
11/16/04	ID# CK#	Eileen Marshall 312 N 4th St Marshalltown IA 50158		\$ 15.00	
11/16/04	ID# CK#	Maris Hunt Box 41 Albia IA 50005		15.00	
11/16/04	ID# CK#	Madelyn Abernathy 1302 W. Main Marshalltown IA 50158		15.00	
11/16/04	ID# CK#	Unitemized Cash Contribution		15.00	
12/7/04	ID# CK#	Bette M. Etter 506 Friendly Marshalltown IA 50158		15.00	
12/7/04	ID# CK#	Mayrie Moore 2777 Gorwin Rd Marshalltown IA 50158		15.00	
12/7/04	ID# CK#	Geraldine Bestmann 1914 Knollwood Dr Marshalltown IA 50158		30.00	
12/7/04	ID# CK#	Nancy Stone 2612 W. Lincolnway Marshalltown IA 50158		15.00	
	ID# CK#				
	ID# CK#				

SUB-TOTAL

\$

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)

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

Marshall Co. Republican Women

SCHEDULE A (Rev. 06/97)	MONETARY RECEIPTS
<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
12/7/04	ID# CK#	Cendi LaMastus 1711 S. 3rd St Marshalltown IA 50158		\$ 15.00	
12/7/04	ID# CK#	Nora Eaton 1717 Country Club Marshalltown, IA 50158		15.00	
12/2/04	ID# CK#	Freda MacInroy 1905 Knocwood Dr. Marshalltown IA 50158		15.00	
12/7/04	ID# CK#	Mary Lou Logge 701 Jerome St Marshalltown IA 50158		15.00	
2/7/04	ID# CK#	Augusta Petrone 1608 W. Main Marshalltown IA 50158		30.00	
12/7/04	ID# CK#	Della Mock 210 N 5th St Marshalltown IA 50158		15.00	
12/7/04	ID# CK#	Tanya Waggoner 3202 S 12th St Marshalltown IA 50158		15.00	
12/7/04	ID# CK#	Gean Smith - Leagy 212 W. 5th St Marshalltown IA 50158		15.00	
12/7/04	ID# CK#	Sheryl Readout 411 W. 9th St Marshalltown IA 50158		15.00	
12/7/04	ID# CK#	Maithe Helleman 801 E. High Marshalltown IA 50158		15.00	

SUB-TOTAL

\$165-

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)

COMMITTEE NAME (Must be same as on Statement of Organization)
Marshall Co. Republican Women

SCHEDULE A (Rev. 06/97)	MONETARY RECEIPTS
<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.

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DATE RECEIVED (MM/DD/YY)	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
12/14/04	ID# CK#	Marian Hyles 312 N. Center Marshalltown IA 50158		\$ 15-	
12/14/04	ID# CK#	Mary Jane Nelson 1611 W. Main Marshalltown IA 50158		15-	
12/14/04	ID# CK#	Geraldine Bestman - replacement 6914 Knollwood Dr Marshalltown IA 50158		30.00	
11/15/04	ID# CK#	Jan Sipe 1704 Olson Way Marshalltown IA 50158	Replace 2 checks written in error	55.10	
	ID# CK#	Check # 1082 never cleared to 4th Dist. Republican Women		4.00	
	ID# CK#				

SUB-TOTAL \$ 119.10
TOTAL (if last page of this schedule) \$ 1024.10

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Page 6 of 6 (for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

EXPENDITURES – MONEY SPENT FROM COMMITTEE ACCOUNT

SCHEDULE B (Rev. 09/97)	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)

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
10/20	ID# CK#	Barb Huntington 410 Orchard Dr. Marshalltown IA 50158	T-Shirts	\$ 69.76
11/8	ID# CK#	Postmaster Marshalltown IA 50158	Stamps	111.00
11/8	ID# CK#	Dept of transportation Marshalltown IA 50158	check written wrong acct - replaced see 55.10 deposit	23.00
11/11	ID# CK#	Handmesses 115. 1st St. Marshalltown IA 50158	check written on wrong acct - replaced see 55.10 deposit	32.10
12/14	ID# CK#	Farmers Savings 205 W. Main Marshalltown IA 50158	Bestmann's check returned	30.00
12/14	ID# CK#	Farmers Savings 205 W. Main Marshalltown IA 50158	return check fee	3.21
	ID# CK#			
	ID# CK#			

SUB-TOTAL \$ 269.07
 TOTAL (if last page of this schedule) \$ 269.07

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).)