

DISCLOSURE SUMMARY PAGE

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

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

CANDIDATE COMMITTEES ONLY:

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

RECEIVED

JUN - 1 2004
H.D.

6-1-04
 DATE SIGNED

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

641-944-5122
 TELEPHONE

6-1-04
 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 6-4 Report 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.)\$ 472.79

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below) 1348.33

Schedule F: Loans Received total (Attach Schedule F)..... 0

Schedule H: Total Sales of Campaign Property (Attach Schedule H)..... 0

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL.....\$ 1821.12

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)... 547.00

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)\$ 1274.12

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

****IN KIND CONTRIBUTIONS** (From Schedule E - Attach Schedule E)\$ 550.00

****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

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

SCHEDULE A (Rev. 06/97)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)
Feed 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(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
5-15-04	ID# CK# 2952	Lesoy Lanphier 2548 Bill Bone Drive OSKALOUSA, IA 52577	Cousin	\$ 100.00	✓
5-15-04	ID# CK# 2965	Colvin Van Arkel 1689 245th St. OSKALOUSA, IA 52577		\$50.00	✓
5-15-04	ID# CK# Cash	Don Harrison 3246 Whitwell Ave. Fremont, IA 52561	Uncle	\$ 25.00	✓
5-15-04	ID# 6237 CK# 1605	ABATE PAC PAC # 6237 3118 Eastern Avenue Pedar Rapids, IA 52402		\$ 100.00	✓
5-17-04	ID# CK# 2192	Cindy Voss PO Box 246 OSKALOUSA, IA 52577		\$ 50.00	✓
5-15-04	ID# CK# 3129	Rex Metheny PO Box 746 Knoxville, IA 50138		\$ 25.00	✓
5-15-04	ID# CK# 1275	Charles Barnhill 315 5A Albia, IA 52531		\$ 25.00	✓
5-15-04	ID# CK# 1961	Michelle Clark 604-2nd St. Bussey, IA 50044		\$50.00	✓
5-15-04	ID# CK# 2462	Walter J. Smith 406 Williams P.O. Box 67 Beacon, IA 52534		\$ 50.00	✓
5-15-04	ID# CK# 7831	M.C. Vander Linden 2627 Lucinda Perry, IA 50220	Uncle	\$ 50.00	✓
SUB-TOTAL				\$525	
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) (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.

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)
Reed For House

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5-15-04	ID# CK# 4818	Lorraine Stojanovic 1441 640th Ave Albia, IA 52531		\$ 20.00	<input checked="" type="checkbox"/>
5-15-04	ID# CK# 7513	Bev & Dottie Lampier 1115-15th Ave West Oskaloosa, IA 52527	AUNT	\$ 50.00	<input checked="" type="checkbox"/>
5-15-04	ID# CK# 5679	Terry Reed 2206 644th place Albia, IA 52531	COUSIN	\$ 50.00	<input checked="" type="checkbox"/>
5-15-04	ID# CK# 1960	Morgan Baethke 56736 -170th Ave Ladoga, IA 50139		\$ 50.00	<input checked="" type="checkbox"/>
5-15-04	ID# CK# 6582	David Sextro 1106 E Ave East Albia, IA		50.00	<input checked="" type="checkbox"/>
5-15-04	ID# CK# cash	Gary Bishop 1233 Lillian Ottumwa, IA 52501		50.00	<input checked="" type="checkbox"/>
5-15-04	ID# CK# cash	50 E 3583 11A AVE EAST Albia, IA 52531	Return Deposit of cleanup	\$ 100.00	<input checked="" type="checkbox"/>
5-15-04	ID# CK# cash	Holly Compton 607 3rd St Bussey, IA 50044		\$ 50.00	<input checked="" type="checkbox"/>
5-15-04	ID# CK# cash	Doug Spaur 1787 B AV KNOXVILLE, IA 50138		\$ 20.00	<input checked="" type="checkbox"/>
5-15-04	ID# CK# cash	Susan Reed 1477 Circle Dr. KNOXVILLE, IA 50138	SISTER	20.00	<input checked="" type="checkbox"/>
SUB-TOTAL				\$ 460	
TOTAL (if last page of this schedule)				\$	

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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)
Reed for House

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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
5-15-04	ID# CK# cash	andy zellmer 504 5th st Bussey, IA 50044		\$ 10.00	<input checked="" type="checkbox"/>
5-15-04	ID# CK# cash	Craig Reed 2342 utha dr Bussey, IA 50044	Brother	\$ 50.00	<input checked="" type="checkbox"/>
5-15-04	ID# CK# cash	alfred Gomez 501 merrill st Bussey, IA 50044		\$ 30.00	<input checked="" type="checkbox"/>
5-15-04	ID# CK# cash	Jack Reed 1835 B 76 Bussey, IA 50044	Father	40.00	<input checked="" type="checkbox"/>
5-15-04	ID# CK# cash	Joe Flahun Box 155 Louisa, IA 50150		\$ 30.00	<input checked="" type="checkbox"/>
5-15-04	ID# CK# cash	Eugene Clark 844 East St Hamilton, IA 50116		\$ 10.00	<input checked="" type="checkbox"/>
5-15-04	ID# CK# cash	Dave Marshall 2004 S 9 St Oskaloosa, IA 52577		\$ 30.00	<input checked="" type="checkbox"/>
5-15-04	ID# CK# cash	Pass the hat in albion at Eagles.		\$ 48.33	<input checked="" type="checkbox"/>
5-15-04	ID# CK# 2375	Bob Reed 513th Box 695 Albia, IA 52531	Cousin	\$ 50.00	<input checked="" type="checkbox"/>
5-18-04	ID# CK# 3240	Lois Mick 1275 B Ave E Albia, IA 52531		\$ 30.00	<input checked="" type="checkbox"/>
SUB-TOTAL				\$ 328.33	
TOTAL (if last page of this schedule)				\$	

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SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
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CONTRIBUTIONS – MONEY TAKEN IN

(Including candidate's personal funds)

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

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<i>5-18</i>	ID# CK# <i>2128</i>	<i>Osran Haywood 901 S Aves Levitia, IA 50150</i>		\$ <i>35.00</i>	<input checked="" 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"/>
	ID# CK#				<input type="checkbox"/>
SUB-TOTAL				\$ <i>35.00</i>	
TOTAL (if last page of this schedule)				\$ <i>1348.33</i>	

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FOR INSTRUCTIONS, SEE BACK OF FORM

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

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.

SCHEDULE B (Rev. 09/97)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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
5-19-04	ID# CK# 1009	ANNIE DYKSTRA 3301 ELBA AV. EDDYVILLE, IA 52553	Sheet cake fundraiser meal.	\$66.00
5-15-04	ID# CK# 1010	50E 3583 11A AVE EAST @Ibia, IA 52531	Hall rental, keg of beer and cleanup deposit.	\$350.00
5-17-04	ID# CK# 1011	Doug Spaur 1787 B AVE. Knoxville, IA 50138	Meat for hog roast for fundraiser on 5-15-04	\$131.00
	ID# CK#			
SUB-TOTAL				\$
TOTAL (if last page of this schedule)				\$547.00

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 56.6(3)(i).)

