

**DISCLOSURE SUMMARY PAGE**

Reset Form

<b>FORM DR-2</b> (Rev. 07/2003)	<b>DISCLOSURE REPORT</b>
<b>For Office Use Only</b>	
Comm. #	1543
Logged In	<input checked="" type="checkbox"/>
Scanned	<input type="checkbox"/>
Computer	<input type="checkbox"/>
Audited	<input type="checkbox"/>

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

Heck for State Representative

**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

**CANDIDATE COMMITTEES ONLY:**

Candidate Name: Steven A. Heck Political Party: Democrat

Office Sought: House of Representatives District (if Senate or House): House 76

DISCLOSURE BOARD  
DEC 08 2004  
pm 12-7

SIGNATURE OF TREASURER (or person filing this report) \_\_\_\_\_ TELEPHONE 641 236-7544 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 Jan 19, 2004 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.) ..... \$ 638.31

**ADD TOTAL MONEY TAKEN IN THIS PERIOD**

Schedule A: Cash Contributions total (Attach Schedule A) (\*also see in-kind below) ..... 65.00

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** ..... \$ 703.31

**SUBTRACT TOTAL MONEY SPENT THIS PERIOD**

Schedule B: Expenditures total (Attach Schedule B) (\*\*also see debts and loans below).... 703.31

Schedule F: Loan Repayments total (Attach Schedule F)..... 0

**CASH ON HAND** at the end of this reporting period (if final report, balance must be zero) (Attach DR-3) ..... \$ 0

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

**\*\*IN KIND CONTRIBUTIONS** (From Schedule E - Attach Schedule E) slb 2126.86 ..... \$ 2,307.46

**\*\*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) ..... \$ \_\_\_\_\_

For Instructions, See Back of Form

Reset Form

SCHEDULE <b>A</b> (Rev. 07/03)	MONETARY RECEIPTS
<input checked="" 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)  
*Heck for State Representative*

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
9/18/04	ID# CK# 2779	ER SNOOK PO Box 701 Montezuma IA 50171		\$ 15.00	<input type="checkbox"/>
9/18/04	ID# CK# 1902	Barbara Bazyk 3994 AVE Chelsea		25.00	<input type="checkbox"/>
10/26/04	ID# CK# 4837	Susan Harbor 730 Ferguson Rd Grinnell IA 50112		25.00	<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"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

TOTAL (if last page of this schedule) \$ 65.00  
\$ 65.00

\* 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). 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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**EXPENDITURES – MONEY SPENT FROM COMMITTEE ACCOUNT**

SCHEDULE <b>B</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)  
*Heck for State Representative*

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
10/18/04	ID# CK# 1024	<i>Sigourne x News 114 E. Washington Sigourne, Ia 52591</i>	<i>Campaign Ad</i>	<i>\$ 60.00</i>
10/18/04	ID# CK# 1025	<i>what cheer paper 102N Barnes whatcheer, Ia 50268</i>	<i>Campaign Ad</i>	<i>24.00</i>
11/29/04	ID# CK# 1026	<i>Steve Heck 706 clay st malcan, Ia 50157</i>	<i>Incurred indebtedness, partial payment for phone bills and mileage previously reported</i>	<i>438.71</i>
	ID# CK#	<i>DM Register (from</i>	<i>ads in newspaper Sch E)</i>	<i>180.60</i>
	ID# CK#			

SUB-TOTAL \$ 522.71  
TOTAL (if last page of this schedule) \$ 522.71  
*SVB 703.31*

**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).)

FOR INSTRUCTIONS, SEE BACK OF FORM

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

Heck for state Representative

Reset Form

SCHEDULE <b>E</b> (Rev. 06/97)	IN KIND CONTRIBUTIONS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

g/B on sch B

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
10/19/04	Candidate	Self	phone Bills Sep 14 - Oct 9	\$ 24.43	<input type="checkbox"/>
11/2/04	DMG Register/Press center Des moines, Ia through MPC PO Box 208 manango, Ia 52301		7 ads put in papers	180.60	<input type="checkbox"/>
11/19/04	Candidate	Self	phone Bills Oct 10 - Nov 2	5.81	<input type="checkbox"/>
10/18 - 11/2/04	Candidate	Self	mileage 775 x .31	240.25	<input type="checkbox"/>
3/15/04 to 11/29/04	Candidate	Self	forgive debt for mileage/telephone	1,856.37	<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

SUB-TOTAL \$ 2307.46

TOTAL (if last page of this schedule) \$ 2307.46

s/B 2126.86

\*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.

# Notice of Dissolution



DEC 08 2004  
PM 12-7

FORM	(Rev. 07/03)
<b>DR-3</b> NOTICE OF DISSOLUTION	
<b>For Office Use Only</b>	
Comm. #	1543
Indexed	<input checked="" type="checkbox"/>
Audited	
Computer	DB
Certified Date of Dissolution	

### COMMITTEE NAME

Heck for State Representative
Official Name of Committee
706 Clay Street
Street
Malcom Iowa 50157
City, State, Zip Code
(641) 528-4005
Area Telephone
Code

### WHEN TO FILE:

The Notice of Dissolution must be filed within thirty (30) days of completion of all the following:

1. All debts, loans and obligations have been paid or transferred;
2. All campaign funds have been spent;
3. All campaign property sold or transferred (candidates only); and
4. A final report disclosing all transactions closing the committee.

For state candidates and state PACs, a final bank statement must be filed with the Notice of Dissolution or as soon as possible if the bank statement is not available at the time the Notice of Dissolution is filed.

Steven A. New 

Signature of Candidate or Treasurer (if candidate's committee)/Signature of Chair or Treasurer (if PAC)

11/27/04 12/10/04

Date Signed

### FOR INSTRUCTIONS, SEE BACK OF FORM

This form is not applicable to statutory political committees.