

File with:
Iowa Ethics and Campaign
Disclosure Board
510 E. 12th, Ste. 1A
Des Moines, Iowa 50319
Fax: 515-281-4073

FOR INSTRUCTIONS, SEE BACK OF FORM
DISCLOSURE SUMMARY PAGE

IA ETHICS AND
CAMPAIGN DISCLOSURE BOARD

142

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

2008 JAN 22 AM 9:03

COMMITTEE TO ELECT BRUCE HUNTER

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

FORM DR-2 (Rev. 07/2007)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	1488
Logged In	\$
Scanned	
Computer	
Audited	

CANDIDATE COMMITTEES ONLY:

Candidate Name BRUCE HUNTER Political Party (if applicable) DEMOCRAT

Office Sought HOUSE OF REPRESENTATIVES District (if Senate or House) 62

Life reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a

[Signature]
SIGNATURE OF PERSON FILING REPORT

515 256-8010
TELEPHONE

1/19/08
DATE SIGNED

I AM FILING A JANUARY 19, 2008 REPORT FOR (1) ELECTION //(2) NON-ELECTION YEAR.
(report date) Indicate by # 1 2

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
NOVEMBER 4, 2008
County & Local Committees, enter County in which Election is held
POLK

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>3,151.32</u>
ADD TOTAL MONEY TAKEN IN THIS PERIOD		
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)		<u>3,690.00</u>
Schedule F: Loans Received total (Attach Schedule F)		<u>0.00</u>
Schedule H: Total Sales of Campaign Property (Attach Schedule H)		<u>0.00</u>
<u>(Schedule H applies to Candidates' Committees Only)</u>		
SUB-TOTAL	\$	<u>6,841.32</u>
SUBTRACT TOTAL MONEY SPENT THIS PERIOD		
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)		<u>1,325.64</u>
Schedule F: Loan Repayments total (Attach Schedule F)		<u>0.00</u>
CASH ON HAND at the end of this reporting period (if final report balance must be zero)	\$	<u>5,515.68</u>
**UNPAID BILLS (From Schedule D - Attach Schedule D)	\$	<u>0.00</u>
**IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)	\$	<u>60.00</u>
**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)	\$	<u>0.00</u>
CONSULTANT BREAKDOWN (Schedule G Attached?)		<u>YES</u> <input checked="" type="checkbox"/> <u>NO</u>
CANDIDATE COMMITTEES ONLY:		
VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)	\$	<u>0.00</u>
STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.		

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

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

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

COMMITTEE TO ELECT BRUCE HUNTER

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
010307	ID# 6116 CK# 1645	POLITICAL ACTION - IOWA DEALERS PO BOX 65840 WEST DES MOINES, IA. 50265		\$100.00	<input checked="" type="checkbox"/>
010307	ID# 9753 CK# 1001	RAINBOW EQUITY 1264 CUMMINS RD. DES MOINES, IA. 50315		25.00	<input checked="" type="checkbox"/>
083107	ID# CK# 1212	MARTY RYAN 2516 LYNNER DR. DES MOINES, IA. 50310		15.00	<input checked="" type="checkbox"/>
083107	ID# 6449 CK# 1378	GREAT PLAINS LABORERS 5806 MEREDITH DR. DES MOINES, IA. 50322		300.00	<input checked="" type="checkbox"/>
083107	ID# 6046 CK# 4350	JUSTICE FOR ALL 218 6TH AVE. DES MOINES, IA. 50309		100.00	<input checked="" type="checkbox"/>
083107	ID# 6429 CK# 2098	HEAVY HIGHWAY PAC 2415 INGERSOLL AVE. DES MOINES, IA. 50312		300.00	<input checked="" type="checkbox"/>
083107	ID# 6058 CK# 4072	IA CHIROPRACTIC SOCIETY 1604 N. ANKENY BL. ANKENY, IA. 50023		100.00	<input checked="" type="checkbox"/>
083107	ID# 6017 CK# 3192	CENTRAL IA BLDG & CONST TRADES PO BOX 7310 DES MOINES, IA. 50309		500.00	<input checked="" type="checkbox"/>
083107	ID# 6004 CK# 4634	ASSOCIATED GENERAL CONTRACTORS 701 E. COURT AVE. DES MOINES, IA. 50309		250.00	<input checked="" type="checkbox"/>
083107	ID# CK# 2412	BRICE OAKLEY 418 38TH PLACE DES MOINES, IA. 50312		100.00	<input checked="" type="checkbox"/>

SUB-TOTAL

\$ 1790.00

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

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

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

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

COMMITTEE TO ELECT BRUCE HUNTER

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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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
083107	ID# CK# 14162	MAYNARD BOATWRIGHT 2331 E. 39TH COURT DES MOINES, IA. 50317		\$50.00	<input checked="" type="checkbox"/>
083107	ID# 6099 CK# 1117	MEREDITH CORP 1716 LOCUST DES MOINES, IA. 50309		50.00	<input checked="" type="checkbox"/>
083107	ID# 6059 CK# 3011	ICAR 1111 OFFICE PARK RD. WEST DES MOINES IA. 50265		150.00	<input checked="" type="checkbox"/>
091407	ID# 8061 CK# 7331	CITIGROUP INC. 1101 PENNSYLVANIA AVE. # 1000 WASHINGTON, DC 20004		200.00	<input checked="" type="checkbox"/>
092707	ID# 8087 CK# 002342	INT'L ASSOCIATIONS OF FIRE FIGHTERS 1750 NEW YORK AVE. NW WASHINGTON, DC 20006		1000.00	<input checked="" type="checkbox"/>
111207	ID# 6067 CK# 3768	IOWA HEALTH 6750 WESTON PKWY DES MOINES, IA. 50266		200.00	<input checked="" type="checkbox"/>
122007	ID# 6488 CK# 2024	IOWA PROVIDERS PAC 7025 HICKMAN RD. URBAN DALE IA 50322		250.00	<input checked="" type="checkbox"/>
	ID# CK#				<input checked="" type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

\$ 1900.00

TOTAL (if last page of this schedule)

\$ 3690.00

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FOR INSTRUCTIONS, SEE BACK OF 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)
COMMITTEE TO ELECT BRUCE HUNTER

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
012507	ID# CK# 1241	CAPITOL POST OFFICE DES MOINES, IA.	POSTAGE STAMPS FOR VARIOUS MAILINGS	\$ 39.00
041907	ID# CK# 1242	SOUTH D.M. POST OFFICE DES MOINES, IA. 50315	POSTAGE STAMPS FOR VARIOUS MAILINGS	150.00
091307	ID# CK# 1243	ADAM PHILLIPS - IA HOUSE DEMS 5661 FLUER DR. DES MOINES, IA. 50321	FUNDRAISER EXPENSES	90.00
092407	ID# CK# 1244	POLK COUNTY DEMS PO BOX 5102 DES MOINES, IA. 50306	CONTRIBUTION FOR COUNTY FALL DINNER AND AUCTION	1000.00
011907	ID# CK# 1240	CARTER PRINTING 1739 E. GRAND AVE. DES MOINES, IA. 50316	PRINTING LETTERHEAD	46.64
	ID# CK#			
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$ 1325.64
TOTAL (if last page of this schedule)				\$ 1325.64

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).)

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)
 COMMITTEE TO ELECT BRUCE HUNTER

SCHEDULE E (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
081607	HOUSE TRUMAN FUND 5661 FLUER DR. DES MOINES, IA. 50321		INVITATIONS FOR FUND RSR	\$ 60.00	<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"/>
SUB-TOTAL				\$ 60.00	
TOTAL (if last page of this schedule)				\$ 60.00	

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