

DISCLOSURE SUMMARY PAGE

Revised Form

FORM DR-2 (Rev. 07/2003)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	1353
Logged In	SW JR
Scanned	
Computer	
Audited	

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

OWEN FOR IOWANS

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	Political Party
MIKE OWEN	DEMOCRATIC
Office Sought	District (if Senate or House)
STATE REPRESENTATIVE	HD 79

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

Mike Owen
SIGNATURE OF TREASURER (or person filing this report)

319-643-7189
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 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.)	\$ 10,251.90
ADD TOTAL MONEY TAKEN IN THIS PERIOD	
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)	3,748.53
Schedule F: Loans Received total (Attach Schedule F)	- 0 -
Schedule H: Total Sales of Campaign Property (Attach Schedule H)	- 0 -
<u>(Schedule H applies to Candidates' Committees Only)</u>	
SUB-TOTAL	\$ 14,000.43
SUBTRACT TOTAL MONEY SPENT THIS PERIOD	
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)	1,228.41
Schedule F: Loan Repayments total (Attach Schedule F)	- 0 -
CASH ON HAND at the end of this reporting period (if final report, balance must be zero) (Attach DR-3)	\$ 12,772.02
**UNPAID BILLS (From Schedule D - Attach Schedule D)	\$ 383.06
*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)	\$ 918.72
**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)	\$ - 0 -
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)	\$ _____

For Instructions, See Back of 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)
 OWEN FOR IOWANS

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
5/15/04	ID# CK#	DEE SALISBURY 1432 LAUREL ST IOWA CITY, IA 52240		\$ 25.00	<input type="checkbox"/>
5/19/04	ID# CK#	HILLARY MAURER 127 N 4TH ST WEST BRANCH, IA 52358		50.00	<input type="checkbox"/>
5/28/04	ID# CK#	WILLA DICKENS 109 GREEN MOUNTAIN DR IOWA CITY, IA 52245		20.00	<input type="checkbox"/>
6/1/04	ID# CK#	UNITEMIZED CONTRIBUTIONS (PASSED HAT)		143.53	<input type="checkbox"/>
6/8/04	ID# CK#	CHRISTINE MCCARTHY 32 GREENVIEW DR WEST BRANCH, IA 52358		25.00	<input type="checkbox"/>
6/9/04	ID# CK#	RODNEY SULLIVAN 2326 E COURT ST IOWA CITY, IA 52245		50.00	<input type="checkbox"/>
6/19/04	ID# CK#	ROSALIE CAHILL 2050 CEDAR JOHNSON RD WEST BRANCH, IA 52358		15.00	<input type="checkbox"/>
6/19/04	ID# CK#	ROBERT STEEN 625 CRESTVIEW DR MECHANICSVILLE, IA 52306		100.00	<input type="checkbox"/>
6/26/04	ID# CK#	JOE HOLLAND 4636 SHARON CENTER RD IOWA CITY, IA 52240		100.00	<input type="checkbox"/>
6/29/04	ID# 9702 CK# 1509	CITIZEN WHIP PO BOX 705 JOHNSTON, IA 50131		300.00	<input type="checkbox"/>
SUB-TOTAL				\$ 828.53	
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



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)
 OWEN FOR IOWANS

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
6/29/04	ID# CK#	ALTA PRICE 4888 SCHOOL HOUSE RD BETTENDORF, IA 52722 (earmarked on Citizen Whip check, see p.1)		\$ 100.00	<input type="checkbox"/>
7/6/04	ID# CK#	O. JANE BRYANT 1921 4TH ST TIPTON, IA 52772		100.00	<input type="checkbox"/>
7/7/04	ID# 9098 CK# 2264	IOWA DEMOCRATIC PARTY 5661 FLEUR DRIVE DES MOINES, IA 50321-2841		2,000.00	<input type="checkbox"/>
7/9/04	ID# CK#	LEE BEINE 788 HIGHWAY 38 TIPTON, IA 52772		100.00	<input type="checkbox"/>
7/9/04	ID# CK#	MARY HURLEY JEFFRIES PO BOX 191 WEST BRANCH, IA 52358		25.00	<input type="checkbox"/>
7/10/04	ID# CK#	JULIA MEARS 1507 E COLLEGE ST IOWA CITY, IA 52245		25.00	<input type="checkbox"/>
7/10/04	ID# 6356 CK# 1246	FREEDOM FUND PAC 851 19TH ST DES MOINES, IA 50314		500.00	<input type="checkbox"/>
7/10/04	ID# CK#	JOAN BUXTON 510 N FIRST AVE IOWA CITY, IA 52245-3502		20.00	<input type="checkbox"/>
7/11/04	ID# CK#	PATRICIA FURCHTENICHT 592 280TH ST WEST BRANCH, IA 52358		50.00	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

\$ 2,920.00

TOTAL (if last page of this schedule)

\$ 3,748.53

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FOR INSTRUCTIONS, SEE BACK OF FORM

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)
OWEN FOR IOWANS

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
06/23/04	ID# CK# 1060	Carter Printing 1739 East Grand Ave Des Moines, IA 50316	Bumper Stickers, Campaign Cards	\$ 848.00
06/23/04	ID# CK# 1061	West Branch Times PO Box 368 West Branch, IA 52358	Copies	22.65
06/29/04	ID# CK# 1062	Kingdom Graphics 107 North Downey St West Branch, IA 52358	T- Shirts	357.76
	ID# CK#			
SUB-TOTAL				\$ 1,228.41
TOTAL (if last page of this schedule)				\$ 1,228.41

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

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

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

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



**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*
2/19/04	MIKE OWEN 563 OLIPHANT ST WEST BRANCH, IA 52358	PIZZA, BEVERAGES FOR FUNDRAISER	\$ 383.06
SUB-TOTAL			\$ 383.06
TOTAL DEBTS OWED BY COMMITTEE AT THE END OF THIS REPORTING PERIOD			\$ 383.06

*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.

FOR INSTRUCTIONS, SEE BACK OF FORM

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



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
7/10/04	BILL CAMPION 505 W 7TH ST TIPTON, IA 52772		BOARDS FOR SIGNS	\$ 115.00	<input type="checkbox"/>
7/1/04	ISEA-PAC #6086 777 THIRD ST DES MOINES, IA 50309-1301		LABELS (\$50.00) LISTS (\$50.00)	100.00	<input type="checkbox"/>
5/15-7/14/4	KEVIN KELLY PO BOX 11158 CEDAR RAPIDS, IA 52410		WEB HOSTING (2 MONTHS)	30.00	<input type="checkbox"/>
5/19/04	MIKE OWEN 563 OLIPHANT ST WEST BRANCH, IA 52358	SELF	POSTAGE	1.06	<input type="checkbox"/>
6/9/04	MIKE OWEN 563 OLIPHANT ST WEST BRANCH, IA 52358	SELF	STAMPS (2/24/04)	37.00	<input type="checkbox"/>
6/9/04	MIKE OWEN 563 OLIPHANT ST WEST BRANCH, IA 52358	SELF	STAMPS (4/7/04)	46.00	<input type="checkbox"/>
6/18-7/3/04	MIKE OWEN 563 OLIPHANT ST WEST BRANCH, IA 52358	SELF	CANDY FOR PARADES	31.44	<input type="checkbox"/>
6/25/04	MIKE OWEN 563 OLIPHANT ST WEST BRANCH, IA 52358	SELF	LODGING FOR TRAINING MEETING	50.40	<input type="checkbox"/>
5/15-7/14/4	MIKE OWEN 563 OLIPHANT ST WEST BRANCH, IA 52358	SELF	PHONE CALLS (JUNE-JULY BILLS)	69.22	<input type="checkbox"/>
5/15-7/14/4	MIKE OWEN 563 OLIPHANT ST WEST BRANCH, IA 52358	SELF	COMPUTER/EMAIL USE, \$20/MO.	40.00	<input type="checkbox"/>
SUB-TOTAL				\$ 520.12	
TOTAL (if last page of this schedule)				\$	

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