

DISCLOSURE SUMMARY PAGE

MAR 1 2004

FORM
DR-2
(Rev. 01/98)

DISCLOSURE
REPORT

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

Friends of Mike Harkin

PM 2-28

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 State of Candidates

For Office Use Only

Comm. # 1280

Indexed _____

Audited _____

Computer _____

Virginia A. Harkin
SIGNATURE OF TREASURER (or person filing this report)

515-438-4267
TELEPHONE

2-27-2004
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 January 20, 2004 REPORT FOR AN/A (1) ELECTION / (2) NON-ELECTION YEAR.
(report date) Indicate one

CHECK IF AMENDMENT TO REPORT DATED 1-17-2004

Local Committees, enter Date of Election
County & Local Committees, enter County in which Election is held

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.)

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.)

\$ 304.31

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) _____

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.....\$ 304.31

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) _____

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)

\$ 0

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)\$ _____



WELLS FARGO BANK IOWA, N.A.
 666 WALNUT STREET
 DES MOINES, IA 50309

MAR 1 2004

Page 1 of 3

Account Number: 7,833
 Statement End Date:

(CO 01)
 008-4561430
 01/31/04

|||||.....|||||.....
 FRIENDS OF MIKE HARKIN
 3223 145TH LN
 WOODWARD IA 50276-8045



If you have any questions about this statement or your accounts, call: 800-225-5935 (1-800-CALL-WELLS).

Your Accounts at a Glance

Account Type	Beginning Balance	Deposits/ Credits	Withdrawals/ Debits	Ending Balance
Low Activity Business Checking 008-4561430	266.51	0.00	- 266.51	0.00

News from Wells Fargo

The following changes are effective June 1, 2004. Stop Payments will be \$29 per item. Cashed/ Deposited Items Returned Unpaid will be \$7 per item. Please contact your banker or call 1-800-225-5935 if you have any questions or need any assistance with your account. We appreciate your business and look forward to continuing to serve your financial needs.

Low Activity Business Checking 008-4561430

Friends Of Mike Harkin

Dec 31	Beginning Balance	266.51
Jan 15	Closing Balance	0.00

Withdrawals and Debits

Date	Transaction Detail	Amount
Jan 15	Outstanding Items Close, Non-Int W/O Fee	0.00
Jan 15	Withdrawal Made In A Branch/Store	- 266.51

Daily Balance Summary

Date	Balance	Date	Balance
Dec 31	266.51	Jan 15	0.00

Continued on next page

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)
Friends of Mike Harkin

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>2003</i>	ID# CK#	<i>Wells Fargo</i>	<i>Monthly Service fees on Account</i>	<i>\$ 37.80</i>
<i>1-15-04</i>	ID# CK#	<i>Dallas County Democrats</i>	<i>Donation</i>	<i>266.51</i>
	ID# CK#			

SUB-TOTAL **\$ 304.31**
 TOTAL (if last page of this schedule) **\$ 304.31**

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 56.8(3)(i).)

MAR 1 2004

08446

11-24

Office AU #

1210(8)

OFFICIAL CHECK

SERIAL #: 0844601155

ACCOUNT#: 4861-507127

Purchaser: FRIENDS OF MIKE HARKIN
Purchaser Account: 0084561430
Operator I.D.: nwdm0958 nwdm6146

January 15, 2004

PAY TO THE ORDER OF ***DALLAS COUNTY DEMOCRATICS***

Two hundred sixty-six dollars and 51 cents

***\$266.51**

WELLS FARGO & COMPANY ISSUER
420 MONTGOMERY STREET
SAN FRANCISCO, CA 94163
PAYABLE AT WELLS FARGO BANK IOWA, N.A.
FOR INQUIRIES CALL (480) 394-3122

NOTICE TO PURCHASER—IF THIS INSTRUMENT IS LOST,
STOLEN OR DESTROYED, YOU MAY REQUEST CANCELLATION
AND REISSUANCE. AS A CONDITION TO CANCELLATION AND
REISSUANCE, WELLS FARGO & COMPANY MAY IMPOSE A
FEE AND REQUIRE AN INDEMNITY AGREEMENT AND BOND.

VOID IF OVER US \$ 266.51

NON-NEGOTIABLE

Purchaser Copy

FB004

DISCLOSURE SUMMARY PAGE

FORM DR-2 (Rev. 01/98)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	<u>1280</u>
Indexed	<u>0</u>
Audited	<u>2-16-04 e</u>
Computer	<u>WAS</u>

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

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 State of Candidates

Virginia A. Harkin 515-438-4267 1-17-2004
 SIGNATURE OF TREASURER (or person filing this report) TELEPHONE DATE SIGNED

Routine Penalties Due For Late Filed Reports Range from \$20 to \$800

SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE:

JAN 20 2004
 pm 1-17

I AM FILING A January 20, 2004 REPORT FOR ANA (1) ELECTION (2) NON-ELECTION YEAR.
 (report date) Indicate one

CHECK IF AMENDMENT TO REPORT DATED See amended report

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

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SUB-TOTAL.....\$ 304.31

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B)

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)\$ 266.51

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)\$ _____

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 type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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

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
	ID# CK#	<i>Wells Fargo</i>	<i>Monthly Service fees on Account</i>	<i>\$ 37.80</i>
	ID# CK#			
SUB-TOTAL				<i>\$ 37.80</i>
TOTAL (if last page of this schedule)				<i>\$ 37.80</i>

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FOR INSTRUCTIONS, SEE BACK OF FORM
This form is not applicable to statutory political committees.

Notice of Dissolution

Every Notice of Dissolution shall be accompanied by a completed Disclosure Report Form current to the date of dissolution.

FORM	(Rev. 02/98)
DR-3 NOTICE OF DISSOLUTION	
For Office Use Only	
Comm. #	1280
Indexed	
Audited	Can't
Computer	close
Certified Date of Dissolution	

COMMITTEE NAME

JAN 15 2004
pm 1-17

Official Name of Committee	
Friends of Mike Harkin	
Street	
3223 145 th Lane	
City, State, Zip Code	
Woodward, IA 50267	Telephone
Area Code	
(515) 438-4267	

Effective date of dissolution:

January 15, 2004

Virginia Harkin
Signature of Treasurer

1-17-04

Date Signed

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

I, the candidate, certify that my candidate committee's cash balance is zero, all debts, obligations and loans have been paid or satisfied in accordance with law as shown on my committee's final report and all campaign property and leftover funds have been distributed in accordance with my committee's last filed Statement of Organization.

Mike Harkin

Signature of Candidate - Required for Candidate's Committee

1/17/2004

Date signed

WHEN TO FILE:

The Notice of Dissolution must be filed within thirty (30) days of the committee's dissolution, with a copy of the final bank statement attached.

This form is not applicable to statutory political committees.

Notice of Dissolution

Every Notice of Dissolution shall be accompanied by a completed Disclosure Report Form current to the date of dissolution.

FORM	(Rev. 02/98)
DR-3 NOTICE OF DISSOLUTION	
For Office Use Only	
Comm. #	<u>1280</u>
Indexed	_____
Audited	_____
Computer	_____
Certified Date of Dissolution	_____

MAR 1 2004
COMMITTEE NAME fm 2-28

Official Name of Committee	
<u>Friends of Mike Harkin</u>	
Street	
<u>3223 145th Lane</u>	
City, State, Zip Code	
<u>Woodward, IA 50267</u>	
Area Code	Telephone
	<u>(515) 438-4267</u>

Effective date of dissolution:
January 15, ~~10~~ 2004
Virginia Harkin
 Signature of Treasurer
1-17-04
 Date Signed

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:
 The candidate, certify that my candidate committee's cash balance is zero, all debts, obligations and loans have been paid or satisfied in accordance with law as shown on my committee's final report and all campaign property and leftover funds have been distributed in accordance with my committee's last filed Statement of Organization.

Mike Harkin 2/27/2004
 Signature of Candidate - Required for Candidate's Committee Date signed

WHEN TO FILE:
 The Notice of Dissolution must be filed within thirty (30) days of the committee's dissolution, with a copy of the final bank statement attached.