

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

Reset Form

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

FORM DR-2 (Rev. 07/2003)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	<u>1544</u>
Logged to	<u>SW tracked</u>
Scanned	
Computer	
Audited	

CANDIDATE COMMITTEES ONLY:

Candidate Name Stephen Milder Political Party Democrat
 Office Sought IOWA HOUSE of Representatives District (if Senate or House) 18

**ETHICS & CAMPAIGN
DISCLOSURE BOARD**

MAY 18 2004
pm 5-17

FILED 5-17-04
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 MAY 19 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.)	\$	<u>0</u>
ADD TOTAL MONEY TAKEN IN THIS PERIOD		
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)		<u>1155</u>
Schedule F: Loans Received total (Attach Schedule F)		<u>0</u>
Schedule H: Total Sales of Campaign Property (Attach Schedule H)		<u>0</u>
<u>(Schedule H applies to Candidates' Committees Only)</u>		
	SUB-TOTAL	<u>1155</u>
SUBTRACT TOTAL MONEY SPENT THIS PERIOD		
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)		<u>74 71</u>
Schedule F: Loan Repayments total (Attach Schedule F)		<u>0</u>
CASH ON HAND at the end of this reporting period (if final report, balance must be zero) (Attach DR-3)	\$	<u>1080 29</u>

**UNPAID BILLS (From Schedule D - Attach Schedule D)	\$	<u>2570.00</u>
**IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)	\$	<u>245.13</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

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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

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
3/12/04	ID# CK# 5092	JAKE Blitch	Friend	\$ 100	<input type="checkbox"/>
4/14/04	ID# CK# 15428	JOANNA Milder 800 Gilbert Ct Iowa City IA 52240	Mother	\$ 100	<input type="checkbox"/>
4/14/04	ID# CK# CASH	Tim O'Brien	Friend	\$ 10	<input type="checkbox"/>
4/20/04	ID# CK# 5061	MARY Ruroden	Friend	\$ 20	<input type="checkbox"/>
5/3/04	ID# CK# 3705	TIM HARTSOOK	Brother-in-law	\$ 100	<input type="checkbox"/>
5/3/04	ID# CK# 6690	Ben Milder 925 Cottonwood, Iowa City IA 52246	Brother.	\$ 50	<input type="checkbox"/>
5/3/04	ID# CK# 2408	Scott Hartsook 1134 38th St Des Moines IA 50311	Brother-in-law	\$ 200	<input type="checkbox"/>
5/3/04	ID# CK# 1497	Dennis Groenenboom 1134 38th St. Des Moines IA 50311	Friend	\$ 100	<input type="checkbox"/>
5/3/04	ID# CK# 8632	Deanna Blagg 1807 Linden Granger IA 50109	Sister-in-law	\$ 250	<input type="checkbox"/>
5/3/04	ID# CK# 3902	NORMA Lensch Box 38 EXIRA IA 50076	MOTHER IN-LAWS	\$ 25	<input type="checkbox"/>
SUB-TOTAL				\$ 955	
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

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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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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
<i>5/14/04</i>	ID# <i>6060</i> CK# <i>2280</i>	<i>AFL-CIO</i> <i>2000 Walker Suite A Des Moines IA 50317</i>		\$ <i>200</i>	<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 \$ *200*
TOTAL (if last page of this schedule) \$ *1155*

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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
3/23/04	ID# CK#	MAYNARD Savings Bank	Checks for Account	\$ 9 ⁶⁴
4/1/04	ID# CK# 1001	D'sign Originals	NAME Badge	6 ⁴³
4/12/04	ID# CK# 1002	Meyer Lincoln Hardware	Sign Paint	21 ³⁹
4/14/04	ID# CK# 1003	Meyer Lincoln Hardware	Sign Paint	22 ⁴⁶
4/20/04	ID# CK# 1004	us Post office	STAMPS	7 ⁴⁰
5/4/04	ID# CK# 1005	us Post office	STAMPS	7 ⁴⁰
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$ 74 ⁷¹
TOTAL (if last page of this schedule)				\$

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).)

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

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.



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.

**DEBTS/OBLIGATIONS REMAINING THIS REPORTING PERIOD
 (DO NOT INCLUDE LOANS -- SHOW LOANS ON SCHEDULE F)**

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*
4/22/04	Rec Room	24 Parade Tee-shirts	\$ 176
5/14/04	CARTER Printing 1739 Grand Ave Des Moines, IA 50316	STATIONARY, Cowboy CARDS, SIGNS AND LABEL STICKERS	\$ 1904
4/1/04	IOWA Democratic Party	VAN Voter Network	\$ 500
SUB-TOTAL			\$ 2570
TOTAL DEBTS OWED BY COMMITTEE AT THE END OF THIS REPORTING PERIOD			\$ 2570

*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/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
3/13/04	Steve Milder, 355 2nd East St MAYNARD IA 50655	Candidate	GAS - Mileage from 3 County CAUCAS	\$ 29 ⁰⁰	<input type="checkbox"/>
3/28/04	STEVE Milder, 355 2nd East St MAYNARD, IA 50655	Candidate	GAS - mileage Democrat TRAINING in DES MOINES	72 ⁰⁰	<input type="checkbox"/>
4/5/04	MARSHA Milder 355 2nd EAST ST, MAYNARD IA	wife	Purchased - Printing of 100 Flyers	7 ⁴⁹	<input type="checkbox"/>
4/7/04	MARSHA Milder 355 2nd East St Maynard IA	wife	Purchase Photos for Campaign Tiedt (Summer)	\$ 97 ⁰⁰	<input type="checkbox"/>
4/11/04	MARSHA Milder 355 2nd East St Maynard IA	wife	4 CANS Spray Paint	5 ⁵⁷	<input type="checkbox"/>
4/12/04	MARSHA Milder 355 2nd East St Maynard	wife	Painting Supplies MENARDS	14 ¹³	<input type="checkbox"/>
4/17/04	STEVE Milder 355 2nd East St Maynard	Candidate	Parade Candy Walmart	8 ⁵⁴	<input type="checkbox"/>
5/8/04	MARSHA Milder 355 2nd East St Maynard	wife	Colored Plates	6 ⁸⁷	<input checked="" type="checkbox"/>
5/14/04	marsha milder 355 2nd East St Maynard	wife	Project / display Board	4 ⁵³	<input type="checkbox"/>
					<input type="checkbox"/>

SUB-TOTAL \$ 245.13

TOTAL (if last page of this schedule)

*Disclosure law requires candidates to disclose the relationship of any relative making an in kind 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.