

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

Reset Form

FORM DR-2 (Rev. 07/2003)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	<u>1353</u>
Logged In	<u>[Signature]</u>
Scanned	_____
Computer	_____
Audited	_____

COMMITTEE NAME (Must be Same as on Statement of Organization)
 OWEN FOR IOWANS

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

FILED
 JAN 20 2005
 PM 1-19

CANDIDATE COMMITTEES ONLY:

Candidate Name MIKE OWEN	Political Party DEMOCRATIC
Office Sought STATE REPRESENTATIVE	District (if Senate or House) HD 79

[Signature] 319-643-3155 1/19/05
 SIGNATURE OF TREASURER (or person filing this report) TELEPHONE 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 DECEMBER 31, 2004 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.)	\$ 16,480.24
ADD TOTAL MONEY TAKEN IN THIS PERIOD	
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)	7,621.00
Schedule F: Loans Received total (Attach Schedule F)	_____
Schedule H: Total Sales of Campaign Property (Attach Schedule H)	_____
<u>(Schedule H applies to Candidates' Committees Only)</u>	
SUB-TOTAL \$	24,101.24
SUBTRACT TOTAL MONEY SPENT THIS PERIOD	
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)	17,784.55
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)	\$ 6,316.69
**UNPAID BILLS (From Schedule D - Attach Schedule D)	\$ 1,077.15
*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)	\$ 1,531.50
**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)	\$ - 0 -
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)	\$ - 0 -

For Instructions, See Back of 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)
OWEN FOR IOWANS

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
10/27/04	ID# CK#	LYLE KREWSON 6403 AURORA UNIT 3 URBANDALE, IA 50322		\$ 40.00	<input type="checkbox"/>
10/27/04	ID# CK#	HERBERT HEINICKE 1302 W BOSTON INDIANOLA, IA 50125		10.00	<input type="checkbox"/>
10/27/04	ID# CK#	DUANE SAND 8998 GOLDEN VALLEY DR NORWALK, IA 50211		25.00	<input type="checkbox"/>
10/27/04	ID# CK#	CRAIG COX 1204 MARSTON AVE AMES, IA 50010		25.00	<input type="checkbox"/>
10/27/04	ID# CK#	G. DAVID HURD 300 WALNUT ST, #183 DES MOINES, IA 50309		100.00	<input type="checkbox"/>
10/27/04	ID# CK#	LINDA KINMAN 3301 EULA DR URBANDALE, IA 50322		25.00	<input type="checkbox"/>
10/27/04	ID# CK#	STEPHEN VEYSEY 919 MURRAY DR AMES, IA 50010		20.00	<input type="checkbox"/>
10/27/04	ID# CK#	DON BRAZELTON 1510 NE TRILEIN DRIVE ANKENY, IA 50021		15.00	<input type="checkbox"/>
10/27/04	ID# CK#	LANA ROSS 502 N 5TH ST MARSHALLTOWN, IA 50158		25.00	<input type="checkbox"/>
10/27/04	ID# 6418 CK# 1032	IOWA CITY FEDERATION OF LABOR 102 - 2ND AVE CORALVILLE, IA 52241		75.00	<input type="checkbox"/>
SUB-TOTAL				\$ 360.00	
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



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) OWEN FOR IOWANS

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
10/28/04	ID# 6113 CK# 3024	AFSCME/IOWA COUNCIL 61 PEOPLE 4320 NW 2ND AVE DES MOINES, IA 50313		\$ 500.00	<input type="checkbox"/>
10/29/04	ID# 8026 CK# 7987	IBEW PAC 1125 - 15TH ST NW WASHINGTON, DC 2005		5,000.00	<input type="checkbox"/>
10/30/04	ID# CK#	ROBERT DVORSKY 412 - 6TH ST CORALVILLE, IA 52241		50.00	<input type="checkbox"/>
10/30/04	ID# CK#	PETER HUSAK 2911 - 12TH AVE EXT NE NORTH LIBERTY, IA		25.00	<input type="checkbox"/>
10/30/04	ID# CK#	MARK NILES 1319 PLUM ST TIPTON, IA 52772		50.00	<input type="checkbox"/>
11/01/04	ID# 8178 CK# 2659	LOCAL 150 - IUOE LOCAL AREA PAC 6200 JOLIET ROAD COUNTRYSIDE, IL 60525		500.00	<input type="checkbox"/>
11/02/04	ID# CK#	UNITEMIZED (BASKET)		172.00	<input type="checkbox"/>
11/02/04	ID# CK#	CHRISTINE MCCARTHY 32 GREENVIEW DR WEST BRANCH, IA 52358		20.00	<input type="checkbox"/>
11/02/04	ID# CK#	KEITH WHITLATCH 707 KING AVE STANWOOD, IA 52337-9619		50.00	<input type="checkbox"/>
11/02/04	ID# CK#	JOAN GIBSON 306 W ORANGE ST WEST BRANCH, IA 52358		25.00	<input type="checkbox"/>
SUB-TOTAL				\$ 6,392.00	
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



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)
OWEN FOR IOWANS

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
11/02/04	ID# CK#	ROBIN ANDERSON 588 - 280TH ST WEST BRANCH, IA 52358		\$ 50.00	<input type="checkbox"/>
11/02/04	ID# CK#	NICK ARENSDORF 202 W 8TH ST TIPTON, IA 52772		25.00	<input type="checkbox"/>
11/02/04	ID# CK#	CLARA OLESON 1888 FOX AVE WEST BRANCH, IA 52358		50.00	<input type="checkbox"/>
11/02/04	ID# CK#	CLEO FERGUSON 1102 NORTH TIPTON, IA 52772		5.00	<input type="checkbox"/>
11/02/04	ID# CK#	JAMES COTTINGHAM 1996 DELTA AVE WEST BRANCH, IA 52358		10.00	<input type="checkbox"/>
11/02/04	ID# CK#	EDITH SINCLAIR 427 E GREEN ST WEST BRANCH, IA 52358		25.00	<input type="checkbox"/>
11/02/04	ID# CK#	DAVE BRADLEY 520 E THIRD ST WEST LIBERTY, IA 52776		40.00	<input type="checkbox"/>
11/02/04	ID# CK#	BOB CLINE 719 N CALHOUN WEST LIBERTY, IA 52776		10.00	<input type="checkbox"/>
11/02/04	ID# CK#	KEN NOBLE 1568 - 100TH ST WEST LIBERTY, IA 52776		40.00	<input type="checkbox"/>
11/02/04	ID# CK#	UNITEMIZED (BASKET)		29.00	<input type="checkbox"/>
SUB-TOTAL				\$ 284.00	
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



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)
 OWEN FOR IOWANS

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
11/02/04	ID# CK#	ROBERT MALONE 1748 DELTA AVE WEST BRANCH, IA 52358		\$ 25.00	<input type="checkbox"/>
11/02/04	ID# CK#	CHERYL MALONE 1748 DELTA AVE WEST BRANCH, IA 52358		25.00	<input type="checkbox"/>
11/02/04	ID# CK#	JEANETTE THOMAS 564 OLIPHANT ST WEST BRANCH, IA 52358		100.00	<input type="checkbox"/>
11/02/04	ID# CK#	LOUIS PICEK 110 W MAIN ST WEST BRANCH, IA 52358		10.00	<input type="checkbox"/>
11/02/04	ID# CK#	CLAUDIA WALLICK 209 N DOWNEY ST WEST BRANCH, IA 52358		10.00	<input type="checkbox"/>
11/02/04	ID# CK#	JOHN BEECHER PO BOX 872 WEST BRANCH, IA 52358		20.00	<input type="checkbox"/>
11/12/04	ID# CK#	MARIA VELEZ 110 E 5TH ST WEST LIBERTY, IA 52776		20.00	<input type="checkbox"/>
11/12/04	ID# CK#	DORA STOOLMAN 326 N FIRST ST WEST BRANCH, IA 52358		20.00	<input type="checkbox"/>
11/12/04	ID# CK#	ALICE LOPEZ PO BOX 400 LOWDEN, IA 52255		50.00	<input type="checkbox"/>
11/12/04	ID# CK#	DONALD CROCK 316 NORTH ST TIPTON, IA 52772		20.00	<input type="checkbox"/>

SUB-TOTAL
 \$ 300.00
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



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)
OWEN FOR IOWANS

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
11/12/04	ID# CK#	PAULA WERLING 508 E 4TH TIPTON, IA 52772		\$ 20.00	<input type="checkbox"/>
11/12/04	ID# CK#	LOUISE CROCK 103 SUNRISE DRIVE TIPTON, IA 52772		20.00	<input type="checkbox"/>
11/12/04	ID# CK#	JEAN FRAUENHOLTZ 109 VALLEY ROAD WEST BRANCH, IA 52358		10.00	<input type="checkbox"/>
11/12/04	ID# CK#	RAYMOND ROUSE 1206 PLUM ST TIPTON, IA 52772		20.00	<input type="checkbox"/>
11/12/04	ID# CK#	MARGERY MAHER 906 LYNN ST TIPTON, IA 52772		10.00	<input type="checkbox"/>
11/12/04	ID# CK#	JOE ANN AHRENSEN 1310 NORTH AVE TIPTON, IA 52772		40.00	<input type="checkbox"/>
11/12/04	ID# CK#	LINDA CARRILLO 320 N 4TH ST WEST BRANCH, IA 52358		50.00	<input type="checkbox"/>
11/12/04	ID# CK#	VIVIAN SUCHOMEL 1210 NORTH AVE TIPTON, IA 52772		10.00	<input type="checkbox"/>
11/12/04	ID# CK#	JAMES MOORE 1106 PLUM ST TIPTON, IA 52772		5.00	<input type="checkbox"/>
11/12/04	ID# CK#	VERNA KRUSE 601 INLAND RD TIPTON, IA 52772		20.00	<input type="checkbox"/>
SUB-TOTAL				\$ 205.00	
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



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)
OWEN FOR IOWANS

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
11/12/04	ID# CK#	CLARENCE CREW 181 - 290TH ST WEST BRANCH, IA 52358		\$ 35.00	<input type="checkbox"/>
11/12/04	ID# CK#	CHRIS CLARK 311 MAIN ST MUSCATINE, IA 52761		20.00	<input type="checkbox"/>
11/12/04	ID# CK#	DEBORAH DONOHOE 1453 PLATO RD WEST BRANCH, IA 52358		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
\$ 80.00
TOTAL (if last page of this schedule)
\$ 7,621.00

* 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

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)
OWEN FOR IOWANS

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
10/27/04	ID# CK#	Visuality Media Productions 5980 Executive Drive, Suite A Madison, WI 53719-5302	Advertising	\$ 10,000.00
10/27/04	ID# CK#	Community State Bank 801 West Main St West Branch, IA 52358	Wire Transfer Fee	12.00
10/27/04	ID# CK# 1098	KZIA 1110 26th Ave SW Cedar Rapids, IA 52404	Advertising	1,604.00
10/29/04	ID# CK#	Visuality Media Productions 5980 Executive Drive, Suite A Madison, WI 53719-5302	Advertising	5,000.00
10/29/04	ID# CK#	Community State Bank 801 West Main St West Branch, IA 52358	Wire Transfer Fee	12.00
11/12/04	ID# CK# 1099	West Branch Times 124 West Main St West Branch, IA 52358	Advertising	1,021.20
11/18/04	ID# CK# 1100	Wilton-Durant Advocate News 410 Cedar St Wilton, IA 52778	Advertising	32.00
11/18/04	ID# CK# 1101	Kim Jones 3407 Grand Ave., Apt 224 Des Moines, IA 50312	Mileage & Meals	103.35
SUB-TOTAL				\$ 17,784.55
TOTAL (if last page of this schedule)				\$ 17,784.55

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)
OWEN FOR IOWANS

NOTE: Debts previously reported that remain unpaid must be included on this Schedule, as well as any new obligations incurred in this period.



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

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.

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*
10/25/04	KEVIN BOYD 685 - 19TH ST APT 7 DES MOINES, IA 50314	PIZZA, BEVERAGES FOR FUNDRAISER	\$ 59.04
11/01/04	CARTER PRINTING 1739 EAST GRAND AVE DES MOINES, IA 50316	FLYERS	168.54
2/19/04	MIKE OWEN 563 OLIPHANT ST WEST BRANCH, IA 52358	PIZZA, BEVERAGES FOR FUNDRAISER	383.06
10/15-26/04	MIKE OWEN 563 OLIPHANT ST WEST BRANCH, IA 52358	MILEAGE (989 MI @ \$.20/MILE)	197.80
9/17-11/2/4	MIKE OWEN 563 OLIPHANT ST WEST BRANCH, IA 52358	PHONE CALLS (FROM 11/1, 12/1 BILLS)	89.20
10/27-11/2/4	MIKE OWEN 563 OLIPHANT ST WEST BRANCH, IA 52358	MILEAGE (580 MI @ \$.20/MILE)	116.00
11/10-11/04	WEST BRANCH TIMES PO BOX 368 WEST BRANCH, IA 52358	ADVERTISING	63.51
SUB-TOTAL			\$ 1,077.15
TOTAL DEBTS OWED BY COMMITTEE AT THE END OF THIS REPORTING PERIOD			\$ 1,077.15

*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.

FOR INSTRUCTIONS, SEE BACK OF FORM

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

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
10/14-12/31	KEVIN KELLY PO BOX 11158 CEDAR RAPIDS, IA 52410		WEB HOSTING (2.5 MONTHS)	\$ 37.50	<input type="checkbox"/>
10/27/04	MIKE OWEN 563 OLIPHANT ST WEST BRANCH, IA 52358	SELF	COMPUTER, EMAIL USE (\$20/MONTH)	50.00	<input type="checkbox"/>
9/14-21/04	SEIU 199 COPE FUND 102 - 2ND AVE CORALVILLE, IA 52241		PHONE CALLING	436.00	<input type="checkbox"/>
10/17-19/04	SEIU 199 COPE FUND 102 - 2ND AVE CORALVILLE, IA 52241		PHONE CALLING	1,008.00	<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				\$ 1,531.50	
TOTAL (if last page of this schedule)				\$ 1,531.50	

*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.