

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

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

IA ETHICS & CAMPAIGN DISCLOSURE BOARD FILED MAY 17 2006 fax

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

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.

SIGNATURE OF PERSON FILING REPORT: Mary Ann Sundry TELEPHONE: (515) 292-5255 DATE SIGNED: 5/17/06

I AM FILING A May 19, 2006 REPORT FOR (1) ELECTION (2) NON-ELECTION YEAR. (report date) 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.)

Local Committees, enter Date of Election County & Local Committees, enter County in which Election is held

STATEMENT OF CASH ON HAND

Table with columns for description and amount. Rows include: CASH ON HAND at the beginning of the reporting period (\$25,189.88), ADD TOTAL MONEY TAKEN IN THIS PERIOD (Schedule A: 1,275.00, Schedule F: -, Schedule H: -), SUB-TOTAL (\$26,464.88), SUBTRACT TOTAL MONEY SPENT THIS PERIOD (Schedule B: 2,060.08, Schedule F: -), CASH ON HAND at the end of this reporting period (\$24,404.80)

*UNPAID BILLS (From Schedule D - Attach Schedule D) \$ -0- *IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E) \$ -0- *OUTSTANDING LOANS (From Schedule F - Attach Schedule F) \$ 14,000.00

CONSULTANT BREAKDOWN (Schedule G Attached?) YES NO

CANDIDATE COMMITTEES ONLY: 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



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)
Quirnbach 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 88B.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/YYR)	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
1/2/06	ID# CK#	Wayne Clinton 1610 Carroll Ames, IA 50010	None	\$ 100 ⁰⁰	<input type="checkbox"/>
1/2/06	ID# <u>FEC</u> 000001636 CK# 007137	United Transportation Union PAC 14600 Detroit Avenue Cleveland, OH 44107	None	100 ⁰⁰	<input type="checkbox"/>
1/20/06	ID# CK#	Vic and Cheryl Moss 16711 - 863rd Ave Ames, IA 50010	None	100 ⁰⁰	<input type="checkbox"/>
1/24/06	ID# CK#	Paul and Evonne Fitzgerald 907 Clayton Rd. Colo, IA 50056	None	100 ⁰⁰	<input type="checkbox"/>
1/31/06	ID# CK#	Louis and Louise Lex. 711 Jewell Drive Ames, IA 50010	None	25 ⁰⁰	<input type="checkbox"/>
2/2/06	ID# CK#	Greg Vitale and Florence Hamrick 2810 Pierce Ave. Ames, IA 50010	None	25 ⁰⁰	<input type="checkbox"/>
2/2/06	ID# CK#	E. Wood Hart 4324 Stone Brooke Rd. Ames, IA 50010	None	50 ⁰⁰	<input type="checkbox"/>
2/2/06	ID# CK#	Nancy Hart 4324 Stone Brooke Rd. Ames, IA 50010	None	50 ⁰⁰	<input type="checkbox"/>
2/8/06	ID# CK#	Donald and Elaine Faas 6235 US Highway 69 N Ames, IA 50010	None	25 ⁰⁰	<input type="checkbox"/>
2/8/06	ID# CK#	Katherine + Herbert Fromm 3531 G.W. Carver Ave. Ames, IA 50010	None	200 ⁰⁰	<input type="checkbox"/>

SUB-TOTAL

\$ 775.00

TOTAL (If last page of this schedule)

\$

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the 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



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)
Quirnbach 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 88B.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
2/8/06	ID# CK#	Helen Gunderson P.O. Box 179 Gilbert, IA 50105	None	\$ 150 ⁰⁰	<input type="checkbox"/>
2/13/06	ID# CK#	Lloyd Dumenil 309 N. Franklin Ames, IA 50014	None	\$ 100 ⁰⁰	<input type="checkbox"/>
2/13/06	ID# CK#	Russ Wesley 805 Walnut Ridge Dr. Waukegan, IA 50263	None	\$ 100 ⁰⁰	<input type="checkbox"/>
2/21/06	ID# CK#	Dario Zaffarano 621 Main Ames, IA 50010	None	\$ 50 ⁰⁰	<input type="checkbox"/>
3/13/06	ID# CK#	Dreterand Renate Dellman 1026 Gaskill Ames, IA 50010	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"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

\$ 500.00

TOTAL (if last page of this schedule)

\$ 1275.00

* 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

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)
Quinnbeck 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
2/3/06	ID# CK# 321	Harman Quinnbeck 1002 Tarnett Cir Ames, IA 50014	reimb. for envelopes	\$5.08
2/1/06	ID# CK# 322	Senate Majority Fund IDP 5661 Fleur Dr. Des Moines 50321	General Contribution	\$2000.00
3/26/06	ID# CK# 323	Madrid Register News P.O. Box 8177 Madrid, IA 50156	Subscription renewal	55.00
	ID# CK#			

SUB-TOTAL \$2,060.08
 TOTAL (If last page of this schedule) \$2,060.08

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 56.8(3)(1).)

FOR INSTRUCTIONS, SEE BACK OF FORM



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

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

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.)

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

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

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

TOTAL (PART I) \$ - 0 -

TOTAL CASH REPAYMENTS (PART II) \$ - 0 -

From Schedule E - TOTAL LOANS FORGIVEN \$ - 0 -

TOTAL OUTSTANDING LOANS END OF REPORT PERIOD \$ 14,000.00

*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 when it applies.

2008-09-10 10:10 AM SENATOR QUIRMACH 515 022 5274 08530 P. 5