

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

Reset Form

FORM DR-2 (Rev. 07/2003)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	1544
Logged In	SW JT
Scanned	
Computer	
Audited	

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

Friends of Steve Milder

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 Stephen Milder Political Party Democrat

Office Sought IOWA House of Representatives District (if Senate or House) 18

JUL 20 2004
pm 7-19
- 7-15-04
DATE SIGNED

Penny A. Reed
SIGNATURE OF TREASURER (or person filing this report)

563-637-2851
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 14 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.)	\$	<u>1331.81</u>
ADD TOTAL MONEY TAKEN IN THIS PERIOD		
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)		<u>2881</u>
Schedule F: Loans Received total (Attach Schedule F)		<u> </u>
Schedule H: Total Sales of Campaign Property (Attach Schedule H)		<u> </u>
<u>(Schedule H applies to Candidates' Committees Only)</u>		
	SUB-TOTAL	\$ <u>4212.81</u>
SUBTRACT TOTAL MONEY SPENT THIS PERIOD		
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)....		<u>2143.84</u>
Schedule F: Loan Repayments total (Attach Schedule F).....		<u> </u>
CASH ON HAND at the end of this reporting period (if final report, balance must be zero) (Attach DR-3).....	\$	<u>2068.81</u>
**UNPAID BILLS (From Schedule D - Attach Schedule D).....	\$	<u>350</u>
**IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)	\$	<u>1034.07</u>
**OUTSTANDING LOANS (From Schedule F - Attach Schedule F).....	\$	<u> </u>
CANDIDATE COMMITTEES ONLY:		
CONSULTANT BREAKDOWN (Schedule G Attached?)		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)	\$	<u> </u>

For Instructions, See Back of 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)
Friends of Steve Milder

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
6/2	ID# CK# 6490	Jon Harrison PO Box 155 MAYNARD, IA 50655		\$ 50	<input type="checkbox"/>
6/2	ID# CK# 6633	Mary Hillman 105 Long Grove MAYNARD, IA 50655		50	<input type="checkbox"/>
6/2	ID# CK# 7506	Shae Kerns 21893 50th St Oelwein, IA 50662		50	<input type="checkbox"/>
6/3	ID# CK# 7697	Daryl Ruff 20827 90th St Westgate 50681		250	<input type="checkbox"/>
6/5	ID# CK# 947	Heidi Wilkinson 6683 T AVE Oelwein, IA 50662		25	<input type="checkbox"/>
6/5	ID# CK# 10313	SUSIE STAFFORD 424 4th St Winthrop, IA 50682		25	<input type="checkbox"/>
6/5	ID# CK# 1597	LARRY ERICKSON 605 MAIN ST W. MAYNARD, IA 50655		20	<input type="checkbox"/>
6/12	ID# CK#	CASH Pass the Hat Fish Fry		40	<input type="checkbox"/>
6/13	ID# CK# 09946	MARSHA Milder 355 2ND EAST ST MAYNARD, IA 50655	Wife	300	<input type="checkbox"/>
6/18	ID# CK# 6323	Cathy Gordon PO Box 52 Westgate, IA 50681		25	<input type="checkbox"/>
SUB-TOTAL				\$ 835	
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

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	

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Friends of Steve Milder

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6/19	ID# CK# 5045	Mary Brown 300 Water St Sumner, IA 50674		\$ 21	<input type="checkbox"/>
6/22	ID# CK# 2228	Jennifer Wilwent 114 MARIE AVE N.E. EKAOKER, IA 52043		20	<input type="checkbox"/>
6/29	ID# CK# 3773	LISA Forsyth 10176 M AVE FAYETTE, IA 52142		30	<input type="checkbox"/>
6/30	ID# CK# 17952	Al Kruger 135 7th St S.E. Oelwein, IA 50662		200	<input type="checkbox"/>
7/1	ID# CK# 2391	Steve Kennon 6794 R AVE Oelwein, IA 50662		100	<input type="checkbox"/>
7/3	ID# CK# 6435	Braulio Caballero PO Box 273 Fayette, IA 52142		50	<input type="checkbox"/>
7/6	ID# CK#	Michael Milder 339 Blackberry Riverside, IA 52327	Brother	50	<input type="checkbox"/>
7/6	ID# CK#	Hog Roast Cash		70	<input checked="" type="checkbox"/>
7/10	ID# CK# 6601	J Andrea Gibney Box 161 MAYNARD, IA 50655		20	<input type="checkbox"/>
7/10	ID# CK#	Hog Roast Cash		30	<input checked="" type="checkbox"/>

SUB-TOTAL

\$ 591
\$

TOTAL (if last page of this schedule)

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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)
Friends of Steve Milder

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7/10	ID# CK# 715	Carl Recker 7009 J AVE. Arlington IA 50606		\$ 25	<input type="checkbox"/>
7/10	ID# 6354 CK# 1254	Freedom Fund PAC 851 19th St Des Moines, IA 50314		100	<input type="checkbox"/>
7/12	ID# CK# 8587	Loren Whitver 401 Hall St West Union, IA 52175		100	<input checked="" type="checkbox"/>
7/13	ID# CK# 4332	Janelle Bergman 165 Clover St Maynard, IA 50655		25	<input type="checkbox"/>
7/13	ID# CK#	PASS THE HOT CASH		20	<input type="checkbox"/>
7/13	ID# CK# 789	Gayle Telling 9276 T Ave Westgate, IA 50681		100	<input type="checkbox"/>
7/13	ID# 6432 CK# 1193	Plumbers + Pipef. Hus PAC 4600 46th Ave Rock Island, IL 61201		250	<input type="checkbox"/>
7/14	ID# CK# 6782	Greg Eschweiler 607 7th AVE SE Tripoli, IA 50626-0131		40	<input type="checkbox"/>
7/14	ID# CK# 1289	Les Teeling 231 Howard St Sumner IA 50674		50	<input type="checkbox"/>
7/14	ID# CK# 7822	Robert McSwain 4801 Palau Rd. Oelwein, IA 50662		25	<input type="checkbox"/>

SUB-TOTAL

\$ 735
\$

TOTAL (if last page of this schedule)

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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)
Friends of Steve Milder

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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
7/14/04	ID# CK#	CASH/under \$20		\$ 45	<input checked="" type="checkbox"/>
7/14/04	ID# CK# 1015	Shelley O'Brien 20850 Lincoln Rd West Union, IA 52175		75	<input checked="" type="checkbox"/>
7/14/04	ID# CK# 795	Jim Boelman 128 Adams West Union IA 52175		25	<input checked="" type="checkbox"/>
7/14/04	ID# CK# 1215	MIKE FINNEGAN 1000 OAK ST CLERMONT, IA 52135		25	<input checked="" type="checkbox"/>
7/14/04	ID# CK# 3424	George Woodman 333 S. Vine West Union, IA 52175		25	<input checked="" type="checkbox"/>
7/14	ID# CK# 2818	James Updegraff 20315 Lincoln Rd West Union, IA 52175		50	<input checked="" type="checkbox"/>
7/14	ID# CK# 3571	Ronald Myrom 110 Jefferson St. West Union IA 52175		100	<input checked="" type="checkbox"/>
7/14	ID# CK# 6882	Everett Rowland 64 Pine St Clermont, IA 52135		25	<input checked="" type="checkbox"/>
7/14	ID# CK# 2431	Mary Ann Woodsom PO Box 226 Clermont, IA 52135		25	<input checked="" type="checkbox"/>
7/14	ID# CK# 5186	Jake Blitsch 720 8th Ave N.E. Oetwera, IA 50662		25	<input checked="" type="checkbox"/>

SUB-TOTAL

\$ 420
\$

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)
Friends of Steve Milder

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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
7/14/04	ID# CK# 608	Michael Kennedy 503 5th St. NE. Oelwein, IA		\$ 100	<input type="checkbox"/>
7/14/04	ID# CK# 8280	Jerald L. Burrack 9952 N AVE MAYNARD, IA 50655-7544		50	<input type="checkbox"/>
7/14/04	ID# CK# 2611	JAMES RIDIKHALGH 1308 2nd St. SE Oelwein, IA 50662		150	<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"/>
	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 \$ 300
TOTAL (if last page of this schedule) \$ 2881

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FOR INSTRUCTIONS, SEE BACK OF FORM



EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
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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)

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
6/14	ID# CK# 1015	CARTER Printing Des Moines, IA	Signs, Stationery	\$ 1995 ⁹⁸
6/14	ID# CK# 1016	News Papers of Fayette Co. Elgin, IA	Printing	8 ⁵⁶
6/14	ID# CK# 1017	Carter Printing Des Moines, IA	Shipping	40 ⁵⁰
6/18	ID# CK# 1018	Summer Parade Committee Summer, IA 50674	Parade Entry	10 ⁰⁰
6/24	ID# CK# 1019	U.S. Post Office	STAMPS	88 ⁸⁰
	ID# CK#			
	ID# CK#			
	ID# CK#			

SUB-TOTAL \$ 2143.84

TOTAL (if last page of this schedule) \$ 2143.84

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)

Friends of Steve Milder

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



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*
4/1/04	IOWA Democratic Party	VAN - Voter Network + Palm Pilot	\$ 350
SUB-TOTAL			\$ 350
TOTAL DEBTS OWED BY COMMITTEE AT THE END OF THIS REPORTING PERIOD			\$ 350

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

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)
Friends of Steve Milder

Reset Form

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
6-2-04 to 6-5-04	Steve Milder 355 2ND EAST ST MAYNARD, IA 50655	Candidate	Mileage to work	\$ 28 ⁸⁰	<input type="checkbox"/>
6/4/04	Marsha Milder 355 2ND EAST ST MAYNARD, IA 50655	Spouse	Parade candy	47 ³⁵	<input type="checkbox"/>
6/5/04	Marsha Milder 355 2ND EAST ST MAYNARD, IA 50655	Spouse	meal for Parade walk	22 ⁰⁰	<input type="checkbox"/>
6/5/04	Marsha Milder 355 2ND EAST ST MAYNARD, IA 50655	Spouse	Parade Shirts	44 ⁹⁴	<input type="checkbox"/>
6/7/04	Marsha Milder 355 2ND EAST ST MAYNARD, IA 50655	Spouse	Parade candy	14 ⁸²	<input type="checkbox"/>
6/9/04	Marsha Milder 355 2ND EAST ST MAYNARD, IA 50655	Spouse	meal for Parade walkers	27 ⁵⁰	<input type="checkbox"/>
6/9/04	Steve Milder 355 2ND EAST ST MAYNARD, IA 50655	Candidate	Mileage to colony	28 ⁰⁰	<input type="checkbox"/>
6/11/04	Marsha Milder 355 2ND EAST ST MAYNARD, IA 50655	Spouse	Parade candy	24 ²⁹	<input type="checkbox"/>
6/11/04	Joe Milder 408 OAK ST. WILLIAMSBURG, IA 52361	Brother	Rest area Gas	25 ⁸⁰	<input checked="" type="checkbox"/>
6/11/04	Dan Anderson 1504 PRAIRIE AVE WAUKESHA, IA 52172	Friend	Rest area w Gas	25 ⁰⁰	<input checked="" type="checkbox"/>

SUB-TOTAL \$ 287⁷²
 TOTAL (if last page of this schedule) \$

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

Reset Form

SCHEDULE
E
 (Rev. 06/97) IN KIND
 CONTRIBUTIONS

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
6-11/6-12	Steve Milder 355 2nd East St MAYNARD, IA 50655	Candidate	Mileage to Lansing	\$ 28	<input checked="" type="checkbox"/>
6/14/04	Marsha Milder 355 2nd East St MAYNARD, IA 50655	Spouse	Parade Candy	38 40	<input type="checkbox"/>
6/13/04-6/15	Steve Milder 355 2nd East St MAYNARD IA 50655	Candidate	Reedlyn Mileage	32 ⁰⁰	<input type="checkbox"/>
6/17/04 to 6/19/04	Steve Milder 355 2nd East St MAYNARD, IA 50655	Candidate	Hawkeye Mileage	25 ⁶⁴	<input type="checkbox"/>
6/23/04	MARSHA Milder 355 2nd East St MAYNARD, IA 50655	Spouse	Printing supplies	65 ²⁵	<input checked="" type="checkbox"/>
6/23/04	Marsha Milder 355 2nd East St MAYNARD, IA 50655	Spouse	Parade Candy	9 ⁶⁵	<input type="checkbox"/>
6/25/04	Steve Milder 355 2nd East St MAYNARD, IA 50655	Candidate	Mileage to Des Moines	79 ²⁰	<input type="checkbox"/>
6/25/04-7/04/04	Steve Milder 355 2nd East St MAYNARD 50655	Candidate	Mileage to Oelwein, Fabrica Summer, Cedar Rapids	58 ²⁰	<input type="checkbox"/>
7/04/04	MARSHA Milder 355 2nd East St MAYNARD, IA 50655	Spouse	Printing supplies	62 ⁵⁷	<input checked="" type="checkbox"/>
7/6/04 7/14/04	Steve Milder 355 2nd East St MAYNARD, IA 50655	Candidate	STAMPS	185 ⁰⁰	<input checked="" type="checkbox"/>

SUB-TOTAL \$ 584, ³⁵

TOTAL (if last page of this schedule) \$

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SCHEDULE
E
 (Rev. 06/97) IN KIND CONTRIBUTIONS

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
7/6/04	Michael Milder 339 Blackberry Riverside, IA 52327	Brother	Parade Candy	\$ 17 ⁰⁰	<input type="checkbox"/>
Various	DAVID PALAS West Union, IA 52175	Friend	Parade Cart Driver 1955 chevy PU	50 ⁰⁰	<input type="checkbox"/>
Various	Steve Niggemeyer MAYNARD, IA 50665	Friend	Parade car Driver 1973 64 Camaro	50 ⁰⁰	<input type="checkbox"/>
7/14/04	Wayne O'Brien 20850 Lincoln Rd West Union, IA 52175	Friend	Host Fund Raise	45 ⁰⁰	<input checked="" 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 \$ 162
 TOTAL (if last page of this schedule) \$ 1034⁰⁷

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