

FOR INSTRUCTIONS, SEE BACK OF FORM

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DISCLOSURE SUMMARY PAGE

COMMITTEE NAME (Must be same as on Statement of Organization)
MAXINE BUSSANMAS FOR STATE REP

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: **MAXINE R. BUSSANMAS** Political Party (if applicable): **DEMOCRAT**
 Office Sought: **IOWA STATE REPRESENTATIVE** District (if Senate or House): **# 23**

FORM **DR-2** DISCLOSURE REPORT
 (Rev. 12/2005)

For Office Use Only
 Comm. # **1675**
 Logged In
 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.

Maxine R. Bussanmas 515-462-3305 10-19-06
 SIGNATURE OF PERSON FILING REPORT TELEPHONE DATE SIGNED

I AM FILING A 10-19-06 REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR.
 (report date) Indicate by # **FILED**

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 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.)	\$	<u>539.04</u>
ADD TOTAL MONEY TAKEN IN THIS PERIOD		
Schedule A: Cash Contributions total (Attach Schedule A) (**also see in-kind below)		<u>2,581.00</u>
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	\$	<u>3,120.04</u>
SUBTRACT TOTAL MONEY SPENT THIS PERIOD		
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)		<u>2,346.91</u>
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)	\$	<u>773.13</u>
**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)	\$	<u>2,000.00</u>
CONSULTANT BREAKDOWN (Schedule G Attached?)	YES <input checked="" type="checkbox"/> NO	
CANDIDATE COMMITTEES ONLY: VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)	\$	_____

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

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)
MAXINE BUSSANMAS FOR STATE REP.

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
07/30/06	ID# CHK#	MERRILL HITCHCOCK 317 N. 8 th ST. WINTERSET, IA 50273	X	\$ 50.00 CHECK	<input type="checkbox"/>
08/04/06	ID# CHK#	CHUCK VREDENBURG 3436 MOFFITTLAKE RD. CUMMING, IA 50061-7819	X	100.00 CASH	<input type="checkbox"/>
08/26/06	ID# 6060 CHK# 2462	IA FEDERATION OF LABOR, AFL-CIO 200 WALKER, SUITE A DES MOINES, IA 50317	X	150.00 CHECK	<input type="checkbox"/>
09/08/06	ID# CHK#	PATTY GAVIN 201 FOWA ST. ST. MARYS, IA 50241	X	25.00 CHECK	<input type="checkbox"/>
09/08/06	ID# CHK#	BEVERLY DICKERSON 1001 EAST ASHLAND INDIANOLA, IA 50125	X	20.00 CHECK	<input type="checkbox"/>
09/08/06	ID# CHK#	ROBERT M. CASPER P.O. BOX 329 WINTERSET, IA 50273	X	150.00 CHECK	<input type="checkbox"/>
09/09/06	ID# CHK#	GLENDAY TUTTLE 801 S. 5 th AVE. WINTERSET, IA 50273-2214	X	50.00 CHECK	<input type="checkbox"/>
09/10/06	ID# CHK#	STACY WILDEBOUR APPEL 10701-180 th AVE. ACKWORTH, IA 50001	X	500.00 CHECK	<input type="checkbox"/>
09/12/06	ID# CHK#	CARITA A. KELLEHER 315 S. 8 th AVE. #2 WINTERSET, IA 50273-2280	X	25.00 CHECK	<input type="checkbox"/>
09/13/06	ID# CHK#	JAMES BUSSANMAS P.O. BOX 33 BEYVINGTON, IA 50033	BROTHER INLAW	10.00 CASH	<input type="checkbox"/>
SUB-TOTAL				\$1,080.00	
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
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CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)
MAXINE BUSSANMAS FOR STATE REP.

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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.

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09/14/06	ID# CK#	DONALD VAN RYSWYK 16867 KENDALL TRAIL INDIANOLA, IA 50125	X	\$ 50.00 CHECK	<input type="checkbox"/>
09/15/06	ID# CK#	FRED STOEFFLER 824 E. COURT AVE. WINTERSET, IA 50273	X	50.00 CHECK	<input type="checkbox"/>
09/17/06	ID# CK#	UNITEMIZED CONTRIBUTIONS	X	21.00 CASH	<input type="checkbox"/>
09/17/06	ID# CK#	STEVE CROW 1205 G64 HWY TRURO, IA 50257-8612	COUSIN X	50.00 CHECK	<input type="checkbox"/>
09/17/06	ID# CK#	MARY K. CLAUSE 1684 MUELLER LANE WINTERSET, IA 50273	X	50.00 CHECK	<input type="checkbox"/>
09/17/06	ID# CK#	DEBRA DARLING 2106 NORTH RIVERSCHOOL ROAD WINTERSET, IA 50273-8469	NIECE X	100.00 CHECK	<input type="checkbox"/>
09/19/06	ID# CK#	CYRUS & M. JEAN McDONALD 1001 N. 8th AVE. WINTERSET, IA. 50273	X	50.00 CHECK	<input type="checkbox"/>
09/19/06	ID# CK#	LUANN OVERTON 1472 G-50 HWY P.O. BOX 175 ST. CHARLES, IA 50240	X	25.00 CHECK	<input type="checkbox"/>
09/20/06	ID# CK#	MILDRED WALTZ 1015 W. SUMMIT #12 WINTERSET, IA. 50273	X	25.00 CHECK	<input type="checkbox"/>
09/22/06	ID# 6019 CK# 0622	CWA LOCAL 7102 - POLITICAL ACTION 3612 S.W. 9th ST. DES MOINES, IA 50315	X	100.00 CHECK	<input type="checkbox"/>
SUB-TOTAL				\$ 521.00	
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)
MAXINE BUSSANMAS FOR STATE REP.

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09/23/06	ID# CK#	BERNARD BLAZER 1110 S. OAK BLOOMINGTON, IL 61701	X	\$ 80.00 CASH	<input type="checkbox"/>
09/26/06	ID# CK#	KATHERINE WILDIN 2791 US HWY 169 WINTERSET, IA 50273	X	25.00 CHECK	<input type="checkbox"/>
10/02/06	ID# CK#	N. J. THOMPSON 1104 JESUP ST. PROLE, IA 50229		500.00 CHECK	<input type="checkbox"/>
09/27/06	ID# 8026 CK# 10775	INTL. BROTHERHOOD OF (IBEW) 900 SEVENTH ST. NW ELECTRICAL WORKERS WASHINGTON, D.C. 20001		200.00 CHECK	<input type="checkbox"/>
09/27/06	ID# CK# 2320	ALL AMERICA PAC 607-14th ST. NW-SUITE 800 WASHINGTON, D.C. 20005		100.00 CHECK	<input type="checkbox"/>
10/09/06	ID# CK#	ROBERT F. BELL 2478 BEVINGTON PARK RD. ST. CHARLES, IA 50240-8538		50.00 CHECK	<input checked="" type="checkbox"/>
10/09/06	ID# CK#	MAX E. NEWBURY 220 W. SOUTH WINTERSET, IA 50273		25.00 CHECK	<input checked="" type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

\$ 980.00
\$ 2,581.00

TOTAL (if last page of this schedule)

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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)
MAXINE BUSSANMAS FOR STATE REP

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
08/04/06	ID# CK#	IOWA DEMOCRATIC SOUTH RIDGE ALL PARTY DES MOINES IA 50306	VAN COMPUTER PROGRAM	500.00 \$ CK# 1013
08/21/06	ID# CK#	CARTER PRINTING 1739 EAST GRAND DES MOINES IA 50316	BUSINESS CARDS LETTER HEAD #10 ENVELOPES	222.60 CK# 1014
09/02/06	ID# CK#	BEVINGTON Post Office P.O. BOX BEVINGTON IA 50033	STAMPS	78.00 CK# 1015
09/12/06	ID# CK#	IA SECRETARY OF STATE LUCAS BLOG, ISIFL. DES MOINES IA 50319	C D ROM	13.00 CK# 1016
09/30/06	ID# CK#	DES MOINES STAMP 851-6TH AVE - BOX 1798 DES MOINES IA 50306	NAME BADGE	13.13 CK# 1017
10/12/06	ID# CK#	CARTER PRINTING 1739 E. GRAND AVE. DES MOINES IA 50316	CORRUGATED SIGNS	1,378.00 CK# 1018
10/13/06	ID# CK#	MAXINE BUSSANMAS BOX 57 BEVINGTON IA 50033	REIMBURSE FOR SIGN POSTS CLIPBOARDS INK CARTRIDGE	142.18 CK# 1019
	ID# CK#			
SUB-TOTAL				\$ 2,346.91
TOTAL (if last page of this schedule)				\$ 2,346.91

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.402(3)(i).)