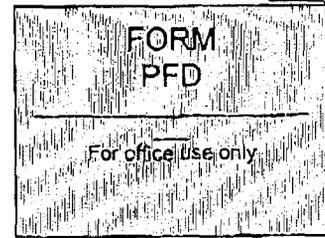


**Mail to:**  
 IECDB  
 514 East Locust, Suite 104  
 Des Moines, Iowa 50309-1912  
 Or Fax: (515)281-3701

APR 29 2004



# Iowa Ethics and Campaign Disclosure Board

Required by Iowa Code section 68B.35 and Board rules in 351 IAC Chapter 7.

<b>Personal Financial Disclosure Statement</b>
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Name: ANTHONY D. PRUSTIAN  
 Please type or print legibly

Agency or department: DES MOINES AREA COMMUNITY COLLEGE

Position held: PROVOST, WEST CAMPUS

This statement is for Calendar Year 2003. Check if this is an amended statement.   
 (This statement is required to cover the calendar year preceding the year the report is due.)

\*\*\*\*\*

General instructions: Complete each of Parts A, B and C below. Attach additional pages if necessary.

\*\*\*\*\*

**Part A. Business, Occupation, or Profession.** By position or job title, list each business, occupation, or profession in which you were engaged during the previous calendar year, including the name and nature of each business or employer.

1. PROVOST, DES MOINES AREA COMMUNITY COLLEGE WEST CAMPUS
2. ADJUNCT PROFESSOR, DRAKE UNIVERSITY
3. ADJUNCT PROFESSOR, UNIVERSITY OF ST. FRANCIS
4. ADJUNCT PROFESSOR, DES MOINES UNIVERSITY
5. \_\_\_\_\_

3. **Trusts and Estates.** State the nature or type of all trusts or estates that you received gross annual income over \$1000 during the preceding calendar year. (You may wish to refer to tax schedule E.).

- 1. N/A
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_

4. **Real Estate.** List the general nature of real estate interests that generated more than \$1000 in annual gross income during the preceding calendar year. Do not list the location, address, or legal description of the property. Include income derived from holding a seller's interest in a contract sale of real estate.

- 1. N/A
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_

5. **Retirement Systems.** List the name of the employer-sponsor of the retirement benefit system, if any, as well as the type of benefit, such as IRA or Keogh plan. Include only benefits that generated over \$1000 in annual gross income actually distributed to you during the preceding calendar year.

- 1. TIAA-CREF THROUGH DMACC
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_

6. **Other.** Identify by category other sources of annual gross income over \$1000 during the preceding calendar year not reported above, but that were reported for tax purposes. For example: partnerships and capital gains.

- 1. N/A
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

**Part C. Certified Signature.**

I certify, under penalty of perjury, that the foregoing statements are true and accurate to the best of my knowledge and belief. I understand that I am subject to penalties for failing to file an accurate statement. In addition, I understand that I am subject to penalties for failing to file this statement by the required due date.

  
(Signature of person filing statement)

4/28/04  
(Date)