

DISCLOSURE SUMMARY PAGE

Reset Form

FORM DR-2 (Rev. 07/2003)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	1334
Logged In	SW JT
Scanned	
Computer	
Audited	

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

Committee to Elect Lisa Meddens

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

CANDIDATE COMMITTEES ONLY:

Candidate Name: Lisa Meddens Political Party: D

Office Sought: State House of Representatives District (if Senate or House): 46

JUL 15 2004

HL
7/17/04
DATE SIGNED

[Signature]
SIGNATURE OF TREASURER (or person filing this report)

515-460-1910
TELEPHONE

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 19th 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 _____

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.)	\$	10074.46
ADD TOTAL MONEY TAKEN IN THIS PERIOD		
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)		1620.00
Schedule F: Loans Received total (Attach Schedule F)		0
Schedule H: Total Sales of Campaign Property (Attach Schedule H)		0
(Schedule H applies to Candidates' Committees Only)		
SUB-TOTAL	\$	11694.46
SUBTRACT TOTAL MONEY SPENT THIS PERIOD		
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)		2484.86
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)	\$	9209.60

**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)	\$	500.00

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

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)
Committee to Elect Lisa Meddens

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
5/22/04	ID# CK#	Jan L Flora 1902 George Allen Ave Ames, IA 50010		\$ 100. ⁰⁰	<input checked="" type="checkbox"/>
5/24/04	ID# CK#	Jon F Stream 3822 Columbine Ave Ames, IA 50010		20. ⁰⁰	<input checked="" type="checkbox"/>
5/24/04	ID# CK#	Mary Weaver 1805 B Ave Rippey, IA 50235		20. ⁰⁰	<input checked="" type="checkbox"/>
5/24/04	ID# CK#	Shirley Shaw 5527 Oak Ln Ames, IA 50014		75. ⁰⁰	<input checked="" type="checkbox"/>
5/24/04	ID# CK#	Virginia Huntington 2632 Ridgeway Rd Ames, IA 50014		100. ⁰⁰	<input checked="" type="checkbox"/>
5/24/04	ID# CK#	Lloyd Dumenil 309 N Franklin Ames, IA 50014		25. ⁰⁰	<input checked="" type="checkbox"/>
5/24/04	ID# CK#	Faith Finemore 3312 Oakland Ames, IA 50010		50. ⁰⁰	<input checked="" type="checkbox"/>
5/24/04	ID# CK#	Ellen Hadwiger 1118 Schell Rd Ames, IA 50014		30. ⁰⁰	<input checked="" type="checkbox"/>
5/24/04	ID# CK#	Marvin Julius 2116 North western Ames, IA 50010		35. ⁰⁰	<input checked="" type="checkbox"/>
5/24/04	ID# CK#	George A. Cook 2020 Michael Ln Ames, IA 50010		50. ⁰⁰	<input checked="" type="checkbox"/>
SUB-TOTAL				\$ 505. ⁰⁰	
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

Reset Form

SCHEDULE
A
(Rev. 07/03) MONETARY RECEIPTS

CONTRIBUTIONS -- MONEY TAKEN IN
(Including candidate's personal funds)

CHECK THIS BOX IF AMENDING FORM

COMMITTEE NAME (Must be same as on Statement of Organization)
Committee to Elect Lisa Heddens

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5/24/04	ID# CK#	M. Lynne Van Valin 301 Westbrook Ln Ames, IA 50014		\$ 25. ⁰⁰	<input checked="" type="checkbox"/>
6/1/04	ID# CK#	Susan Franzen 1216 Scott Ave Ames, IA 50014		50. ⁰⁰	<input checked="" type="checkbox"/>
6/1/04	ID# CK#	Marzena Jankowink 905 Vermont Cir. Ames, IA 50014		10. ⁰⁰	<input checked="" type="checkbox"/>
6/1/04	ID# CK#	Linda Murken 1715 G.W. Carver Gilbert, IA 50105		30. ⁰⁰	<input checked="" type="checkbox"/>
6/21/04	ID# CK#	Paul Rebers 627 - 141 st St Nevada, IA 50201		25. ⁰⁰	<input type="checkbox"/>
6/24/04	ID# CK#	Gregory Vitale 2510 Pierre Ave Ames, IA 50010		50. ⁰⁰	<input checked="" type="checkbox"/>
6/24/04	ID# CK#	Clair W. Keller 304 O'Neil Dr. Ames, IA 50010		50. ⁰⁰	<input checked="" type="checkbox"/>
7/6/04	ID# 6046 CK# 3795	Justice For All PAC 218 - 6 th Ave, Ste 526 Des Moines, IA 50309		100. ⁰⁰	<input checked="" type="checkbox"/>
7/6/04	ID# 6118 CK# 2065	Iowa Optometric Association PAC 1454 - 30 th St, Ste 204 Des Moines, IA 50266		200. ⁰⁰	<input checked="" type="checkbox"/>
7/6/04	ID# CK#	Jasmine B. Seagrave 318 Westbrook Ln. Ames, IA 50014		50. ⁰⁰	<input checked="" type="checkbox"/>

SUB-TOTAL \$ 590.⁰⁰
TOTAL (if last page of this schedule) \$

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Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

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

COMMITTEE NAME (Must be same as on Statement of Organization)
Committee to Elect Lisa Meddens

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 FOR FUND-RAISER INCOME
7/6/04	ID# CK#	Bernadette Siebert 122a McKinley Dr Ames, IA 50010		\$ 15.00	<input checked="" type="checkbox"/>
7/6/04	ID# 6429 CK# 1843	Heavy Highway PAC 2415 Ingersoll Ave Des Moines, IA 50312		250.00	<input checked="" type="checkbox"/>
7/6/04	ID# CK#	Andrew Baumert 5068 Coachlight Dr West Des Moines IA 50265		25.00	<input checked="" type="checkbox"/>
7/6/04	ID# CK#	Freedom Fund PAC 851 - 19th St Des Moines, IA 50314		100.00	<input checked="" type="checkbox"/>
7/6/04	ID# CK#	James P Obradovich 2418 35th St. Des Moines, IA 50310		25.00	<input checked="" type="checkbox"/>
7/6/04	ID# CK#	Susan Judkms 1705 country Club Rd Indianola, IA 50125		10.00	<input checked="" type="checkbox"/>
7/12/04	ID# 6073 CK# 667	Iowa Medical PAC 1001 Grand Ave West Des Moines, IA 50265		100.00	<input checked="" type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

\$ 525

TOTAL (if last page of this schedule)

\$ 1620

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Reset Form

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

SCHEDULE B (Rev. 07/03)	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)
 Committee to Elect Lisa Heddens

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
6/16/04	ID# CK#	US Postmaster 525 Kellogg Ave Ames, IA 50010	Postage stamps	\$ 14.80
6/23/04	ID# CK#	Carter Printing 1739 East Grand Ave Des Moines, IA 50316	Campaign Cards Printing	869.20
6/23/04	ID# CK#	Gates Hall 825-15th St. Nevada, IA 50201	Rental for Fundraiser	210.00
6/27/04	ID# CK#	House Truman Fund Iowa Democratic Party 5661 Fleur Dr. Des Moines, IA 50321	Political Contribution	1000.00
6/28/04	ID# CK#	US Postmaster 525 Kellogg Ave Ames, IA 50010	Postage for Fundraiser mailing	390.86
	ID# CK#			
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$ 2484.86
TOTAL (if last page of this schedule)				\$ 2484.86

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).)

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

SCHEDULE F (Rev. 07/03)	LOANS RECEIVED & REPAID
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)
Committee to Elect Lisa Heddens

NOTE: This schedule reports money loaned to the committee which is deposited in the committee account.

TOTAL UNPAID LOANS FROM LAST REPORTING PERIOD \$ 500.00

PART I - MONETARY LOANS RECEIVED THIS REPORTING PERIOD
(Original source of loan, such as a bank, must be shown if a third party is involved. Include loans from candidate's personal funds.)

PART II - MONETARY LOAN REPAYMENTS MADE THIS REPORTING PERIOD
(Loans forgiven must be reported on Schedule E -- In-kind Contributions.)

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE (If Applicable*)	AMOUNT OF LOAN
			\$

DATE PAID (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE* (If Applicable)	AMOUNT REPAID
			\$

TOTAL (PART I) \$ 0

TOTAL CASH REPAYMENTS (PART II) \$ 0
 From Schedule E -- TOTAL LOANS FORGIVEN \$ 0
 TOTAL OUTSTANDING LOANS END OF REPORT PERIOD \$ 500.00

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