

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

DISCLOSURE SUMMARY PAGE

FORM DR-2 (Rev. 07/2003)	DISCLOSURE REPORT
For Office Use Only	
Comm. # <u>1546</u>	
Logged In <u>SW tracked</u>	
Scanned _____	
Computer _____	
Audited _____	

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

IMPORTANT: Indicate type of committee you are reporting for: (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 <u>Steven P Pritchard</u>	Political Party <u>Republican</u>
Office Sought <u>House of Representatives</u>	District (if Senate or House) <u>House 67</u>

Raymond P Pritchard
SIGNATURE OF TREASURER (or person filing this report)

515 277-1294
TELEPHONE

ELECTICS & CAMPAIGN DISCLOSURE BOARD
MAY 19 2004
HD
FILED 7-20-04
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 _____ 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.) \$ 0

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below) 818.82

Schedule F: Loans Received total (Attach Schedule F)

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL \$ _____

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below).... 811.97

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) \$ 6.85

**UNPAID BILLS (From Schedule D - Attach Schedule D) \$ 0

*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E) \$ 110.00

**OUTSTANDING LOANS (From Schedule F - Attach Schedule F) \$ 0

CANDIDATE COMMITTEES ONLY:

CONSULTANT BREAKDOWN (Schedule G Attached?) YES NO

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H) \$ 0

For Instructions, See Back of Form

Reset 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)
Pritchard For House 67

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
1-5-04	ID# CK#	10312 Roy Butler Dr Austin TX Alex Lee Pritchard	Brother	\$ 35.00	<input type="checkbox"/>
1-5-04	ID# CK#	Mike Wallace 5417 Aurora Ave DM IA 50310	Friend	\$ 20.00	<input type="checkbox"/>
1-5-04	ID# CK#	6901 SE 14th Lot 3 DM IA Steven Pritchard 50320	Self	22.00	<input type="checkbox"/>
1-15-04	ID# CK#	Steve Pritchard DM IA 6901 SE 14th St Lot 3	Self 68.8	68.82	<input type="checkbox"/>
1-21-04	ID# CK#	Mike Wallace 5417 Aurora DM IA 50310	Friend	20.00	<input type="checkbox"/>
1-21-04	ID# CK#	Steven Pritchard 6901 SE 14th Lot 3	Self	428.00	<input type="checkbox"/>
3-4-04	ID# CK#	Steven Pritchard	Self	10.00	<input type="checkbox"/>
3-4-04	ID# CK#	Ray Pritchard	Father	10.00	<input type="checkbox"/>
3-31-04	ID# CK#	461 Ave Colorado Calif Sharon Damron	Sister	\$ 50.00	<input type="checkbox"/>
3-31-04	ID# CK#	15325 Hwy D41 Alden IA Mrs Lois Damm		\$ 10.00	<input type="checkbox"/>
SUB-TOTAL				\$ 673.82	
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.

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Reset 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)
Pritchard For House 67

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
3-31	ID# CK#	19135 Saw-Lane Apple Valley, CA 957 Larry Pedretti	COUSIN	\$ 50.00	<input type="checkbox"/>
3-31-07	ID# CK#	4034 87th St DM IA Les Christen	UNCLE	10.00	<input type="checkbox"/>
4-8	ID# CK#	5714 Allison Ave DM Marlorie Schwen	Friend	15.00	<input type="checkbox"/>
4-8	ID# CK#	4809 E Red Rock Way Kasey Curtis	AUNT CAVER CA	2500	<input type="checkbox"/>
5-3	ID# CK#	Steven Pritchard	SELF	4500	<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

\$ 345.00
\$ 818.82

TOTAL (if last page of this schedule)

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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)
Pritchard 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
1-15	ID# CK#	US BANK Bank CK Printing	Printing checks	\$1995
1-18-04	ID# CK# 1001	carpenter uniforms	for magnets	\$61.41
2-2-04	ID# CK# 1002	carpenter uniform	for magnet	\$35.36
2-21-04	ID# CK# 1003	US Post office	STAMPS Postage	\$88.80
3-3-04	ID# CK# 1004	Victory store	signs	\$386.45
5-6-04	ID# CK# 1005	DM civic center	TOWN hall meeting	\$220.00
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$ 811.97
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.6(3)(i).)

FOR INSTRUCTIONS, SEE BACK OF FORM

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

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
1-8-04	Recd copywriting	N/A	Friends + Family letter	\$ 110 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"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

SUB-TOTAL \$ 110⁰⁰

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.