

Filed 10-19-06

FOR INSTRUCTIONS, SEE BACK OF FORM

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DISCLOSURE SUMMARY PAGE

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

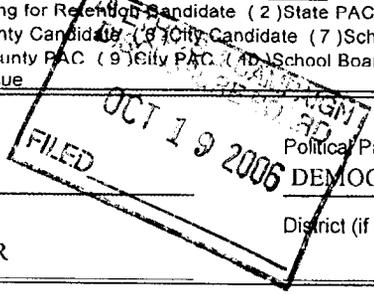
BARB NUSS FOR HARDIN COUNTY RECORDER

IMPORTANT: Indicate by # type of committee you are reporting for: 5
( 1 ) Statewide/Legislative/Judge Standing for Re-election 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 BARB NUSS Political Party (if applicable) DEMOCRAT

Office Sought HARDIN COUNTY RECORDER District (if Senate or House)



FORM DR-2 DISCLOSURE REPORT (Rev. 12/2005)

For Office Use Only

Comm. #
Logged In
Scanned
Computer
Audited

File with: Iowa Ethics and Campaign Disclosure Board 510 E. 12th, Ste. 1A Des Moines, Iowa 50319 Fax: 515-281-3701

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.

Roger Nuss, Treasurer
SIGNATURE OF PERSON FILING REPORT

641-648-4285
TELEPHONE

10-18-2006
DATE SIGNED

I AM FILING A OCTOBER 19, 2006 REPORT FOR (1) ELECTION ((2) NON-ELECTION YEAR.
(report date) Indicate by # 1

CHECK IF AMENDMENT TO REPORT DATED

Check if this is a final report and attach Notice of Disposition Form DR-3. (You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election 11/07/06
County & Local Committees, enter County in which Election is held HARDIN

STATEMENT OF CASH ON HAND

Table with 2 columns: Description and Amount. Rows include CASH ON HAND at beginning (1,271.65), ADD TOTAL MONEY TAKEN IN THIS PERIOD (Schedule A: 2,093.80), SUB-TOTAL (3,365.45), SUBTRACT TOTAL MONEY SPENT THIS PERIOD (Schedule B: 1,936.16), CASH ON HAND at the end (1,429.29).

\*\*UNPAID BILLS (From Schedule D - Attach Schedule D)
\*\*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E) 3,479.28
\*\*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

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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)  
BARB NUSS FOR HARDIN COUNTY RECORDER

**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 STATE PAC (POLITICAL ACTION COMMITTEE) IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

**CAUTION:** Section 68B.32A(6), 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
8/8/2006	ID# CK#	JOHN KORN, DAVENPORT, IA		\$100.00	<input type="checkbox"/>
8/8/2006	ID# CK#	MARY LAWLER, IOWA FALLS, IA		25.00	<input type="checkbox"/>
8/8/2006	ID# CK#	MARTHA GREER, DAVENPORT, IA		25.00	<input type="checkbox"/>
8/8/2006	ID# CK#	STEPHANIE BILOKONSKY, STRONGSVILLE, OH		100.00	<input type="checkbox"/>
8/8/2006	ID# CK#	BOB DUNLAY, IOWA FALLS, IA		25.00	<input type="checkbox"/>
9/8/2006	ID# CK#	MARY BETH LAWLER, IOWA FALLS, IA		100.00	<input type="checkbox"/>
9/12/2006	ID# CK#	JERRY WELDEN, IOWA FALLS, IA		100.00	<input type="checkbox"/>
9/12/2006	ID# CK#	UNITEMIZED CONTRIBUTIONS		20.00	<input type="checkbox"/>
9/17/2006	ID# CK#	SANDY BERNDT, BUCKEYE, IA		50.00	<input type="checkbox"/>
9/17/2006	ID# CK#	PATRICIA CLARK, SAN FRANCISCO, CA		50.00	<input type="checkbox"/>
SUB-TOTAL				\$ 595.00	
<b>TOTAL (if last page of this schedule)</b>				\$	

\* 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

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)  
**BARB NUSS FOR HARDIN COUNTY RECORDER**

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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
9/17/2006	ID# CK#	JUDY FINNEGAN, IOWA FALLS, IA		\$25.00	<input type="checkbox"/>
9/17/2006	ID# CK#	MARIAN GELB, DES MOINES, IA		100.00	<input type="checkbox"/>
9/17/2006	ID# CK#	CRAIG HARRIS, IOWA FALLS, IA		75.00	<input type="checkbox"/>
9/17/2006	ID# CK#	GARY HOFFMAN, IOWA FALLS, IA		25.00	<input type="checkbox"/>
9/17/2006	ID# CK#	WILLIAM GILBERT, IOWA FALLS, IA		25.00	<input type="checkbox"/>
9/17/2006	ID# CK#	JAMES JOHNSON, ELDORA, IA		25.00	<input type="checkbox"/>
9/17/2006	ID# CK#	KENNETH KUPER, IOWA FALLS, IA		30.00	<input type="checkbox"/>
9/17/2006	ID# CK#	JAMES MURRA, IOWA FALLS, IA		50.00	<input type="checkbox"/>
9/17/2006	ID# CK#	JOHN NISSLY, IOWA FALLS, IA		25.00	<input type="checkbox"/>
9/17/2006	ID# CK#	ROGER NISSLY, IOWA, IA		100.00	<input type="checkbox"/>

SUB-TOTAL  
 \$ 480.00  
**TOTAL (if last page of this schedule)**  
 \$

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For Instructions, See Back of Form

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<b>SCHEDULE</b> <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)  
 BARB NUSS FOR HARDIN COUNTY RECORDER

**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
9/17/2006	ID# CK#	GLORIA REBER,IOWA FALLS,IA		\$200.00	<input type="checkbox"/>
9/17/2006	ID# CK#	DONNA ROBERTS,IOWA FALL,IA		25.00	<input type="checkbox"/>
9/17/2006	ID# CK#	GAR SCHNEIDER,ALDEN,IA		25.00	<input type="checkbox"/>
9/17/2006	ID# CK#	SHARON TREINEN,ACKLEY,IA		25.00	<input type="checkbox"/>
9/17/2006	ID# CK#	UNITEMIZED CONTRIBUTIONS		443.80	<input type="checkbox"/>
10/4/2006	ID# CK#	KATHERINE BROER,IOWA FALLS,IA		25.00	<input type="checkbox"/>
10/4/2006	ID# CK#	KURT KELSEY,IOWA FALLS,IA		100.00	<input type="checkbox"/>
10/4/2006	ID# CK#	RUTH KNESS,IOWA FALLS,IA		25.00	<input type="checkbox"/>
10/4/2006	ID# CK#	ROBERT FULLER,IOWA FALLS,IA		50.00	<input type="checkbox"/>
10/4/2006	ID# CK#	PATRICIA WHITESELL,IOWA FALLS,IA		100.00	<input type="checkbox"/>
<b>SUB-TOTAL</b>				<b>\$ 1018.80</b>	
<b>TOTAL (if last page of this schedule)</b>				<b>\$ 2093.80</b>	

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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)

BARB NUSS FOR HARDIN COUNTY RECORDER

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
8/8/2006	ID# CK# 1002	D-WORKS SCREENPRINTING,402 FAIRVIEW ST. DOWS,IA 50071	PURCHASE OF T-SHIRTS	\$ 258.94
8/23/2006	ID# CK# 1003	U.S. POSTMASTER, MAIN STREET IOWA FALLS,IA 50126	POSTAGE	48.00
8/23/2006	ID# CK# 1004	RAEZY PAIGES,613 WASHINGTON AVE. IOWA FALLS,IA 50126	POSTCARDS & SIGNS	98.01
9/7/2006	ID# CK# 1005	DONAHUE SIGNS,11205 HELBER RD.LOGAN, OH 43138	YARD SIGNS	1297.95
9/27/2006	ID# CK# 1006	HERALD-INDEX, ELDORA,IA 50627	ADVERTISING	28.40
9/27/2006	ID# CK# 1007	KDAO RADIO, ELDORA,IA 50627	ADVERTISING	52.00
10/3/2006	ID# CK# 1008	RAEZY PAIGES,613 WASHINGTON AVE. IOWA FALLS,IA 50126	BROCHURES,SIGNS,LABELS, ETC. FOR CAMPAIGN	72.61
10/4/2006	ID# CK# 1009	HEIRLOOM PRODUCTIONS,611 IOWA ST. IOWA FALLS,IA 50126	PHOTOGRAPHY FOR ADS	80.25
<b>SUB-TOTAL</b>				<b>\$ 1936.16</b>
<b>TOTAL (if last page of this schedule)</b>				<b>\$ 1936.16</b>

**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)  
 BARB NUSS FOR HARDIN COUNTY RECORDER

**Reset Form**

<b>SCHEDULE E</b> (Rev. 06/97)	IN-KIND CONTRIBUTIONS
<input type="checkbox"/> 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
7/20/2006	BARB NUSS,620 FREMONT ST.,IOWA FALLS, IA 50126	N/A	SIGNS & BADGES	\$ 35.86	<input type="checkbox"/>
7/21/2006	BARB NUSS,620 FREMONT ST.,IOWA FALLS,IA 50126	N/A	BUSINESS CARDS	38.14	<input type="checkbox"/>
7/22/2006	BARB NUSS,620 FREMONT ST.,IOWA FALLS, IA 50126	N/A	FANS & BUTTONS	470.90	<input type="checkbox"/>
7/23/2006	BARB NUSS,620 FREMONT ST.,IOWA FALLS, IA 50126	N/A	STRESS BALLS	561.55	<input type="checkbox"/>
7/24/2006	BARB NUSS,620 FREMONT ST.,IOWA FALLS, IA 50126	N/A	TWIZZLERS FOR PARADES	272.47	<input type="checkbox"/>
7/24/2006	BARB NUSS,620 FREMONT ST.,IOWA FALLS, IA 50126	N/A	BUS. CARDS & SIGNS	82.01	<input type="checkbox"/>
8/16/2006	BARB NUSS,620 FREMONT ST.,IOWA FALLS,IA 50126	N/A	POSTCARDS FOR MAILING	98.01	<input type="checkbox"/>
8/24/2006	BARB NUSS,620 FREMONT ST.,IOWA FALLS, IA 50126	N/A	POSTAGE	57.60	<input type="checkbox"/>
9/5/2006	BARB NUSS,620 FREMONT ST.,IOWA FALLS, IA 50126	N/A	FOOD FOR FUNDRAISER	97.76	<input type="checkbox"/>
9/10/2006	BARB NUSS,620 FREMONT ST.,IOWA FALLS, IA 50126	N/A	FOOD FOR FUNDRAISER	101.53	<input type="checkbox"/>
SUB-TOTAL				\$ 1,815.83	
TOTAL (if last page of this schedule)				\$	

\*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.

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**COMMITTEE NAME** (Must be same as on Statement of Organization)  
 BARB NUSS FOR HARDIN COUNTY RECORDER

Reset Form

SCHEDULE <b>E</b> (Rev 06/97)	IN-KIND CONTRIBUTIONS
<input type="checkbox"/> 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
9/10/2006	BARB NUSS,620 FREMONT ST.,IOWA FALLS, IA 50126	N/A	DRINK FOR FUNDRAISER	\$ 5.92	<input type="checkbox"/>
10/4/2006	BARB NUSS,620 FREMONT ST.,IOWA FALLS, IA 50126	N/A	FOOD FOR FUNDRAISER	57.99	<input type="checkbox"/>
10/6/2006	JERRY WELDEN,202 GLEN DR.,IOWA FALLS, IA 50126	N/A	BOAT CLUB RENTAL	344.54	<input type="checkbox"/>
10/10/2006	RUVEN JIMENEZ,11402 J AVE.,IOWA FALLS, IA 50126	N/A	PAMPHLETS FOR CAMPAIGN	1,255.00	<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
SUB-TOTAL				\$	1,663.45
TOTAL (If last page of this schedule)				\$	3,479.28

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