

Reset Form

DISCLOSURE SUMMARY PAGE

FORM DR-2 (Rev. 07/2003)	DISCLOSURE REPORT
For Office Use Only	
Comm. # <u>863</u>	
Logged In <u>3W TRACKED</u>	
Scanned _____	
Computer _____	
Audited _____	

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

IMPORTANT: Indicate type of committee you are reporting for: (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 State of Candidates

CANDIDATE COMMITTEES ONLY:

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

ETHICS & CAMPAIGN DISCLOSURE BOARD
MAY 18 2004
FILED 5/16/04

Jeanette Carter
SIGNATURE OF TREASURER (or person filing this report)

319-338-5922
TELEPHONE

Late filed reports are subject to possible civil and criminal penalties.

SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE:

I AM FILING A May 19, 2004 REPORT FOR AN/A (1) ELECTION //(2)NON-ELECTION YEAR.
(report date)

Indicate one

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
November 2, 2004
County & Local Committees, enter County in which Election is held
Johnson

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.)\$ 14 520.26

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below) 1 720.00

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\$ 16 240.26

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below).... 11 789.22

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).....\$ 4 451.04

**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) \$ _____

For Instructions, See Back of Form

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SCHEDULE A (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 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
1/5/04	ID# CK#	James P. Hayes 1142 E. Court St. Iowa City, IA 52240		\$ 100 ⁰⁰	<input type="checkbox"/>
1/5/04	ID# CK#	Leslie Kramer/ Miles Weinberger 7 Cottage Grove Dr. N.E. Iowa City, IA 52240		100 ⁰⁰	<input type="checkbox"/>
1/5/04	ID# CK#	James E. Wasta P.O. Box 881 Cedar Rapids, IA 52406		25 ⁰⁰	<input type="checkbox"/>
1/5/04	ID# CK#	David Franker 825 Pebble Court North Liberty, IA 52317		20 ⁰⁰	<input type="checkbox"/>
1/6/04	ID# 9663 CK# 572	Citizen for Preservation of Racing 1 Prairie Meadows Drive ALTONA, IA 50009		500 ⁰⁰	<input type="checkbox"/>
1/8/04	ID# CK#	Dr. John Hartung 1011 Scott Felton Rd. Indianola, IA 50125		75 ⁰⁰	<input type="checkbox"/>
1/8/04	ID# CK#	Norma Carlson 110 Ravencrest Drive Iowa City, IA 52245		50 ⁰⁰	<input type="checkbox"/>
1/8/04	ID# CK#	Norman R. Nielsen 5757 Kirkwood Blvd. S.W. Cedar Rapids, IA 52404		50 ⁰⁰	<input type="checkbox"/>
1/8/04	ID# CK#	S.J. Ovel 2259 Washington ave. SE. Cedar Rapids, IA 52403		50 ⁰⁰	<input type="checkbox"/>
1/10/04	ID# 6494 CK# 68891	Sac & Fox Tribe of the Mississippi IN IOWA 349 Meskaki Road Tama, Iowa 52339		500 ⁰⁰	<input type="checkbox"/>
SUB-TOTAL				\$ 1470 ⁰⁰	
TOTAL (if last page of this schedule)				\$	

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the 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 A (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 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
1/6/04	ID# 6075 CK# 1560	IOWA NURSES ASSOCIATION 1501 42 nd St. Suite 471 West Des Moines, IA 50266		\$ 50 ⁰⁰	<input type="checkbox"/>
5/8/04	ID# 6060 CK# 2258	IOWA COMMITTEE ON POLITICAL EDUCATION AFL-CIO 2000 Walker, Suite A Des Moines, IA 50317		200 ⁰⁰	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
SUB-TOTAL				\$ 250 ⁰⁰	
TOTAL (if last page of this schedule)				\$ 1720 ⁰⁰	

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FOR INSTRUCTIONS, SEE BACK OF FORM

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EXPENDITURES – MONEY SPENT FROM COMMITTEE ACCOUNT

SCHEDULE 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)
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>1/11/04</i>	<i>481</i> ID# CK#	<i>Service Press and Litho Co. Inc. 1105 Third and st. S.E. Cedar Rapids, IA 52401</i>	<i>Letterhead and Envelopes</i>	<i>\$ 669.38</i>
<i>2/3/04</i>	<i>482</i> ID# CK#	<i>House Truman Fund 5661 Fleur Drive Des Moines, IA 50321</i>	<i>Contribution to Truman Fund</i>	<i>10,000.00</i>
<i>2/10/04</i>	<i>483</i> ID# CK#	<i>Treasurer, State of Iowa Des Moines, IA 50319</i>	<i>Notecards for litte invitations</i>	<i>152.00</i>
<i>2/12/04</i>	<i>484</i> ID# CK#	<i>Treasurer, State of Iowa Des Moines, IA 50319</i>	<i>Constituent Gifts</i>	<i>90.00</i>
<i>2/12/04</i>	<i>485</i> ID# CK#	<i>U.S. Postmaster 400 S. Clinton Iowa City, IA 52240</i>	<i>Stamps for mailings</i>	<i>74.00</i>
<i>2/18/04</i>	<i>486</i> ID# CK#	<i>Treasurer, State of Iowa Des Moines, IA 50319</i>	<i>Constituent Gifts</i>	<i>100.00</i>
<i>3/4/04</i>	<i>487</i> ID# CK#	<i>U.S. Postmaster 400 S. Clinton Iowa City, IA 52240</i>	<i>Stamps for Veterans' mailing</i>	<i>185.00</i>
<i>3/29/04</i>	<i>488</i> ID# CK#	<i>U.S. Postmaster 400 S. Clinton Iowa City, IA 52240</i>	<i>Stamps for mailing</i>	<i>18.84</i>
SUB-TOTAL				<i>\$ 11,289.22</i>
TOTAL (if last page of this schedule)				<i>\$</i>

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.6(3)(i).)

FOR INSTRUCTIONS, SEE BACK OF FORM

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EXPENDITURES – MONEY SPENT FROM COMMITTEE ACCOUNT

SCHEDULE **B**
(Rev. 07/03) MONETARY EXPENDITURES

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>489 3/29/04</i>	ID# CK#	<i>House Truman Fund 5661 Fleur Drive Des Moines, IA 50321</i>	<i>Retirement Party</i>	<i>\$ 500.00</i>
	ID# CK#			

SUB-TOTAL \$ *500.00*

TOTAL (if last page of this schedule) \$ *11789.22*

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.6(3)(i).)