

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE



FORM <b>DR-2</b> (Rev. 12/2005)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	1428
Logged In	SW
Scanned	
Computer	WPS
Audited	7-7-07

COMMITTEE NAME (Must be same as on Statement of Organization)  
COMMITTEE TO ELECT STEVE LUKAN

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 <u>STEVEN F. LUKAN</u>	Political Party (if applicable) <u>R</u>
Office Sought <u>STATE REPRESENTATIVE</u>	District (if Senate or House) <u>HD 32</u>

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code section 68B.32A(7) the candidate, for a candidate's committee, and the chairperson, for any other type of committee, is the individual responsible for filing timely and accurate reports.

Steven F. Lukan 563-590-5213  
SIGNATURE OF PERSON FILING REPORT TELEPHONE DATE SIGNED 1/17/06

IA ETHICS AND CAMPAIGN DISCLOSURE BD.  
2007 JUN -7 AM 9:45  
h.d.

JAN 18 2006  
NO  
1/17/06

I AM FILING A 19 JAN 06 REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR.  
(report date) Indicate by #

CHECK IF AMENDMENT TO REPORT DATED 1-17-06  
 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.) .....\$ 1555.17

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (\*also see in-kind below)..... 2532.11

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

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

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL .....\$ 3587.28

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (\*\*also see debts and loans below) ..... 500.00

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) .....\$ 3,587.28

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

\*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E) .....\$ 650.27

\*\*OUTSTANDING LOANS (From Schedule F - Attach Schedule F) .....\$ \_\_\_\_\_

CONSULTANT BREAKDOWN (Schedule G Attached?) \_\_\_\_\_ YES \_\_\_\_\_ NO

CANDIDATE COMMITTEES ONLY:

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

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

**EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT**

SCHEDULE <b>B</b> (Rev. 07/03)	MONETARY EXPENDITURES
<input checked="" 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 Steve Lukan*

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
4-13-05	ID# 9161 CK#	Republican Party of Iowa	LMF	\$500.00
	ID# CK#			
SUB-TOTAL				\$
<b>TOTAL (if last page of this schedule)</b>				\$

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD  
2007 JUN -7 AM 9:43

**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

Reset Form

DISCLOSURE SUMMARY PAGE

FORM DR-2 (Rev. 12/2005) DISCLOSURE REPORT For Office Use Only Comm. # 1428 Logged In SW Scanned Computer WRS Audited 5-10-07

COMMITTEE NAME (Must be same as on Statement of Organization) COMMITTEE TO ELECT STEVE LUKAN IMPORTANT: Indicate by # type of committee you are reporting for: 1

CANDIDATE COMMITTEES ONLY: Candidate Name STEVEN F. LUKAN Political Party (if applicable) R Office Sought STATE REPRESENTATIVE District (if Senate or House) HD 32

JAN 18 2006 NO 1/17/06

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code section 68B.32A(7) the candidate, for a candidate's committee, and the chairperson, for any other type of committee, is the individual responsible for filing timely and accurate reports.

SIGNATURE OF PERSON FILING REPORT STEVEN F. LUKAN TELEPHONE 563-590-5213 DATE SIGNED 1/17/06

I AM FILING A 19 JAN 06 REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR. (report date) Indicate by #

CHECK IF AMENDMENT TO REPORT DATED See amended report CHECK IF THIS IS FINAL (TERMINATION) REPORT AND ATTACH NOTICE OF DISSOLUTION FORM DR-3. 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.) \$ 1055.17 ADD TOTAL MONEY TAKEN IN THIS PERIOD Schedule A: Cash Contributions total (Attach Schedule A) (\*also see in-kind below) 2532.11 Schedule F: Loans Received total (Attach Schedule F) Schedule H: Total Sales of Campaign Property (Attach Schedule H) (Schedule H applies to Candidates' Committees Only) SUB-TOTAL \$ 3587.28 SUBTRACT TOTAL MONEY SPENT THIS PERIOD Schedule B: Expenditures total (Attach Schedule B) (\*\*also see debts and loans below) N/A 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) \$ 3,587.28

\*\*UNPAID BILLS (From Schedule D - Attach Schedule D) \$ \*\*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E) \$ 650.27 \*\*OUTSTANDING LOANS (From Schedule F - Attach Schedule F) \$ CONSULTANT BREAKDOWN (Schedule G Attached?) YES NO CANDIDATE COMMITTEES ONLY: VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H) \$ STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

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

**A**  
 (Rev. 07/03) MONETARY RECEIPTS

CHECK THIS BOX IF AMENDING FORM

COMMITTEE NAME (Must be same as on Statement of Organization)  
**COMMITTEE TO ELECT STEVE LUKAN**

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
6/21/05	ID# 0027 CK# 2284	DEERE PAC IOWA 666 GRAND AVE DES MOINES, IA 50309		\$ 500.00	
8/8/05	ID# CK#	DEPOSIT ICE CREAM SOCIAL FUNDRAISER		232.11	✓
8/15/05	ID# CK#	JEFF HEFEL PALM CT DUBUQUE, IA		150.00	
8/16/05	ID# CK#	Martin Ahndt Monticello, IA		100.00	
10/5/05	ID# CK#	KEN DEKLOTZ 20796-262nd ST. DELHI, IA 52223		25.00	
10/5/05	ID# CK#	BOB GALIHER 20932-262nd ST. DELHI, IA 52223		50.00	
10/25/05	ID# CK# 6455	HULTMAN COMPANY (NON CORP) 1205 -57th ST, West Des Moines, 50266		100.00	
10/25/05	ID# CK#	TOM COPE 8532 NEWBURY CT JOHNSTON, IA 50131		75.00	
10/25/05	ID# 6400 CK# 509	IOWA RESTAURANT ASSC PAC NO 6400 DES MOINES, IA 50322		100.00	
10/25/05	ID# 6058 CK# 2699	IOWA CHIROPRACTIC SOC, ANKENY, IA 50021-4159		100.00	
SUB-TOTAL				\$ 1432.11	
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 <b>A</b> (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)  
COMMITTEE TO ELECT STEVE LUKAN

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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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
✓ 10/25/05	ID# 6101 CK# 3147	MOTOR CARRIERS PAC P.O. BOX 6121 DES MOINES, IA 50309		\$ 250.00	<input type="checkbox"/>
✓ 10/25/05	ID# 6069 CK# 2285	<del>II</del> II PAC 904 WALNUT, SUITE 100 DES MOINES, IA 50309		100.00	<input type="checkbox"/>
✓ 10/25/05	ID# 6052 CK# 2938	INDEPENDENT INS PAC 400 WESTOWN PKY STE 200 WEST DES MOINES, IA 50265		200.00	<input type="checkbox"/>
10/26/05	ID# CK# 1161	CRAIG PATTERSON 809 LITTLE BEAVER DR. GRIMES, IA 50111-1117		50.00	<input type="checkbox"/>
✓ 11/18/05	ID# 6488 CK# 1245	IOWA PROVIDERS PAC		200.00	<input type="checkbox"/>
11/18/05	ID# CK#	ED LUKAN	FATHER	100.00	<input type="checkbox"/>
✓ 12/31/05	ID# 6067 CK# 3325	IOWA HEALTH PAC		100.00	<input type="checkbox"/>
12/6/05	ID# CK# 1036	JIM Zehnd 1592 NW 102nd ST CLIVE, IA, 50325		100.00	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

\$ 1100.00

TOTAL (if last page of this schedule)

\$ 2832.11 ✓

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