

**DISCLOSURE SUMMARY PAGE**

**COMMITTEE NAME** (Must be same as on Statement of Organization)  
Reed for House

**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

<b>FORM DR-2</b> (Rev. 07/2003)	<b>DISCLOSURE REPORT</b>
<b>For Office Use Only</b>	
Comm. #	<u>1549</u>
Logged In	<u>CR</u>
Scanned	
Computer	
Audited	

**CANDIDATE COMMITTEES ONLY:**

Candidate Name <u>Steven Reed</u>	Political Party <u>Democrat</u>
Office Sought <u>House of Rep.</u>	District (if Senate or House) <u>72</u>

Steven Reed  
 SIGNATURE OF TREASURER (or person filing this report)

641-9445122  
 TELEPHONE

JUL 19 2004  
MA  
6-16-04  
 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 6-19-04 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.) ..... \$ 1274.12

**ADD TOTAL MONEY TAKEN IN THIS PERIOD**

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below) .....	<u>750</u>
Schedule F: Loans Received total (Attach Schedule F).....	<u>627.00</u>
Schedule H: Total Sales of Campaign Property (Attach Schedule H).....	<u>0</u>

**(Schedule H applies to Candidates' Committees Only)**

**SUB-TOTAL.....\$** 2024.12

**SUBTRACT TOTAL MONEY SPENT THIS PERIOD**

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)...	<u>627.63</u>
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) ..... \$ 1396.49

**UNPAID BILLS (From Schedule D - Attach Schedule D) .....	\$ <u>0</u>
*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E) .....	\$ <u>350.00</u>
**OUTSTANDING LOANS (From Schedule F - Attach Schedule F).....	\$ <u>0</u>

**CANDIDATE COMMITTEES ONLY:**

**CONSULTANT BREAKDOWN** (Schedule G Attached?) \_\_\_\_\_ YES  NO

**VALUE OF CAMPAIGN PROPERTY** (From Schedule H - Attach Schedule H) \$ \_\_\_\_\_

For Instructions, See Back of Form

Reset Form

SCHEDULE <b>A</b> (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)  
Reed For House

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(8), 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/YYR)	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
6-7-04	ID# CK# 1249	RUTH HUNT 830-40th AVE PLEASANTVILLE IA 50225	AUNT	\$ 100.00	<input checked="" type="checkbox"/>
6-7-04	ID# CK# Cash	FOE 3583 (Pass the hat) B. 190 Albia, IA 52531	Pass the hat	\$ 50.00	<input checked="" type="checkbox"/>
6-25-04	ID# CK# 16044	JIM HICKS RR#4 KNOXVILLE, IA 50138		\$ 100.00	<input checked="" type="checkbox"/>
6-26-04	ID# CK# Cash	Lois Mahon 106 8th ST BUSSEY IA 50044	Mother in Law	\$ 100.00	<input checked="" type="checkbox"/>
6-26-04	ID# CK# Cash	Sue Mallory 2026 #94667 ATTICA, IA 50138	Sister in Law	\$ 100.00	<input checked="" type="checkbox"/>
7-8-04	ID# 6356 CK# 1256	Freedom Fund Pac 851-19th ST. Des Moines IA 50314		\$ 100.00	<input checked="" type="checkbox"/>
7-9-04	ID# CK# Cash	Bob Reed PO Box 695 Albia, IA 52531	COUSIN	\$ 100.00	<input checked="" type="checkbox"/>
7-13	ID# CK# Cash	Rick STEVENS 1803 H9Y 92 OSKA10099, IA 52577		\$ 100.00	<input checked="" type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
SUB-TOTAL				\$ 750.00	
TOTAL (if last page of this schedule)				\$ 750.00	

\* 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

**EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT**

SCHEDULE <b>B</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)

Reed for House

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
6-14-04	ID# CK# 1012	COTTER PRINTING 1739 EAST GRAND AVE DES MOINES IA 50316	TABLETS FOR CAMPAIGN ADVERTISING & BUSINESS CARDS	\$ 346.62
7-2	ID# CK# 1013	DOLLAR GENERAL STORE 200 HIGH AVE W OSKALOOSA, IA 52577	CANDY FOR PARADES	\$ 71.05
7-6	ID# CK# 1014	US POST OFFICE MERRILL ST BUSSEY IA 50044	STAMP FOR MAILING CAMPAIGN MATERIAL	\$ 155.40
7-9	ID# CK# 1015	DOLLAR GENERAL 1420 N LINCOLN ST KNOXVILLE, IA 50138	CANDY FOR PARADES	\$ 17.12
7-14	ID# CK# 1016	THE OFFICE CENTER 207 HIGH AVE E. OSKALOOSA, IA 52577	LABELS FOR MAILINGS FOR FUND RAISERS + VOTER INFORMATION	37.44
	ID# CK#			
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$ 627.63
TOTAL (if last page of this schedule)				\$ 627.63

**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).)

