

DISCLOSURE SUMMARY PAGE

COMMITTEE NAME (Must be same as on Statement of Organization)
Pritchard for House 67

IMPORTANT: Indicate type of committee you are reporting for:

(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

FORM DR-2 (Rev. 05/2002)	DISCLOSURE REPORT
For Office Use Only	
Comm. # <u>1388</u>	
Indexed _____	
Audited _____	
Computer <u>WRS</u>	

CANDIDATE COMMITTEES ONLY:

Candidate Name <u>Steven P. Pritchard</u>	Political Party _____
Office Sought <u>House</u>	District (if Senate or House) _____

NOV - 6 2002
 FILED hd

Steven P. Pritchard
 SIGNATURE OF TREASURER (or person filing this report)

515 2771284
 TELEPHONE

Nov 6, 2002
 DATE SIGNED

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 _____ REPORT FOR AN/A (1) ELECTION / (2) NON-ELECTION YEAR.
 (report date)

CHECK IF AMENDMENT TO REPORT DATED 10-21-02

Indicate one

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>299.42</u>
ADD TOTAL MONEY TAKEN IN THIS PERIOD	
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)	<u>310.00</u>
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.....	\$ _____
SUBTRACT TOTAL MONEY SPENT THIS PERIOD	
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)...	<u>609.42</u>
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)	\$ <u>- 0 -</u>

**UNPAID BILLS (From Schedule D - Attach Schedule D)	\$ _____
*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)	\$ <u>6.00</u>
**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 checked="" type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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

Pritchard for House 67

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
✓ 10-23-02	ID# 6300 CK# 5077	"FAS PAC" 2600 E. 8th St. Boone, IA 50036		\$ 100.00	
	ID# CK#				

SUB-TOTAL

\$ 100.00

TOTAL (if last page of this schedule)

\$ 310.00

* 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

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 (Rev. 09/97)	MONETARY EXPENDITURES
<input checked="" type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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

Pritchard for House 67

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
10-23-02	ID# CK#	Copy's Unlimited, Inc. 3027 Merle Hay Rd. Des Moines, IA 50310	flyers	\$100.00
	ID# CK#			
SUB-TOTAL				\$ 100.00
TOTAL (if last page of this schedule)				\$ 609.42

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).)

DISCLOSURE SUMMARY PAGE

FORM DR-2 (Rev. 05/2002)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	<u>1388</u>
Indexed	_____
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Computer	<u>WRS</u>

COMMITTEE NAME (Must be same as on Statement of Organization)
PRITCHARD FOR HOUSE 67

IMPORTANT: Indicate type of committee you are reporting for:

(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

CANDIDATE COMMITTEES ONLY:

Candidate Name: STEVEN P. PRITCHARD Political Party: REPUBLICAN

Office Sought: HOUSE OF REPRESENTATIVES District (if Senate or House): 67

OCT 21 2002
h.d.
10-21-02
DATE SIGNED

Raymond Pritchard SIGNATURE OF TREASURER (or person filing this report)
515 277 1294 TELEPHONE

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 10-21-02 REPORT FOR AN/A (1) ELECTION / (2) NON-ELECTION YEAR.
(report date) Indicate one

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 PRITCH

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>299.42</u>
ADD TOTAL MONEY TAKEN IN THIS PERIOD	
<u>Schedule A:</u> Cash Contributions total (Attach Schedule A) (*also see in-kind below)	<u>210.00</u>
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.....	\$ _____
SUBTRACT TOTAL MONEY SPENT THIS PERIOD	
<u>Schedule B:</u> Expenditures total (Attach Schedule B) (**also see debts and loans below) ...	<u>509.42</u>
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)	\$ <u>- 0 -</u>

**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) \$ 0

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)

PRITCHARD FOR HOUSE 67

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 FC FUND RAISE INCOM
10/17/02	ID# CK#	RAY PRITCHARD 5718 ALLISON DR IA	FATHER	\$110.-	
10/21/02	ID# CK#	CHIP ALBERTY 300 WALNUT DR IA		100.-	
	ID# CK#				

SUB-TOTAL

\$210.-

TOTAL (if last page of this schedule)

\$

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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)
PRITCHARD FOR HOUSE 67

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
5/1/02	ID# CK#	BANKERS TRUST 665 LOCUST ST DES MOINES IA	SERVICE FEE ACT DEDIT BANK FEE	\$ 5.22
6/3/02	ID# CK#	BANKERS TRUST 665 LOCUST ST DES MOINES IA	SERVICE FEE	\$ 5.17
✓ 7/01	ID# CK#	BANKERS TRUST 665 LOCUST DES MOINES IA	SERVICE FEE	\$ 5.17
✓ 8/1	ID# CK#	BANKERS TRUST 665 LOCUST DES MOINES IA	SERVICE FEE	\$ 5.17
✓ 9/3	ID# CK#	BANKERS TRUST 665 LOCUST ST DES MOINES IA	SERVICE FEE	\$ 5.17
✓ 10/17	ID# CK#	TO DES MOINE REGISTER NEWS BY R PRITCHARD 5718 MILLER DES MOINES IA 50310	DES MOINES REGISTER NEWS ADVERTISEMENT	\$ 378.00
✓ 10/21	ID# CK#	DES MOINE REGISTER	ADVERTISE BY DES MOINE REGISTER	105.00
✓ 10-1	ID# CK#	BANKERS TRUST	SERVICE FEE	5.17

SUB-TOTAL \$ 503.68

TOTAL (if last page of this schedule) \$ 503.68

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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).)

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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)
Pritchard for House 67

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
<i>10-21-02</i>	ID# CK# <i>1004</i>	<i>Republican Party of Iowa</i>	<i>contribution</i>	<i>\$ 5.74</i>
	ID# CK#			

SUB-TOTAL \$ *5.74*
TOTAL (if last page of this schedule) \$ *509.42*

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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).)