

DISCLOSURE SUMMARY PAGE

FORM DR-2 (Rev. 05/2002)	DISCLOSURE REPORT
For Office Use Only	
Comm. # <u>863</u>	
Indexed <u>9</u>	
Audited _____	
Computer _____	

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

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
(8)Support Slate of Candidates

CANDIDATE COMMITTEES ONLY:

Candidate Name Mary Mascher Political Party Democrat
Office Sought House of Representatives District (if Senate or House) 77

DISCLOSURE BOARD
NOV - 4 2002
pm 10:31
FILED
10/30/02
DATE SIGNED

Jennette Carter 319-338-5922
SIGNATURE OF TREASURER (or person filing this report) TELEPHONE
DATE SIGNED

Routine Penalties Due For Late Filed Reports Range from \$20 to \$800

SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE:

I AM FILING A November 1, 2002 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 <u>November 5, 2002</u>
County & Local Committees, enter County in which Election is held <u>Johnson</u>

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.)\$ 3981.67

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below) 2560.00

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.....\$ 6541.67

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below) ... 5021.84

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)\$ 1519.83

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

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

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

CANDIDATE COMMITTEES ONLY:

CONSULTANT BREAKDOWN (Schedule G Attached?) _____ YES _____ NO

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

CONTRIBUTIONS – MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 06/97)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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

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
10/15/02	ID# CK#	Virginia Croker Naso 727 Dearborn Iowa City, IA 52240		\$ 50 ⁰⁰ / ₁₀₀	
10/15/02	ID# CK#	Norman R. Nielsen 5757 Kirkwood Blvd. SW Cedar Rapids, IA 52404		50 ⁰⁰ / ₁₀₀	
10/15/02	ID# CK#	Steven and Susan Ovel 2259 Washington ave. SE Cedar Rapids, IA 52403		50 ⁰⁰ / ₁₀₀	
10/15/02	ID# CK#	Gary Laurensen 1816 Morningside dr. Iowa City, IA 52245		50 ⁰⁰ / ₁₀₀	
10/15/02	ID# CK#	Mary Jepsen 1014 March St Iowa City, IA 52240		25 ⁰⁰ / ₁₀₀	
10/15/02	ID# CK#	Anne Scheetz 1499 High Country Rd. Coralville, IA 52241		25 ⁰⁰ / ₁₀₀	
10/15/02	ID# CK#	Gary Hollingsworth 736 Fourteenth ave. Coralville, IA 52241		20 ⁰⁰ / ₁₀₀	
10/16/02	ID# CK#	Minette H. Black 1145 Duck Creek Dr. Iowa City, IA 52240		25 ⁰⁰ / ₁₀₀	
10/16/02	ID# CK#	Judy Pfohl 2229 Abbey Lane Iowa City, IA 52240		50 ⁰⁰ / ₁₀₀	
10/16/02	ID# CK#	Susan Beckett & Laurie Haag 305 Windsor dr. Iowa City, IA 52245		20 ⁰⁰ / ₁₀₀	

SUB-TOTAL

\$ 365⁰⁰/₁₀₀

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). (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.

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

SCHEDULE A (Rev. 06/97)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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

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 ICWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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10/16/02	ID# CK#	John + Carolyn Gross 4 Brickwood Knoll Iowa City, IA 52240		\$ 25 ⁰⁰	
10/16/02	ID# CK#	Kathy Penningroth 2097 IOW Rd SW Oxford, IA 52322		25 ⁰⁰	
10/16/02	ID# CK#	Mrs. Louise A. Aicher 5045 420th St. S. E. Iowa City, IA 52240-9077		10 ⁰⁰	
10/16/02	ID# CK#	Barb Stein 331 Lee street Iowa City, IA 52246		25 ⁰⁰	
10/16/02	ID# CK#	Dr. Merle Kjonas 1164 Hampton Court Iowa City, IA 52240-2927		25 ⁰⁰	
10/18/02	ID# CK#	Delores H. Stanley Thompson 2096 Kestrel Rdg. SW Oxford, IA 52322-9118		35 ⁰⁰	
10/21/02	ID# 6073 CK# 501	Iowa Medical P.A.C. 1001 Grand Ave West Des Moines IA 50265		250 ⁰⁰	
10/21/02	ID# 8022 CK# 714	SEIU PeA INTERNATIONAL 1313 L Street N.W. Washington, D.C. 20005		1000 ⁰⁰	
10/21/02	ID# CK#	Marlene J. Perrin 212 Rocky Shore Drive Iowa City, IA 52244		10 ⁰⁰	
10/21/02	ID# CK#	Terry Derrvrich + Theresa 1226 Michelle Ct Iowa City, IA 52240		25 ⁰⁰	

SUB-TOTAL \$ 1430⁰⁰

TOTAL (if last page of this schedule) \$

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

SCHEDULE A (Rev. 06/97)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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

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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
10/22/02	ID# CK#	Martha Lubaroff 117 Glenn Dr. Iowa City, IA 52245		\$ 25 ⁰⁰ / ₁₀₀	
10/22/02	ID# CK#	William and Barbara Buss 747 W. Benton st. Iowa City, IA 52246		25 ⁰⁰ / ₁₀₀	
10/22/02	ID# 6430 CK# 1217	Iowa Rural Water State PAC 4221 S. 22 nd ave. E. Newton, IA 50208		100 ⁰⁰ / ₁₀₀	
10/22/02	ID# CK#	Diane Sondergard 1304 Devon Dr. N.E. Iowa City, IA 52240		25 ⁰⁰ / ₁₀₀	
10/22/02	ID# CK#	Richard Braverman 1005 River st. Iowa City, IA 52246		25 ⁰⁰ / ₁₀₀	
10/22/02	ID# CK#	Jeanne Bancroft 906 Dover st. Iowa City, IA 52245		25 ⁰⁰ / ₁₀₀	
10/23/02	ID# CK#	Vicki Bachman 2009 Blue Heron Rd. NE. North Liberty, IA 52317		25 ⁰⁰ / ₁₀₀	
10/23/02	ID# CK#	Dorothy A. Gandy 5126 500 th st. S.E. Iowa City, IA 52240		25 ⁰⁰ / ₁₀₀	
10/24/02	ID# CK#	Michael Theobald 2300 Jessup Circle Iowa City, IA 52246		15 ⁰⁰ / ₁₀₀	
10/24/02	ID# CK#	Dan E. Branson 1104 Tower Ct. Iowa City, IA 52246		25 ⁰⁰ / ₁₀₀	

SUB-TOTAL

\$ 315⁰⁰/₁₀₀

TOTAL (if last page of this schedule)

\$

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

SCHEDULE A (Rev. 06/97)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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Committee to Elect Maseher

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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
✓ 9/16/02	ID# 6291 CK# 2163	IOWA HOSPITAL ASSN. PAC 100 E. Grand, Suite 100 Des Moines, IA 50309		\$ 150 ⁰⁰	
✓ 9/21/02	ID# 6478 CK# 1067	IOWA ASSN. OF NURSE ANESTHETISTS 6800 KIOWA TRACE N.E. Cedar Rapids, IA 52411		150 ⁰⁰	
✓ 10/18/02	ID# 6077 CK# 1645	IOWA PHARMACY PAC 8575 Douglas, Suite 16 Des Moines, IA 50322		100 ⁰⁰	
10/23/02	ID# CK#	Margaret Keyes 306 Ferson Ave. Iowa City, IA 52246		25 ⁰⁰	
10/28/02	ID# CK#	Sharon K. Haun 1943 South Ridge Drive Coralville, IA 52241		25 ⁰⁰	
	ID# CK#				

SUB-TOTAL

\$ 450

TOTAL (if last page of this schedule)

\$ 2560⁰⁰

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EXPENDITURES – MONEY SPENT FROM COMMITTEE ACCOUNT

SCHEDULE B (Rev. 09/97)	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)
Committee to Elect Mascher

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
<i>10/21/02</i>	ID# CK#	<i>IOWA HOUSE TRUMAN FUND 5661 Fleur Drive Des Moines, IA 50321</i>	<i>Contribution to Truman Fund</i>	<i>\$5,000⁰⁰</i>
<i>10/22/02</i>	ID# CK#	<i>U. S. Postal Service 400 S. LINTON 363 Iowa City, IA 52240</i>	<i>Stamps</i>	<i>16⁸⁰</i>
<i>10/23/02</i>	ID# CK#	<i>Zephyr Copies 364 124 E. Washington St Iowa City, IA 52240</i>	<i>printing post Cards for thank yous</i>	<i>5⁰⁴</i>
	ID# CK#			

SUB-TOTAL *\$5021.84*
TOTAL (if last page of this schedule) *\$5021.84*

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 56.6(3)(i).)