

Reset Form

**DISCLOSURE SUMMARY PAGE**

<b>FORM DR-2</b> (Rev. 12/2005)	DISCLOSURE REPORT
<b>For Office Use Only</b>	
Comm. #	1356
Logged In	SW
Scanned	
Computer	
Audited	
File with: Iowa Ethics and Campaign Disclosure Board 510 E. 12 <sup>th</sup> , Ste. 1A Des Moines, Iowa 50319 Fax: 515-281-3701	

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

Quirmbach for Senate

IMPORTANT: Indicate by # type of committee you are reporting for:

( 1 )Statewide/Legislative/Judge Standing for Retention Candidate ( 2 )State PAC ( 3 )State Party  
( 4 )County Central Committee ( 5 )County Candidate ( 6 )County Candidate ( 7 )School Board or Other  
Political Subdivision Candidate ( 8 )County PAC ( 9 )Candidate ( 10 )School Board or Other Political  
Subdivision PAC ( 11 ) Local Ballot Issue

**CANDIDATE COMMITTEES ONLY**

Candidate Name: Herman Quirmbach Political Party (if applicable): Democratic  
Office Sought: Senate District (if Senate or House): 23

**IA ETHICS & CAMPAIGN DISCLOSURE BOARD**  
FILED JUL 18 2006 PM 7:17

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.

Mary Ann Lundy (515) 292-5255 7-17-06  
SIGNATURE OF PERSON FILING REPORT TELEPHONE DATE SIGNED

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

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.)

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 <b>MUST</b> 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.)	\$	24,404.80
<b>ADD TOTAL MONEY TAKEN IN THIS PERIOD</b>		
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)		2,250.00
Schedule F: Loans Received total (Attach Schedule F)		-
Schedule H: Total Sales of Campaign Property (Attach Schedule H)		-
<b>(Schedule H applies to Candidates' Committees Only)</b>		
<b>SUB-TOTAL</b>	\$	26,654.80
<b>SUBTRACT TOTAL MONEY SPENT THIS PERIOD</b>		
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)		3,515.80
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)	\$	23,139.00
**UNPAID BILLS (From Schedule D - Attach Schedule D)	\$	-0-
*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)	\$	10.00
**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)	\$	14,000.00
CONSULTANT BREAKDOWN (Schedule G Attached?)	YES	NO
		<input checked="" type="checkbox"/>
<b>CANDIDATE COMMITTEES ONLY:</b>		
VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)	\$	-0-

**STATE COMMITTEES:** Submit a reconciled campaign account bank statement in January of each year.

For Instructions, See Back of Form

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

SCHEDULE <b>A</b> (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)  
**Quirmbach for Senate**

**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.

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
✓ 5/17/06	ID# 6060 CK# 2419	Iowa Committee on Political Education -AFL-CIO 200 Walker, Suite A Des Moines, IA 50317	None	\$ 300.00	<input type="checkbox"/>
✓ 6/5/06	ID# 6067 CK# 3435	Iowa Health PAC # 6067 6750 Westown Parkway #100 West Des Moines, IA 50266	None	\$ 200.00	<input type="checkbox"/>
6/20/06	ID# CK#	Andrew J. Baumert 5068 Coachlight Drive West Des Moines, IA 50265	None	\$ 50.00	<input checked="" type="checkbox"/>
6/20/06	ID# CK#	Thomas W. Cope 8532 Newbury Court Johnson, IA 50131	None	\$ 50.00	<input checked="" type="checkbox"/>
✓ 6/20/06	ID# 6356 CK# 1382	Freedom Fund PAC # 6356 851-19th Street Des Moines, IA 50314	None	\$ 100.00	<input checked="" type="checkbox"/>
6/20/06	ID# CK#	Threse Harms-Hassoun 6509 Lincoln Avenue Windsor Heights, IA 50322	None	\$ 100.00	<input checked="" type="checkbox"/>
6/20/06	ID# CK#	Robert D. Haug 2527 Kellogg Ave. Ames, IA 50010	None	\$ 50.00	<input checked="" type="checkbox"/>
6/20/06	ID# CK#	Robert E. Josten 801 Grand, Suite 3900 Des Moines, IA 50309	None	\$ 100.00	<input checked="" type="checkbox"/>
6/20/06	ID# CK#	Julie A. Smith 3917 Hillcrest Drive Des Moines, IA 50310	None	\$ 50.00	<input checked="" type="checkbox"/>
✓ 6/20/06	ID# 6429 CK# 2023	Heavy Highway PAC 2415 Ingersoll Des Moines, IA 50312	None	\$ 250.00	<input checked="" type="checkbox"/>
SUB-TOTAL				\$ 1250.00	<input checked="" type="checkbox"/>
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.

For Instructions, See Back of Form

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**CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

SCHEDULE <b>A</b> (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)  
**Quirmbach for Senate**

**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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**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
6/20/06	ID# 6052 CK# 3004	Independent Insurance Agents of Iowa PAC #6052 4000 Westown Parkway, Suite 200 West Des Moines, IA 50265	None	\$ 250.00	<input checked="" type="checkbox"/>
6/20/06	ID# 6058 CK# 2788	Iowa Chiropractic Society PAC #6058 1605 N. Ankeny Blvd. Suite 100 Ankeny, IA 50021	None	\$100.00	<input checked="" type="checkbox"/>
6/20/06	ID# 6070 CK# 3305	Iowa Lawpac #6070 521 East Locust St. 3rd Floor Des Moines, IA 50309	None	\$200.00	<input checked="" type="checkbox"/>
6/20/06	ID# 6046 CK# 4124	Justice for All PAC #6046 218 6th Avenue, Suite 526 Des Moines, IA 50309-4091	None	\$250.00	<input checked="" type="checkbox"/>
6/26/06	ID# 6086 CK# 13492	Iowa State Education Association PAC 6086 777 - 3rd Street Des Moines, IA 50309	None	\$ 100.00	<input type="checkbox"/>
7/15/06	ID# 6430 CK# 1391	Iowa Rural Water State PAC 6430 4221 S. 22nd Ave. E. Newton, IA 50309	None	\$100.00	<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

\$ 1000.00

TOTAL (if last page of this schedule)

\$ 2250.00

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FOR INSTRUCTIONS, SEE BACK OF FORM

**EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT**

SCHEDULE <b>B</b> (Rev. 09/97)	MONETARY EXPENDITURES
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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)

*Quirnbach for Senate*

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>6/16/06</i>	ID# CK# <i>324</i>	<i>Senate Majority Fund 5661 Fleur Drive I.D.P. Des Moines, IA 50321</i>	<i>Donation</i>	<i>\$ 2000.-</i>
<i>6/28/06</i>	ID# CK# <i>325</i>	<i>Carter Printing 1739 E. Grand Ave Des Moines 50316</i>	<i>Brochures</i>	<i>\$ 1325.-</i>
<i>7/14/06</i>	ID# CK# <i>326</i>	<i>Carter Printing 1739 E. Grand Avenue Des Moines, IA 50316</i>	<i>4 car magnets</i>	<i>\$ 190.80</i>
	ID# CK#			

SUB-TOTAL \$ 3,515.80

TOTAL (if last page of this schedule) \$ 3,515.80

**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).)

FOR INSTRUCTIONS, SEE BACK OF FORM.

COMMITTEE NAME (Must be same as on Statement of Organization)  
**Quirmbach for Senate**

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
6/28/06	Iowa State Education Assoc. PAC 6086 777 - 3rd Street Des Moines, IA 50309	None	Membership List for District	\$ 10.00	<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"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

SUB-TOTAL \$ 10.00  
 TOTAL (if last page of this schedule) \$ 10.00

\*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.

Reset Form

SCHEDULE <b>F</b> (Rev. 07/03)	LOANS RECEIVED & REPAID
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)  
**Quirnbach for Senate**

NOTE: This schedule reports money loaned to the committee which is deposited in the committee account.

TOTAL UNPAID LOANS FROM LAST REPORTING PERIOD \$ 14,000.00

**PART I - MONETARY LOANS RECEIVED THIS REPORTING PERIOD**  
(Original source of loan, such as a bank, must be shown if a third party is involved. Include loans from candidate's personal funds.)

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE (If Applicable*)	AMOUNT OF LOAN
			\$

TOTAL (PART I) \$ - 0 -

**PART II - MONETARY LOAN REPAYMENTS MADE THIS REPORTING PERIOD**  
(Loans forgiven must be reported on Schedule E -- In-kind Contributions.)

DATE PAID (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE* (If Applicable)	AMOUNT REPAID
			\$

TOTAL CASH REPAYMENTS (PART II) \$ - 0 -  
 From Schedule E -- TOTAL LOANS FORGIVEN \$ - 0 -  
 TOTAL OUTSTANDING LOANS END OF REPORT PERIOD \$ 14,000.00

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