

**UNITED STATES SENATE FINANCIAL DISCLOSURE REPORT  
FOR NEW EMPLOYEE AND CANDIDATE REPORTS**

IA ETHICS AND

Last Name <b>Rathje</b>		First Name and Middle Initial <b>Steven R.</b>		New Employee Report Date of Employment (mm/dd/yyyy):		Senate Office / Agency <b>IA ETHICS AND CAMPAIGN DISCLOSURE BU</b>	
Senate/Candidate Office Address (Number, Street, City, State, and ZIP) <b>1322 5th Street #4 Coraville, IA 52241</b>		Senate/Candidate Office Telephone No. <b>1-319-887-2008</b>		Candidate Report Commencement of Candidacy (mm/dd/yyyy): <b>09/06/05</b>		State in which you are a candidate <b>Iowa</b>	

**2007 JUN 26 PM 12: 55**

**AFTER READING THE INSTRUCTIONS - ANSWER EACH OF THESE QUESTIONS**

	YES	NO		YES	NO
Did you or your spouse have earned income (e.g., salaries or fees) or non-investment income of more than \$200 from any reportable source in the reporting period? If Yes, Complete and Attach PART II.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Did you hold any reportable positions during the reporting period? If Yes, Complete and Attach PART VIII.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Did you, your spouse, or dependent child hold any reportable asset worth more than \$1,000 at the end of the period, or receive unearned or investment income of more than \$200 in the reporting period? If Yes, Complete & Attach PART IIIA and/or IIIB.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Did you have any reportable agreement or arrangement with an outside entity on the filing date? If Yes, Complete and Attach PART IX.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Did you, your spouse, or dependent child have any reportable liability (more than \$10,000) during the reporting period? If Yes, Complete and Attach PART VII.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Did you receive compensation of more than \$5,000 from a single source in the <u>two</u> prior years? If Yes, Complete and Attach PART X.	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**Each question must be answered and the appropriate PART attached for each "YES" response.**

**File this report and any amendments with the Secretary of the Senate, Office of Public Records, Room 232, Hart Senate Office Building, U.S. Senate, Washington, DC 20510. \$200 Penalty for filing more than 30 days after due date.**

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The statement will be made available by the Office of the Secretary of the Senate to any requesting person upon written application and will be reviewed by the Select Committee on Ethics. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions. (See 5 U.S.C. app. 6, 104, and 18 U.S.C. 1001.)

FOR OFFICIAL USE ONLY  
Do Not Write Below this Line

Certification <i>I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.</i>	Signature of Reporting Individual 	Date (Month, Day, Year) <b>6/13/07</b>
For Official Use Only - Do Not Write Below This Line		
It is the Opinion of the reviewer that the statements made in this form are in compliance with Title I of the Ethics in Government Act.	Signature of Reviewing Official	Date (Month, Day, Year)

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Reporting Individual's Name  
Rathje, Steven

**PART II. EARNED AND NON-INVESTMENT INCOME**

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Report the source (name and address), type, and amount of earned income to you from any source aggregating \$200 or more during the reporting period. For your spouse, report the source (name and address) and type of earned income which aggregate \$1,000 or more during the reporting period. No amount needs to be specified for your spouse. (See p.3, CONTENTS OF REPORTS Part B of Instructions.) Do not report income from employment by the U.S. Government for you or your spouse.

**Individuals not covered by the Honoraria Ban:**

For you and/or your spouse, report honoraria income received which aggregates \$200 or more by exact amount, give the date of, and describe the activity (speech, appearance or article) generating such honoraria payment. Do not include payments in lieu of honoraria reported on Part I.

Name of Income Source		Address (City, State)	Type of Income	Amount
Example:	JP Computers	Wash., DC	Salary	\$15,000
	MCI (Spouse)	Arlington, VA	Salary	Over \$1,000
1	International Procurement Services, Inc.	Cedar Rapids, IA	Salary	\$141,250
2	Cedar Rapids Community Schools (Spouse)	Cedar Rapids, IA	Salary	Over \$1,000
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PART IIIA. PUBLICLY TRADED ASSETS AND UNEARNED INCOME SOURCES

**BLOCK B**  
**Valuation of Assets**

At the close of reporting period.  
If None, or less than \$1,001,  
Check the first column.

Report the complete name of each publicly traded asset held by you, your spouse, or your dependent child, (See p.3, CONTENTS OF REPORTS Part B of Instructions) for production of income or investment which:  
(1) had a value exceeding \$1,000 at the close of the reporting period; and/or  
(2) generated over \$200 in "unearned" income during the reporting period.  
Include on this PART IIIA a complete identification of each public bond, mutual fund, publicly traded partnership interest, excepted investment funds, bank accounts, excepted and qualified blind trusts, and publicly traded assets of a retirement plan.

**BLOCK C**  
**Type and Amount of Income**

If "None (or less than \$201)" is Checked, no other entry is needed in Block C for that item. This includes income received or accrued to the benefit of the individual.

Example: S, DC, or J

IBM Corp. (stock)  
(S) Keystone Fund

1	American Funds New Perspective Fund - A
2	American Funds AMCAP Fund - A
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BLOCK B Valuation of Assets										BLOCK C Type and Amount of Income																						
At the close of reporting period. If None, or less than \$1,001, Check the first column.										If "None (or less than \$201)" is Checked, no other entry is needed in Block C for that item. This includes income received or accrued to the benefit of the individual.																						
										Type of Income					Amount of Income																	
										Dividends	Rent	Interest	Capital Gains	Excepted Investment Funds	Excepted Trust	Qualified Blind Trust	Other (Specify Type)	None (or less than \$201)	\$201 - \$1,000	\$1,001 - \$2,500	\$2,501 - \$5,000	\$5,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	Over \$1,000,000***	\$1,000,001 - \$5,000,000	\$5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000	Over \$50,000,000	Actual Amount		
Example: S, DC, or J										X						Example	X														Example	
(S) Keystone Fund												X	X			Example	X															Example
1	American Funds New Perspective Fund - A	X								X			X				X															
2	American Funds AMCAP Fund - A	X								X			X				X															
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EXEMPTION TEST (see instructions before marking box): If you omitted any asset because it meets the three-part test for exemption described in the instructions, please check box to the right.  
\*\*\* This category applies only if the asset is/was held independently by the spouse or dependent child. If the asset is/was either held by the filer or jointly held, use the other categories of value, as appropriate.

Rathje, Steven

**PART III B. NON-PUBLICLY TRADED ASSETS AND UNEARNED INCOME SOURCES**

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**BLOCK A**  
**Identity of Non-Publicly Traded Assets and Unearned Income Sources**  
 Report the name, address (city, state and description) of each interest held by you, your spouse, or your dependent child (See p.3, CONTENTS OF REPORTS Part B of Instructions) for the production of income or investment in a non-public trade or business which:  
 (1) had a value exceeding \$1,000 at the close of the reporting period; and/or  
 (2) generated over \$200 in "unearned" income during the reporting period.  
 Include the above report for each underlying asset, which is not incidental to the trade or business. Publicly traded assets held by non-public entity may be listed on Part IIIA.

**BLOCK B**  
**Valuation of Assets**  
 At the close of reporting period.  
 If None, or less than \$1,001, Check the first column.

**BLOCK C**  
**Type and Amount of Income**  
 If "None (or less than \$201)" is Checked, no other entry is needed in Block C for that item. This includes income received or accrued to the benefit of the individual.

Line	Asset Name	Valuation of Assets								Type and Amount of Income																				
		None (or less than \$1,001)	\$1,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$250,000	\$250,001 - \$500,000	\$500,001 - \$1,000,000	Over \$1,000,000***	Dividends	Rent	Interest	Capital Gains	Excepted Investment Fund	Excepted Trust	Qualified Blind Trust	Other (Specify Type)	None (or less than \$201)	\$201 - \$1,000	\$1,001 - \$2,500	\$2,501 - \$5,000	\$5,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$1,000,000	Over \$1,000,000***	\$1,000,001 - \$5,000,000	Over \$5,000,000	Actual Amount	
Example	JP Computer, Wash DC			X					X							Example	X													Example
	Undeveloped land, Dubuque, Iowa				X											Example	X													Example
1	Maternal Procurement Services, Inc.				X											S-Corp K-1														67,597
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EXEMPTION TEST (see instructions before marking box): If you omitted any asset because it meets the three-part test for exemption described in the instructions, please check box to the right.  
 \*\*\* This category applies only if the asset is/was held independently by the spouse or dependent child. If the asset is/was either held by the filer or jointly held, use the other categories of value, as appropriate.

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Reporting Individual's Name

Rathje, Steve

**PART VII. LIABILITIES**

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Report liabilities over \$10,000 owed by you, your spouse, or dependent child (See p.3 CONTENTS OF REPORTS Part B of Instructions), to any one creditor at any time during the reporting period. Check the highest amount owed during the reporting period. Exclude: (1) Mortgages on your personal residences unless rented; (2) loans secured by automobiles, household furniture or appliances; and (3) liabilities owed to certain relatives listed in Instructions. See Instructions for reporting revolving charge accounts.

	Name of Creditor	Address	Type of Liability	Date Incurred	Interest Rate	Term, if Applicable	Category of Amount of Value (x)											
							\$10,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$250,000	\$250,001 - \$500,000	\$500,001 - \$1,000,000	Over \$1,000,000***	\$1,000,001 - \$5,000,000	\$5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000	Over \$50,000,000	
	<i>Example:</i> S, DC, or J	<i>First District Bank</i>	<i>Wash., DC</i>	<i>Mortgage on undeveloped land</i>	<i>1991</i>	<i>13%</i>	<i>25yrs</i>			X		E	X	A	M	P	L	E
		<i>(J) John Jones</i>	<i>Wash., DC</i>	<i>Promissory Note</i>	<i>1999</i>	<i>10%</i>	<i>On dmd</i>				X	E	X	A	M	P	L	E
1	Bank Iowa, NA	Cedar Rapids, IA	Line of Credit (International Procurement Services, Inc.)	2000	6.5%	On dmd			X									
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EXEMPTION TEST (see instructions before marking box): If you omitted any asset because it meets the three-part test for exemption described in the instructions, please check box to the right.  
 \*\*\* This category applies only if the asset is/was held independently by the spouse or dependent child. If the asset is/was either held by the filer or jointly held, use the other categories of value, as appropriate.

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Reporting Individual's Name

Rathje, Steven

**PART VIII. POSITIONS HELD OUTSIDE U.S. GOVERNMENT**

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Report any positions held by you during the applicable reporting period whether compensated or not. Positions include, but are not limited to those of an officer, director, trustee, general partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise or any non-profit organization or educational institution. Both the year and month must be reported for the period of time that the position was held.

**Exclude:** Positions with federal government, religious, social, fraternal, or political entities, and those solely of an honorary nature.

Name of Organization		Address (City, State)	Type of Organization	Position Held	From (Mo/Yr)	To (Mo/Yr)
Example:	National Assn. of Rock Collectors	NY, NY <b>EXAMPLE</b>	Non-profit education	President	6 / 90	Present
	Jones & Smith	Hometown, USA <b>EXAMPLE</b>	Law Firm	Partner	7 / 85	11 / 0X
1	International Procurement Svcs, Inc.	Cedar Rapids, IA	Parts Procurement	CEO	2/94	Present
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Compensation in excess of \$200 from any position must be reported in Part II.

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Reporting Individual's Name

Rathje, Steven

**PART X. COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE**

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**FIRST TIME FILERS ONLY:**

Report sources of compensation received by you or your business affiliation for services provided directly by you during the reporting period. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise, or any non-profit organization when you directly provided the services to the clients and/or customers of the firm that generated a fee or payment of more than \$5,000. You need not report the U.S. Government as a source.

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Name of Source		Address of Source	Brief Description of Duties
Example:	Jones & Smith	Hometown, TX	Legal Services <b>EXAMPLE</b>
	Metro University (client of Jones & Smith)	Moneytown, USA	Legal Services in connection with university construction <b>EXAMPLE</b>
1	International Procurement Svcs, Inc.	Cedar Rapids, IA	Parts procurement, business management
2	Ajinomoto Heartland (client of IPS, Inc.)	Eddyville, IA	Parts procurement
3	California Manufacturing & Engineering (client of IPS, Inc.)	Selma, CA	Parts procurement
4	Cargill (client of IPS, Inc.)	Cedar Rapids, IA	Parts procurement
5	Diamond V Mills, Inc. (client of IPS, Inc.)	Cedar Rapids, IA	Parts procurement
6	Dynamic Tube, Inc. (client of IPS, Inc.)	Maquoketa, IA	Parts procurement
7	Equipment Parts Wholesale (client of IPS, Inc.)	Fresno, CA	Parts procurement
8	FMC Technologies, Ag. (client of IPS, Inc.)	Hato Rey, Puerto Rico	Parts procurement
9	FMC Technologies, Inc. (client of IPS, Inc.)	Orlando, FL	Parts procurement
10	JRB Company, Inc. (client of IPS, Inc.)	Dewitt, IA	Parts procurement
11	Maryland Brush Company (client of IPS, Inc.)	Baltimore, MD	Parts procurement
12	PMX Industries, Inc. (client of IPS, Inc.)	Cedar Rapids, IA	Parts procurement
13	Signode (client of IPS, Inc.)	Glenview, IL	Parts procurement
14	Signode Engineered Products (client of IPS, Inc.)	West Union, IA	Parts procurement
15	Signode Service Business (client of IPS, Inc.)	Arlington Heights, IL	Parts procurement

Reporting Individual's Name

Rathje, Steven

**PART X. COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE**

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**FIRST TIME FILERS ONLY:**

Report sources of compensation received by you or your business affiliation for services provided directly by you during the reporting period. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise, or any non-profit organization when you directly provided the services to the clients and/or customers of the firm that generated a fee or payment of more than \$5,000. You need not report the U.S. Government as a source.

Name of Source		Address of Source	Brief Description of Duties
Example:	Jones & Smith	Hometown, TX	Legal Services <b>EXAMPLE</b>
	Metro University (client of Jones & Smith)	Moneytown, USA	Legal Services in connection with university construction <b>EXAMPLE</b>
1	Tanfield Engineering Systems, Inc. (client of IPS, Inc.)	Fresno, CA	Parts procurement
2	TLD America Corporation (client of IPS, Inc.)	Windsor, CT	Parts procurement
3	TLD Canada (client of IPS, Inc.)	Sherbrooke, Quebec	Parts procurement
4	Upright, Inc. (client of IPS, Inc.)	Fresno, CA	Parts procurement
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