

Notice of Dissolution

Mail to:
 IECDB
 510 East 12th, Suite 1A
 Des Moines, Iowa 50319

IA ETHICS & CAMPAIGN
 DISCLOSURE BOARD
 JAN 18 2007
 FAX

FORM	(Rev. 07/03)
DR-3 NOTICE OF DISSOLUTION	
For Office Use Only	
Comm #	1624
Indexed	
Audited	
Computer	DB
Certified Date of Dissolution	

COMMITTEE NAME

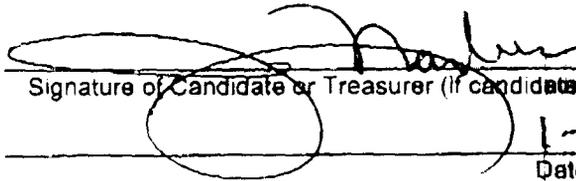
Bunny Malone for State Representative
Official Name of Committee
603 N Grand
Street
Chariton Iowa 50049
City, State, Zip Code
(641) 774 4318
Area Code Telephone

WHEN TO FILE:

The Notice of Dissolution must be filed within thirty (30) days of completion of all the following:

1. All debts, loans and obligations have been paid or transferred;
2. All campaign funds have been spent;
3. All campaign property sold or transferred (candidates only); and
4. A final report disclosing all transactions closing the committee.

For state candidates and state PACs, a final bank statement must be filed with the Notice of Dissolution or as soon as possible if the bank statement is not available at the time the Notice of Dissolution is filed.


 Signature of Candidate or Treasurer (if candidate's committee)/Signature of Chair or Treasurer (if PAC)

1-18-07
 Date Signed

FOR INSTRUCTIONS, SEE BACK OF FORM
 This form is not applicable to statutory political committees.

FOR INSTRUCTIONS, SEE BACK OF FORM
DISCLOSURE SUMMARY PAGE

Reset Form

FORM DR-2 (Rev. 07/2004)	DISCLOSURE REPORT
For Office Use Only 1624	
Comm #	5
Logged in	S
Scanned	
Computer	
Audited	

COMMITTEE NAME (Must be same as on Statement of Organization)
Buzz Malone for State Representative

IMPORTANT Indicate by # type of committee you are reporting for:
 (1) Statewide/Legislative/Judge Standing for Recall 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: Buzz Malone Political Party (if applicable): Democrat
 Office Sought: State Representative District (if Senate or House): 72

IA ETHICS & CAMPAIGN DISCLOSURE BOARD
 JAN 18 2007
 FILED
 flx

Late reports are subject to possible civil or criminal penalties

SIGNATURE OF PERSON FILING REPORT: [Signature] TELEPHONE: 641-774-4318 DATE SIGNED: 1-18-07

I AM FILING A 1-19-07 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 the 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.) \$ 1278.40

ADD TOTAL MONEY TAKEN IN THE REPORTING PERIOD

Schedule A: Cash Contributions to Candidate (Attach Schedule A) (**also see in-kind below) 555.00

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)

SUBTRACT TOTAL MONEY SPENDING IN THE REPORTING PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below) 1833.40

Schedule F: Loan Repayments total (Attach Schedule F) _____

CASH ON HAND at the end of this reporting period (final report balance must be zero) (Attach DR-3) \$ 0

****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) \$ _____

CONSULTANT BREAKDOWN (Schedule G) (Y/N)? _____ YES _____ NO

CANDIDATE COMMITTEES ONLY:

VALUE OF CAMPAIGN PROPERTY (Attach Schedule H) \$ _____

STATE COMMITTEES: Submit a reconciliation of your account/bank statement in January of each year.

For Instructions, See Back of Form

Reset Form

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

CONTRIBUTIONS – MONEY TAKEN
 (Including candidate's personal funds)

COMMITTEE NAME (Must be same as Certificate of Organization)
Bunyan Malone for State Representative

STATE CANDIDATES NOTE: IF A CONTRIBUTION RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE UNNUMBERED 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
10-17-06	ID# CK# 1016	Mahaska County Democrats Oskaloosa IA 52577		\$ 500.00	<input type="checkbox"/>
10-23-06	ID# CK# 3195	Michael G Matejka 112 1/2 Weldon St. Bloomington IL 61701		35.00	<input type="checkbox"/>
10-23-06	ID# CK# 1998	Bonnie J Eggers 108 W Burnington Po Box 304 Agency IA 52530-0304		20.00	<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"/>

SUB-TOTAL \$ 555.00
 TOTAL (if last page of this schedule) \$ 555.00

* Disclosure law requires candidate committee to disclose relationship of any relative making a contribution to the committee. Relationship must be shown to the candidate by blood (consanguinity), blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as the candidate's, enter "not applicable" in the relationship column.

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FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

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)
Buzzy Malone for State Representative

DATE EXPENDED (MM/DD/YYR)	CANDIDATE ID NUMBER (If applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
10-18-06	ID# CK#	Copy Plus 929 Braden Chariton Ia 50049	Flyers	\$ 90.00
10-18-06	ID# CK#	Chariton Newspaper 515 Braden Chariton Ia 50049	Newspaper Ad	318.00
10-25-06	ID# CK#	Albia Newspaper Albia Ia	Newspaper Ad	185.00
10-26-06	ID# CK#	Oskaloosa, Iowa Oskaloosa Ia	Newspaper Ad	411.00
10-30-06	ID# CK#	Advanced Systems Telecom 1917 W Glendale Ave Suite 3 Phoenix Az 850251	3 Robo Ads	450.00
11-03-06	ID# CK#	Breadeaux P. 779 113 S Grand Chariton Ia 50049	Pizza for Volunteers	42.80
11-10-06	ID# CK#	Crisis Intervention Services 500 High Ave West Oskaloosa Ia 52577	Donation	335.90
	ID# CK#			

SUB-TOTAL \$ 1833.40
 TOTAL (if last page of this schedule) \$ 1833.40

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)(1).)