

DISCLOSURE SUMMARY PAGE

Reset Form

FORM DR-2 (Rev. 12/2005)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	863
Logged In	e
Scanned	
Computer	
Audited	

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

IMPORTANT: Indicate by # type of committee and reporting for:
 (1) Statewide/Legislative/Judge Standing for Reception Candidate (2) State PAC (3) State Party
 (4) County Central Committee (5) County Candidate (6) School Board Candidate (7) School Board or Other Political Subdivision Candidate (8) County PAC (9) City PAC (10) Other Political Subdivision PAC (11) Local Ballot Issue

CANDIDATE COMMITTEES ONLY:
 Candidate Name: Mary Mascher Political Party (if applicable): Democrat
 Office Sought: General Assembly District (if Senate or House): 77

Stamp: FILED JAN 18 2007 PM 1-17

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.

Jeanette Carter 319-338-5922 Jan. 3, 2007
 SIGNATURE OF PERSON FILING REPORT TELEPHONE DATE SIGNED

I AM FILING A January 19, 2007 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

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.)\$ 929.62

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)..... 1,700.00

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\$ 2629.62

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

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

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).....\$ 2629.62

**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 Attached?) _____ YES _____ NO

CANDIDATE COMMITTEES ONLY:

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)
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
11/4/06	ID# CK#	Ronald or Katherine J. Fielder 3076 Deerfield dr. NE Swisher, IA 52338		\$ 50 ⁰⁰	<input type="checkbox"/>
11/4/06	ID# 9753 CK# 0999	Rainbow Equality PAC P.O. Box 206 Carlisle, IA 50047		50 ⁰⁰	<input type="checkbox"/>
11/4/06	ID# 6067 CK# 3598	Iowa Health PAC 6750 Westown Parkway #100 West Des Moines, IA 50266		200 ⁰⁰	<input type="checkbox"/>
11/6/06	ID# 6484 CK# 1597	Iowa Society of Anesthesiologists 2155 NW 137th St. Clive, IA 50325		400 ⁰⁰	<input type="checkbox"/>
12/12/06	ID# see attached CK# 11354	186W Educational Committee 900 Seventh St. N.W. Washington, D.C. 20001		1,000 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

\$ 1700⁰⁰
\$ 1700⁰⁰

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.