

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

Reset Form

FORM DR-2 (Rev. 05/2002) DISCLOSURE REPORT For Office Use Only Comm. # Indexed Audited Computer

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AEIROS CAMPAIGN DISCLOSURE BOARD MAY 18 2004 pm 5:17 FILED May 17, 2004

COMMITTEE NAME (Must be same as on Statement of Organization) 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 (8) Support State of Candidates

CANDIDATE COMMITTEES ONLY: Candidate Name STEVE KETTERING Political Party REPUBLICAN Office Sought STATE SENATE District (if Senate or House) 26

SIGNATURE OF TREASURER (or person filing this report) [Signature] TELEPHONE 712-657-3347 DATE SIGNED

Routine Penalties Due For Late Filed Reports Range from \$20 to \$800

SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE:

I AM FILING A activity of 1-1-04 thru 5-14-04 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

Table with columns for description and amount. Rows include: CASH ON HAND at the beginning of the reporting period (\$20,971.06), ADD TOTAL MONEY TAKEN IN THIS PERIOD (Schedule A: 475.00, Schedule F: .00, Schedule H: .00), SUB-TOTAL (\$21,446.06), SUBTRACT TOTAL MONEY SPENT THIS PERIOD (Schedule B: .00, Schedule F: .00), CASH ON HAND at the end of this reporting period (\$21,446.06).

**UNPAID BILLS (From Schedule D - Attach Schedule D) \$ **IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E) \$ **OUTSTANDING LOANS (From Schedule F - Attach Schedule F) \$ 10,700.00

CANDIDATE COMMITTEES ONLY: CONSULTANT BREAKDOWN (Schedule G Attached?) [] YES [X] NO VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H) \$

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SCHEDULE A (Rev. 08/07)	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)
 KETTERING CAMPAIGN

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 80B.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
1/2/04	ID# CK# 3728	James P. Obradovich 2418 35th Street Des Moines, IA 50310		\$ 25.00	<input type="checkbox"/>
1/2/04	ID# 9659 CK# 1245	Federation of Iowa Insurers PO Box 1756 Des Moines, IA 50306-1756		250.00	<input type="checkbox"/>
1/6/04	ID# 6475 CK# 2703	Casey's PAC PO Box 3001 Ankeny, IA 50021-8045		100.00	<input type="checkbox"/>
3/12/04	ID# CK# 3192	Donley D. Granstra 708 E 22nd Street Carroll, IA 51401		100.00	<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				475.00	
TOTAL (If last page of this schedule)				475.00	

* 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) (See Page 2 of forms packet.). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.



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

SCHEDULE F (Rev. 08/96)	LOANS RECEIVED & REPAID
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

NOTE: This schedule reports money loaned to the committee which is deposited in the committee account.
 TOTAL UNPAID LOANS FROM LAST REPORTING PERIOD \$ 10,700.00

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.)

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

TOTAL (PART I) \$ _____

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

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

TOTAL CASH REPAYMENTS (PART II) \$ _____
 From Schedule E -- TOTAL LOANS FORGIVEN \$ _____
 TOTAL OUTSTANDING LOANS END OF REPORT PERIOD \$ 10,700.00

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