

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

Reset Form

FORM DR-2 (Rev. 12/2005)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	<u>843</u>
Logged In	<u>SW</u>
Scanned	_____
Computer	_____
Audited	_____

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

Committee to Elect Mascher

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: Mary Mascher Political Party (if applicable): Democrat

Office Sought: Iowa House of Representatives District (if Senate or House): 77

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.

Janelle Carter 319 338-5922 1/5/06

SIGNATURE OF PERSON FILING REPORT TELEPHONE DATE SIGNED

I AM FILING A January 19, 2006 REPORT FOR (1) ELECTION (2) NON-ELECTION YEAR.
 (report date) **ETHICS REPORT FOR (1) ELECTION (2) NON-ELECTION YEAR.** Indicate by # 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 DR-3 is filed.)

FILED pm 1-08

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.)\$ 197.27

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)..... 1660.00

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\$ 1857.27

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)..... 267.00

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).....\$ 1590.27

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

****IN KIND CONTRIBUTIONS** (From Schedule E - Attach Schedule E)\$ 267.00

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

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

CANDIDATE COMMITTEES ONLY:

Reset 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
11/7/05	ID# 6488 CK# 1236	Iowa Providers PAC 7025 Hickman Rd Suite 5 Urbandale, IA 50322		\$ 200 ⁰⁰	<input type="checkbox"/>
9/26/05	ID# CK#	Steven/Susan J. Ouel 2259 Washington ave SE Cedar Rapids, IA 52403-2805		50 ⁰⁰	<input type="checkbox"/>
9/26/05	ID# CK#	Vionne N Darsee 1793 Rio Valley Dr Des Moines, IA 50325-6084		5 ⁰⁰	<input type="checkbox"/>
9/26/05	ID# CK#	Betty Christensen 4516 70th St. Des Moines, IA 50322		10 ⁰⁰	<input type="checkbox"/>
9/27/05	ID# CK#	Robert D. Haug 2527 Kellogg Ave. Ames, IA 50010-4862		30 ⁰⁰	<input type="checkbox"/>
9/27/05	ID# CK#	ELLEN FALLOR 207 S. Sixth St. Marshalltown, IA 50158		10 ⁰⁰	<input type="checkbox"/>
9/29/05	ID# CK#	Marti Anderson 1717 Max Ella Trail Des Moines, IA 50310		35 ⁰⁰	<input type="checkbox"/>
9/27/05	ID# CK#	Jean Ann Basinger 1335 48th St Des Moines, IA 50311-2450		10 ⁰⁰	<input type="checkbox"/>
9/27/05	ID# CK#	Cecilia J. Tomlonovic 1245 40th St. Des Moines, IA 50311		20 ⁰⁰	<input type="checkbox"/>
9/27/05	ID# CK#	Carlos C. Jayne 3523 SW 37th St. Des Moines, IA 50321-1839		15 ⁰⁰	<input type="checkbox"/>
SUB-TOTAL				\$ 385	
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.

Reset 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.

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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 NONE
9/27/05	ID# CK#	Michael J. Starcewich 6409 Mendawalk dr, Cedar Rapids, IA 52404		\$ 50 ⁰⁰	<input type="checkbox"/>
9/27/05	ID# CK#	Andrew J. Daument 5068 Coachlight dr. West Des Moines, IA 50265		25 ⁰⁰	<input type="checkbox"/>
9/27/05	ID# CK#	Judith A. Hoffman 3820 Quebec St Ames, IA 50014		25 ⁰⁰	<input type="checkbox"/>
9/27/05	ID# CK#	Thomas J. Jochum 1137 36th st Des Moines, IA 50311		100 ⁰⁰	<input type="checkbox"/>
9/27/05	ID# CK#	Robert E. Jasten 801 Grand, Suite 3900 Des Moines, IA 50309		100 ⁰⁰	<input type="checkbox"/>
9/27/05	ID# 6046 CK# 4025	Justice for all PAC 218 6th ave. Ste. 526 Des Moines, IA 50309-4091		100 ⁰⁰	<input type="checkbox"/>
9/27/05	ID# 6077 CK# 1799	Iowa Pharmacy PAC 8575 Douglas, Suite 16 Des Moines, IA 50322		100 ⁰⁰	<input type="checkbox"/>
9/27/05	ID# CK#	Irving H. Horkbauer Horkbauer & Co 6905 Vista dr. West Des Moines, IA 50260		25 ⁰⁰	<input type="checkbox"/>
9/27/05	ID# 6058 CK# 2690	Iowa Chiropractic Society PAC 1605 N. Ankeny Blvd. Suite 100 Ankeny, IA 50021-4154		100 ⁰⁰	<input type="checkbox"/>
11/20/05	ID# CK#	James & Jo Ann Wasta P.O. Box 881 Cedar Rapids, IA 52406-0881		50 ⁰⁰	<input type="checkbox"/>
SUB-TOTAL				\$ 675	
TOTAL (if last page of this schedule)				\$	

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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
11/23/05	ID# 6067 CK# 3384	Iowa Health PAC 6750 Westown Parkway # 100 West Des Moines, IA 50266		\$ 100 ⁰⁰	<input type="checkbox"/>
12/16/05	ID# 6488 CK# 1261	Iowa Providers PAC 7025 Hickman Rd. Suite 5 Urbandale, IA 50322		\$ 500 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"/>
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	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 \$ 600⁰⁰
TOTAL (if last page of this schedule) \$ 1600⁰⁰

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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
9/23/05 522	ID# CK#	Johnson County Democrats P.O. Box 1773 Jawa City, IA 52240	Sponsor Fall Barbecue	\$ 100 ⁰⁰
3/23/05 520	ID# CK#	Treasurer, State of Iowa Des Moines, IA 50319	Notecards	100 ⁰⁰
4/28/05 521	ID# CK#	House Truman Fund 5061 Fleur Drive Des Moines, IA 50321	Camera Fund	30 ⁰⁰
10/17/05 370	ID# CK#	U.S. Postmaster 400 S. Clinton Jawa City, IA 52240	Stamps	37 ⁰⁰
	ID# CK#			
SUB-TOTAL				\$ 267 ⁰⁰
TOTAL (if last page of this schedule)				\$ 267 ⁰⁰

267.
267.

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)(f).)

SCHEDULE E (Rev. 06/97)	IN KIND CONTRIBUTIONS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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



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
9/26/05	Roxanne Conlin 319 Seventh St. Suite 600 Des Moines, IA 50309-3826		Food for fund raising meeting	\$ 240.00	<input checked="" type="checkbox"/>
9/27/05	House Truman Fund 5661 Fleur Dr Des Moines, IA 50321		Invitations + Food for fund raising meeting	27.00	<input checked="" 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"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

SUB-TOTAL \$ 267.00
TOTAL (if last page of this schedule) \$ 267.00

*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.