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LOBBYING REPORT

Lobbying Disclosure Act of 1995 (Section 5) - All Filers Are Required to Complete This Page

1. Registrant Name Railroad Avenue Concerned Citizens Organization		ID#34116003
2. Address <input type="checkbox"/> Check if different than previously reported 666 Grand Avenue, Suite 2000, Des Moines, IA 50309		
3. Principal Place of Business (if different from line 2) City: _____ State/zip (or Country) _____		
4. Contact Name Bruce Graves or James Pray	Telephone (515) 242-2400	E-mail (optional) 5. Senate ID #
7. Client Name <input checked="" type="checkbox"/> Self	6. House ID #	

TYPE OF REPORT 8. Year 2003 Midyear (January 1-June 30) OR Year End (July 1-Decer

9. Check if this filing amends a previously filed version of this report

10. Check if this is a Termination Report ⇨ Termination Date 02/10/04 11. No Lobbying

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13	
<p align="center">12. Lobbying Firms</p> <p>INCOME relating to lobbying activities for this reporting period was:</p> <p>Less than \$10,000 <input checked="" type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇨ \$ _____ Income (nearest \$20,000)</p> <p>Provide a good faith estimate, rounded to the nearest \$20,000, of all lobbying related income from the client (including all payments to the registrant by any other entity for lobbying activities on behalf of the client).</p>	<p align="center">13. Organizations</p> <p>EXPENSES relating to lobbying activities for this reporting period were:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇨ \$ _____ Expenses (nearest \$20,000)</p> <p>14. REPORTING METHOD. Check box to indicate exp accounting method. See instructions for description of opti</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definitior</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6033(t Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162(e) Internal Revenue Code</p>

Signature [Handwritten Signature] Date [Handwritten Date]

Printed Name and Title Bruce Graves, Attorney

LD-2 (REV. 4/03)

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