

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

Reset Form

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|------------------------------------|-------------------|
| FORM DR-2 (Rev. 07/2004) | DISCLOSURE REPORT |
| For Office Use Only | |
| Comm. # | 1334 |
| Logged In | aw R |
| Scanned | |
| Computer | |
| Audited | |

COMMITTEE NAME (Must be same as on Statement of Organization)
Committee to Elect Lisa Heddens

IMPORTANT: Indicate by # type of committee you are reporting for: 1
 (1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party
 (4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other
 Political Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political
 Subdivision PAC (11) Local Ballot Issue

CANDIDATE COMMITTEES ONLY:

Candidate Name: Lisa Heddens Political Party (if applicable): D

Office Sought: State House of Representatives District (if Senate or House): MO 46

Stamp: ALL INFORMATION DISCLOSED OCT 19 2004

Late reports are subject to possible civil and criminal penalties.

[Signature] 515-460-1910 10/18/2004
 SIGNATURE OF PERSON FILING REPORT TELEPHONE DATE SIGNED

I AM FILING A October 19th REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR.
 (report date) Indicate by # 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 DR-3 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. (Total of all funds 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>9209.60</u> |
| ADD TOTAL MONEY TAKEN IN THIS PERIOD | |
| Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below) | <u>6050.3</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>15359.60</u> |
| SUBTRACT TOTAL MONEY SPENT THIS PERIOD | |
| Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below) | <u>2692.2</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>125676.60</u> |
| **UNPAID BILLS (From Schedule D - Attach Schedule D) | \$ <u>0</u> |
| **IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E) | \$ <u>0</u> |
| **OUTSTANDING LOANS (From Schedule F - Attach Schedule F) | \$ <u>500.2</u> |
| 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) | \$ <u>0</u> |

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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)

Committee to Elect Lisa Medders

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 |
|--------------------------|--|---|--|----------------------|-----------------------------|
| 7/21/04 | ID# 6058 CK# 2415 | Iowa Chiropractic Society PAC 1605 N Ankeny Blvd, Ste 100 | - | \$100. ⁰⁰ | <input type="checkbox"/> |
| 7/21/04 | ID# CK# 10993 | The Glaxo Smith Kline PAC Five Moore Drive Research Triangle Park, NC 27709 | | 250. ⁰⁰ | <input type="checkbox"/> |
| 7/21/04 | ID# 6116 CK# 1281 | Iowa-Nebraska Equipment Dealers PAC PO Box 65840 West Des Moines, IA 50265 | | 150. ⁰⁰ | <input type="checkbox"/> |
| 7/22/04 | ID# CK# | Laverne W. Schroeder 3208 SW 34th St Des Moines, IA 50321 | | 25. ⁰⁰ | <input type="checkbox"/> |
| 7/28/04 | ID# CK# | Julianne Jorstad 2817 Northwood Dr Ames, IA 50010 | | 10. ⁰⁰ | <input type="checkbox"/> |
| 7/28/04 | ID# CK# 1460 | Pfizer PAC 235 East 42nd Street New York, NY 10017 | | 100. ⁰⁰ | <input type="checkbox"/> |
| 8/10/04 | ID# 6059 CK# 2520 | Iowa Committee of Automotive Retailers 111 Office Park Rd West Des Moines, IA 50265 | | 150. ⁰⁰ | <input type="checkbox"/> |
| 8/10/04 | ID# CK# | Robert & Virginia Parks 3308 Foxley Dr Ames, IA 50010 | | 50. ⁰⁰ | <input type="checkbox"/> |
| 8/30/04 | ID# 6291 CK# 2314 | IHA PAC 100 E Grand, Ste 100 Des Moines, IA 50309 | | 1000. ⁰⁰ | <input type="checkbox"/> |

SUB-TOTAL
\$ 1835

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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CONTRIBUTIONS -- MONEY TAKEN IN
(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)
Committee to Elect Lisa Hedders

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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 |
|---------------------------------------|--|---|--|----------------------|-----------------------------|
| 8/30/04 | ID# 6080 CK# 1006 | Iowa PACE-PAC 4211 Grand Ave Des Moines, IA 50312 | - | \$ 100. ^z | <input type="checkbox"/> |
| 9/16/04 | ID# CK# | Clark McMullen 411 Tonawanda Dr. Des Moines, IA 50312 | - | 50. ^z | <input type="checkbox"/> |
| 9/19/04 | ID# 6067 CK# 3197 | Iowa Health PAC 6750 Westown Pkwy, #100 West Des Moines, IA 50266 | - | 200. ^z | <input type="checkbox"/> |
| 9/14/04 | ID# CK# | Dr Gary D Parsons 407 W. 9th St. S. Newton, IA 50208 | | 25. ^z | <input type="checkbox"/> |
| 9/14/04 | ID# CK# | John R Moore 5223 Texas Cir Ames, IA 50014 | | 20. ^z | <input type="checkbox"/> |
| 9/14/04 | ID# CK# | Kurt Ver Helst 1618 S. Duff Ave Ames, IA 50010 | | 50. ^z | <input type="checkbox"/> |
| 9/14/04 | ID# 6113 CK# 2955 | AFSCME / Iowa Council 61 4320 NW 2nd Ave Des Moines, IA 50313 | | 250. ^z | <input type="checkbox"/> |
| 9/14/04 | ID# 6488 CK# 1197 | Iowa Providers PAC 7025 Hickman Rd, Suite 5 Urbandale, IA 50322 | - | 500. ^z | <input type="checkbox"/> |
| 9/14/04 | ID# CK# | Linda Elbert 3966 - 200th St Ames, IA 50014 | | 50. ^z | <input type="checkbox"/> |
| 9/14/04 | ID# 6019 CK# 584 | CWA Local 7102 PAC 3612 SW 9th Street Des Moines, IA 50315 | | 100. ^z | <input type="checkbox"/> |
| SUB-TOTAL | | | | \$ 1345 | |
| TOTAL (if last page of this schedule) | | | | \$ | |

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CONTRIBUTIONS -- MONEY TAKEN IN
(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)
Committee to Elect Lisa Meddens

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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|---------------------------------------|--|---|--|-----------------|-----------------------------|
| 9/14/04 | ID# CK# | BridgesChiropractic / G. Dean Bridges D.C. 319 Lincoln Way Ames, IA 50010 | | \$ 50.00 | <input type="checkbox"/> |
| 9/25/04 | ID# CK# | Returned Corporate Donation to BridgesChiropractic | | - 50.00 | <input type="checkbox"/> |
| 9/18/04 | ID# CK# | Karen F. Bolluyt 3938 Squaw Rd. Ames, IA 50014 | | 50.00 | <input type="checkbox"/> |
| 9/18/04 | ID# CK# | Hamilton County Democrats 809 Lewis Dr. Webster City, IA 50595 | | 20.00 | <input type="checkbox"/> |
| 9/22/04 | ID# 6498 CK# 1343 | WELL PAC 636 Grand Ave, Station 13 Des Moines, IA | | 250.00 | <input type="checkbox"/> |
| 9/20/04 | ID# CK# 7391 | IBEW Education Committee 1125 15th Street NW Washington, DC 20005 | | 100.00 | <input type="checkbox"/> |
| 9/28/04 | ID# CK# | Robert D Haug 1145 Oklahoma Ames, IA 50014 | | 100.00 | <input type="checkbox"/> |
| 9/28/04 | ID# 6064 CK# 1957 | Iowa Friends of Rural Electrification PAC 8525 Douglas Ave, Ste 48 Des Moines, IA 50322 | | 100.00 | <input type="checkbox"/> |
| 9/30/04 | ID# CK# | Craig H Nelson 8620 Titleist Circle Las Vegas, NV 89117 | | 100.00 | <input type="checkbox"/> |
| 9/30/04 | ID# CK# | Boone County Democratic Party Central Committee Boone, IA 50036 | | 50.00 | <input type="checkbox"/> |
| SUB-TOTAL | | | | \$ 770.00 | |
| TOTAL (if last page of this schedule) | | | | \$ | |

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CONTRIBUTIONS -- MONEY TAKEN IN
(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)
Committee to Elect Lisa Heddens

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|--------------------------|--|---|--|----------------------|-----------------------------|
| 9/30/04 | ID# CK# | Dean Bridges 516 Poe Circle Ames, IA 50014 | | \$ 50. ⁰⁰ | <input type="checkbox"/> |
| 10/1/04 | ID# 6062 CK# 145 | Iowa Certified Public Accountants 950 Office Park Road, Suite 300 West Des Moines, IA 50265 | | 200. ⁰⁰ | <input type="checkbox"/> |
| 10/1/04 | ID# 6077 CK# 1719 | Iowa Pharmacy PAC 8515 Douglas, Ste 16 Des Moines, IA 50322 | | 200. ⁰⁰ | <input type="checkbox"/> |
| 10/1/04 | ID# 6063 CK# 1757 | Iowa Dental Association PAC 505-5th Ave, Ste 333 Des Moines, IA 50309 | | 250. ⁰⁰ | <input type="checkbox"/> |
| 10/4/04 | ID# 6068 CK# 13197 | ISEA PAC 777-3rd street Des Moines, IA 50309 | | 150. ⁰⁰ | <input type="checkbox"/> |
| 10/14/04 | ID# CK# | Max E. Clark 1121 Siloam Ave Iowa Falls, IA 50126 | | 5. ⁰⁰ | <input type="checkbox"/> |
| 10/14/04 | ID# CK# | Michelle S. Herman Box 8 New Providence, IA 50206 | | 10. ⁰⁰ | <input type="checkbox"/> |
| 10/14/04 | ID# CK# | Stephen M. Meyer 2827 Tranquil Ct. NE Swisher, IA 52338 | | 10. ⁰⁰ | <input type="checkbox"/> |
| 10/17/04 | ID# CK# | David R Van Mingen 1802-9th St. Rock Valley, IA 51247 | | 15. ⁰⁰ | <input type="checkbox"/> |
| 10/17/04 | ID# CK# | Thomas Wilson 145 Forest Rd Davenport, IA 52803 | | 25. ⁰⁰ | <input type="checkbox"/> |

SUB-TOTAL

\$ 915.⁰⁰

TOTAL (if last page of this schedule)

\$

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CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)
Committee to Elect Lisa Heddens

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|--------------------------|--|--|--|----------------------|-----------------------------|
| 10/14/04 | ID# CK# | George Peter Belitsos 5508 W. Lincoln Way Ames, IA 50014 | | \$ 100. ^z | <input type="checkbox"/> |
| 10/14/04 | ID# CK# | James A. Ernst 3653 Cottage Grove Ave SE Cedar Rapids, IA 52403 | | 50. ^z | <input type="checkbox"/> |
| 10/14/04 | ID# CK# | Thomas X. Lareid 2301 N. Court St. Humwa, IA 52501 | | 25. ^z | <input type="checkbox"/> |
| 10/14/04 | ID# CK# | Peg De Armond 501 Birch Ave Eldora, IA 50627 | | 10. ^z | <input type="checkbox"/> |
| 10/14/04 | ID# 6058 CK# 2527 | Iowa Chiropractic Society 1605 N. Ankeny Blvd, Ste 100 Ankeny, IA 50021-4154 | | 100. ^z | <input type="checkbox"/> |
| 10/14/04 | ID# 6070 CK# 3080 | Iowa LAW PAC 521 East Locust St., 3rd Floor Des Moines, IA 50309 | | 200. ^z | <input type="checkbox"/> |
| 10/14/04 | ID# 6125 CK# 2367 | Iowa Realtors PAC 1370 NW 114th St. Ste 100 Clive, IA 50325 | | 500. ^z | <input type="checkbox"/> |
| 10/14/04 | ID# CK# | Boone County Democratic Central Committee Boone, IA 50036 | | 200. ^z | <input type="checkbox"/> |
| | ID# CK# | | | | <input type="checkbox"/> |
| | ID# CK# | | | | <input type="checkbox"/> |

SUB-TOTAL

\$ 1185

TOTAL (if last page of this schedule)

\$ 6050

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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)
Committee to Elect Lisa Heddens

| 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 |
|---------------------------------------|--|---|---------------------------------|-------------------|
| 7/29/04 | ID# CK# | Caffrey Wholesale, Inc. 927 Kate Shelley Dr. Boone, IA 50036 | Parade Candy | \$ 94.41 |
| 7/31/04 | ID# CK# | Gates Memorial Hall 825-15th St Nevada, IA 50201 | FR Rental | 150. ^e |
| 8/11/04 | ID# CK# | Liberty Check 5267 Program Avenue, Mounds View, MN 55112 | New checks | 14.59 |
| 9/2/04 | ID# CK# | Iowa Democratic Party 5661 Fleur Dr. Des Moines, IA 50321 | Voter List Access | 500. ^e |
| 9/2/04 | ID# CK# | House Truman Fund Iowa Democratic Party 5661 Fleur Dr Des Moines, IA 50321 | Political Contribution | 400. ^e |
| 9/15/04 | ID# CK# | Dorene Boyd 4016 Ross Rd Ames, IA 50014 | Reimburse for FR Decorations | 23.32 |
| 9/17/04 | ID# CK# | US Postmaster 815 Arden Boone, IA 50036 | Postage Stamps | 37. ^e |
| 10/1/04 | ID# CK# | Boone Tribune 817 5th St. Ames, IA 50010 | Newspaper Ads | 227.78 |
| SUB-TOTAL | | | | \$ 1447.10 |
| 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).)

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EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

| | |
|---|--------------------------|
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COMMITTEE NAME (Must be same as on Statement of Organization)
Committee to Elect Lisa Hedens

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|---------------------------------------|--|---|--------------------------------|------------------------|
| 10/11/04 | ID# CK# | Des Moines Register PO Box 957 Des Moines, IA 50304 | Newspaper Ads | \$ 144. ⁰⁰ |
| 10/14/04 | ID# CK# | House Truman Fund Iowa Democratic Party 5661 Fleur Dr Des Moines, IA 50321 | Political Contribution | 1000. ⁰⁰ |
| 10/14/04 | ID# CK# | Des Moines Tribune 817 5th St. Ames, IA 50010 | Newspaper Ads | 100. ⁹⁰ |
| | ID# CK# | | | |
| SUB-TOTAL | | | | \$ 1244. ⁹⁰ |
| TOTAL (if last page of this schedule) | | | | \$ 2692. ⁹⁰ |

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).)

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

Committee to Elect Lisa Heddens

NOTE: This schedule reports money loaned to the committee which is deposited in the committee account.

TOTAL UNPAID LOANS FROM LAST REPORTING PERIOD \$ 500.00

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) \$ 0

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) \$ 0

From Schedule E -- TOTAL LOANS FORGIVEN \$ 0

TOTAL OUTSTANDING LOANS END OF REPORT PERIOD \$ 500.00

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SCHEDULE **F** (Rev. 07/03) LOANS RECEIVED & REPAID

CHECK THIS BOX IF AMENDING FORM