

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

Reset Form

FORM DR-2 (Rev. 07/2003)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	1543
Logged In	6
Scanned	
Computer	
Audited	

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

Heck for State Representative

IMPORTANT: Indicate type of committee you are reporting for: 1

(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

CANDIDATE COMMITTEES ONLY:

Candidate Name: Steven A. Heck ^{JUL 15 2004 pm 7-15} Political Party: Democrat

Office Sought: House Representative District (if Senate or House): House 76

[Signature] (641)236-5098 7.12.04

SIGNATURE OF TREASURER (or person filing this report) TELEPHONE DATE SIGNED

Late filed reports are subject to possible civil and criminal penalties.

SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE:

I AM FILING A July 19, 2004 REPORT FOR AN/A (1) ELECTION /(2)NON-ELECTION YEAR.
(report date) Indicate one 1

- 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.)	\$	<u>679.61</u>
ADD TOTAL MONEY TAKEN IN THIS PERIOD		
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)		<u>1629.00</u>
Schedule F: Loans Received total (Attach Schedule F)		<u>0</u>
Schedule H: Total Sales of Campaign Property (Attach Schedule H)		<u>0</u>
(Schedule H applies to Candidates' Committees Only)		
	SUB-TOTAL	\$ <u>2308.61</u>
SUBTRACT TOTAL MONEY SPENT THIS PERIOD		
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)		<u>723.84</u>
Schedule F: Loan Repayments total (Attach Schedule F)		<u>0</u>
CASH ON HAND at the end of this reporting period (if final report, balance must be zero) (Attach DR-3)	\$	<u>1579.77</u>
**UNPAID BILLS (From Schedule D - Attach Schedule D)	\$	<u>1245.24</u>
*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)	\$	<u>467.00</u>
**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)	\$	<u>0</u>

YES NO

CANDIDATE COMMITTEES ONLY:

CONSULTANT BREAKDOWN (Schedule G Attached?)

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

July 19 report

For Instructions, See Back of Form

Reset Form

SCHEDULE A (Rev. 07/03)	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)
Heck for State Representative

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
6/1/04	ID# CK#	Susan W. Conroy 787 E Pleasant Valley Sigourney IA 52591		\$ 250 ⁰⁰	<input type="checkbox"/>
6/4/04	ID# CK#	Tom & Margaret Orman 3147 121st St Amana, Ia 52203		25 ⁰⁰	<input type="checkbox"/>
6/4/04	ID# CK#	Virginia Garrett PO Box 173 Sigourney Ia 52591		25 ⁰⁰	<input type="checkbox"/>
6/5/04	ID# CK#	unitemized contributions cash taken at fundraiser attended by approximately 85 people		405 ⁰⁰	<input checked="" type="checkbox"/>
6/5/04	ID# CK#	Gerald & Sara Adams PO Box 444 Grinnell, Ia 50112		50 ⁰⁰	<input checked="" type="checkbox"/>
6/5/04	ID# CK#	David Ferneau 2348 Hwy 63 Malcom 50157		50 ⁰⁰	<input checked="" type="checkbox"/>
6/5/04	ID# CK#	Francis Schesselman 406 Main Street Malcom, Ia 50157		30 ⁰⁰	<input checked="" type="checkbox"/>
6/5/04	ID# CK#	Vera Heck 4356 235th St Guernsey, Ia 52221	Mother	30 ⁰⁰	<input checked="" type="checkbox"/>
6/5/04	ID# CK#	Rebecca Stamer 4915 235th Deep River, Ia 52222		50 ⁰⁰	<input checked="" type="checkbox"/>
6/5/04	ID# CK#	Donna & Russell Windurn 1706 10th Ave Place Grinnell, Ia 50112		25 ⁰⁰	<input checked="" type="checkbox"/>
SUB-TOTAL				\$ 940	
TOTAL (if last page of this schedule)				\$	

* 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). 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

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SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
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CONTRIBUTIONS -- MONEY TAKEN IN
(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)
Heck for State Representative

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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
6/5/04	ID# CK#	Theresa & Pat Murphy 1550 NW Grandview Ave Dubuque, Ia 52001		\$ 25 ⁰⁰	<input checked="" type="checkbox"/>
6/5/04	ID# CK#	Don Smith 1420 Summer Street Drinnell, Ia 50112-1256		25 ⁰⁰	<input checked="" type="checkbox"/>
6/1/04	ID# CK#	Carol Roemig Heusinkveld 4209 Hst. Amana, Ia 52203		25 ⁰⁰	<input checked="" type="checkbox"/>
6/10/04	ID# CK#	Solveig Moore 100 Village View Williamsburg Ia 52361		25 ⁰⁰	<input type="checkbox"/>
6/11/04	ID# CK#	Claine Yelling 2135 1st Ave SE Unit 327 Cedar Rapids, Ia 52403		50 ⁰⁰	<input checked="" type="checkbox"/>
6/19/04	ID# CK#	Frances Schlesselmann 406 main st Malcom, Ia 50157		20 ⁰⁰	<input type="checkbox"/>
6/20/04	ID# CK#	Laimoyne Gaard 931 summer st Drinnell, Ia 50112		25 ⁰⁰	<input type="checkbox"/>
6/23/04	ID# CK#	Poweshiek Co Democrats 1532 1/2 Elm St. Drinnell, Ia 50112		150 ⁰⁰	<input type="checkbox"/>
6/24/04	ID# CK#	Robert D. Smith 2005 Spring Street Apt 301 Drinnell, Ia 50112		50 ⁰⁰	<input type="checkbox"/>
6/24/04	ID# CK#	Carol J. Emmerson 1933 Spencer St Drinnell, Ia 50112		25 ⁰⁰	<input type="checkbox"/>
SUB-TOTAL				\$ 470 ⁰⁰	
TOTAL (if last page of this schedule)				\$	

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For instructions, See Back of Form

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SCHEDULE A (Rev. 07/03)	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)
Heck for State Representative

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
<i>4/25/04</i>	ID# CK#	<i>Olivia Wright 1414 main Grinnell, Ia 50112</i>		<i>\$ 100⁰⁰</i>	<input type="checkbox"/>
<i>6/25/04</i>	ID# CK#	<i>Ryan Jauge 1278 Dunleith St. Dubuque, Ia 52003</i>	<i>Nephew</i>	<i>19⁰⁰</i>	<input type="checkbox"/>
<i>4/29/04</i>	ID# CK#	<i>Vera Heck 4356 235th St Muskegon Ia 52221</i>	<i>Mother</i>	<i>25⁰⁰</i>	<input type="checkbox"/>
<i>6/29/04</i>	ID# CK#	<i>Elaine Young 2135 1st AVE NE Cedar Rapids, Ia 52402</i>		<i>100⁰⁰</i>	<input type="checkbox"/>
<i>6/29/04</i>	ID# CK#	<i>Mawin & Dortha Hicks 2086 460th Ave Muskegon, Ia 52221</i>		<i>25⁰⁰</i>	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL *\$ 269⁰⁰*
TOTAL (if last page of this schedule) *\$ 1629⁰⁰*

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FOR INSTRUCTIONS, SEE BACK OF FORM

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SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING 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.

COMMITTEE NAME (Must be same as on Statement of Organization)
Heck for State Representative

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
6/1/04	ID# CK# 1008	Carter Printing 1739 East Grand Des Moines, Ia 50316	campaign cards	\$ 381.00
6/3/04	ID# CK# 1006	Charlene Heck Malcom, Ia	envelopes, name tags etc Ads for fundraiser	61.00 - 24.00 = 37.00 refund
6/3/04	ID# CK# 1007	Charlene Heck Malcom, Ia	envelopes, name tags etc paper	17.24
6/7/04	ID# CK# 1009	Deyton Meat malcom, Ia	meat for fundraiser	97.20
7/2/04	ID# CK# 1013	Carter Printing 1739 East Grand DSM, Ia 50316	campaign cards	190.80
	ID# CK#			
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$ 723.84
TOTAL (if last page of this schedule)				\$ 723.84

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 68A.402(3)(i).)

COMMITTEE NAME (Must be same as on Statement of Organization)
Heck for State Representative

NOTE: Debts previously reported that remain unpaid must be included on this Schedule, as well as any new obligations incurred in this period.

Reset Form

SCHEDULE D (Rev. 08/98)	INCURRED INDEBTEDNESS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**DEBTS/OBLIGATIONS REMAINING THIS REPORTING PERIOD
 (DO NOT INCLUDE LOANS -- SHOW LOANS ON SCHEDULE F)**

An "incurred debt" is a debt for goods or services ordered or received, but not paid for by the end of the reporting period, regardless of whether an invoice has been received.

DATE INCURRED (MM/DD/YR)	NAME AND ADDRESS OF PERSON TO WHOM DEBT OR OBLIGATION IS OWED	DESCRIPTION OF GOODS OR SERVICES PROVIDED OR PURCHASED	BALANCE OWED AT CLOSE OF REPORTING PERIOD*
5/26/04	Charlene Heck Malcom, Ia	Iowa Democratic Party Des Moines, Ia 5 Van Use	\$ 250 ⁰⁰
6/27/04	Charlene Heck malcom, Ia	Paper Candy Envelopes	62 ¹⁹
5/18/04 - 6-9-04	Steve Heck Malcom, Ia	Phone Calls	27 ²³
5/19/04 - 7/1/04	Steve Heck Malcom, Ia	Mileage (2097 miles x .31¢/mile)	650. ⁰⁷
3-13-04 - 5-14-04	Steve Heck Malcom, Ia	As previously reported - mileage	255 ⁷⁵

SUB-TOTAL \$ 1245²⁴

TOTAL DEBTS OWED BY COMMITTEE AT THE END OF THIS REPORTING PERIOD \$ 1245²⁴

*If actual figure is unknown, show "estimated" beside the figure.

Page 1 of 1
(for Schedule D)

CANDIDATE COMMITTEES NOTE:
 *Incurred indebtedness also includes each person/entity with whom the candidate's committee has entered into a contract during the reporting period for future or continuing performance. Enter the name of the consultant who provides or procures services for items such as advertising, fund-raising, polling, managing, or organizing services. Report on Schedule G the nature of performance and the estimated performance reasonably expected of the consultant.

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

Heck for State Representative

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SCHEDULE E (Rev. 06/97)	IN KIND CONTRIBUTIONS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

DATE RECEIVED (MM/DD/YY)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
6/5/04	David & Rita Ferneau 3348 Hwy 63 Malcom, Ia 50157		Heart Flags	\$ 10 ⁰⁰	<input checked="" type="checkbox"/>
6/5/04	David & Rita Ferneau 3348 Hwy 63 Malcom, Ia 50127		Democratic Tie	20 ⁰⁰	<input checked="" type="checkbox"/>
6/5/04	David & Rita Ferneau 3348 Hwy 63 Malcom, Ia 50127		Patriotic Candle Holders	10 ⁰⁰	<input checked="" type="checkbox"/>
6/5/04	David & Rita Ferneau 3348 Hwy 63 Malcom, Ia 50127		Pork Bundle	50 ⁰⁰	<input checked="" type="checkbox"/>
6/5/04	Pat Murphy 155 N Grandview Ave Dubuque, Ia 52001		US Flag	19 ⁵⁰	<input checked="" type="checkbox"/>
6/5/04	Pat Murphy 155 N Grandview Ave Dubuque, Ia 52001		Iowa Flag	19 ⁵⁰	<input checked="" type="checkbox"/>
6/5/04	Pat Murphy 155 N Grandview Dubuque, Ia 52001		Pen from Governor	5 ⁰⁰	<input checked="" type="checkbox"/>
6/5/04	David & Rita Ferneau 3348 Hwy 63 Malcom, Ia 51057		Hot Dogs & buns	25 ⁰⁰	<input checked="" type="checkbox"/>
6/5/04	Wild Honey Band (Ryan Newbold) 2 Hog Anchorage Rd NE Solon, Ia 52333		Played 1 hour of music	150 ⁰⁰	<input checked="" type="checkbox"/>
6/5/04	Too many String Band Sandy Moffett 618 340th Ave Grinnell, Ia 50112		Played 45 min.	100 ⁰⁰	<input checked="" type="checkbox"/>
SUB-TOTAL				\$ 409 ⁰⁰	
TOTAL (if last page of this schedule)				\$	

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COMMITTEE NAME (Must be same as on Statement of Organization)
Heck for State Representative

Reset Form

SCHEDULE E (Rev. 06/97)	IN KIND CONTRIBUTIONS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
6/5/04	Plastic Campaign Hats David & Rita Ferneau 3348 Hwy 63 Maleson, Ia 50157		Plastic Campaign hats	\$ 5 ⁰⁰	<input checked="" type="checkbox"/>
6/5/04	David & Rita Ferneau 3348 Hwy 63 Maleson, Ia 50157		tickets	3 ⁰⁰	<input checked="" type="checkbox"/>
6/30/04	Iowa State Education PAC 777 Third St. Des Moines, Ia 50309-1301		Diskett	50 ⁰⁰	<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

SUB-TOTAL \$ 58⁰⁰
 TOTAL (if last page of this schedule) \$ 467⁰⁰

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