

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

Reset Form

FORM DR-2 (Rev. 07/2004)	DISCLOSURE REPORT
For Office Use Only	
Comm. # <u>1458</u>	Logged In <u>[Signature]</u>
Scanned _____	Computer _____
Audited _____	

COMMITTEE NAME (Must be same as on Statement of Organization)
Committee to Elect Alan Steckman

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 Alan Steckman Political Party (if applicable) Democratic
 Office Sought House of Representatives District (if Senate or House) 13

Late reports are subject to possible civil and criminal penalties.

Alan Steckman 641-424-9362 02-02-2005
 SIGNATURE OF PERSON FILING REPORT TELEPHONE DATE SIGNED

I AM FILING A January 19, 2005 REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR.
 (report date) Indicate by #

- 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.) \$ 5.87

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (~also see in-kind below) 0.00

Schedule F: Loans Received total (Attach Schedule F) 0.00

Schedule H: Total Sales of Campaign Property (Attach Schedule H) 0.00

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL \$ 5.87

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (~also see debts and loans below) 0.00

Schedule F: Loan Repayments total (Attach Schedule F) 5.87

CASH ON HAND at the end of this reporting period (if final report balance must be zero) (Attach DR-3) \$ 0.00

**UNPAID BILLS (From Schedule D - Attach Schedule D) \$ 0.00

**IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E) SB 3401.43 \$ 0.00

**OUTSTANDING LOANS (From Schedule F - Attach Schedule F) SB 0 \$ 3407.30

CANDIDATE COMMITTEES ONLY:

CONSULTANT BREAKDOWN (Schedule G Attached?) YES NO

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H) \$ 0.00

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COMMITTEE NAME (Must be same as on Statement of Organization)
 Committee to Elect Alan Steckman

SCHEDULE F (Rev. 07/03)	LOANS RECEIVED & REPAYD
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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

TOTAL UNPAID LOANS FROM LAST REPORTING PERIOD \$ 3407.30

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) \$ _____

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 REPAYD
02/02/05	Alan Steckman 1038 15th Street, NE Mason City, IA 50401-1420		\$ 5.87

TOTAL CASH REPAYMENTS (PART II) \$ 5.87
 From Schedule E - TOTAL LOANS FORGIVEN \$ 3401.43
 TOTAL OUTSTANDING LOANS END OF REPORT PERIOD \$ 0.00

*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 when it applies.

Notice of Dissolution



Mail to:
 IECDB
 510 East 12th, Suite 1A
 Des Moines, Iowa 50319

FILED
 FEB 2 2005

FORM	(Rev. 07/03)
DR-3 NOTICE OF DISSOLUTION	
For Office Use Only	
Comm. #	1458
Indexed	_____
Audited	_____
Computer	DB
Certified Date of Dissolution	_____

COMMITTEE NAME

Committee to Elect Alan Steckman	
Official Name of Committee	
1038 15th Street, NE	
Street	
Mason City, Iowa 50401-1420	
City, State, Zip Code	
641	424-9362
()	
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.

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

02-02-2005

Date Signed

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This form is not applicable to statutory political committees.