

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

Reset Form

IA ETHICS AND  
CAMPAIGN DISCLOSURE BILL  
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2008 MAY 19 PM 3:54

FOR INSTRUCTIONS, SEE BACK OF FORM  
**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  
( 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): HD #73

FORM DR-2 (Rev. 07/2007) DISCLOSURE REPORT  
For Office Use Only  
Comm. # 1675  
Logged in: [initials]  
Scanned: \_\_\_\_\_  
Computer: \_\_\_\_\_  
Audited: \_\_\_\_\_

Late 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

*Maxine R. Bussanmas*  
SIGNATURE OF PERSON FILING REPORT

515-462-6989  
TELEPHONE

5/19/08  
DATE SIGNED

I AM FILING A May 14, 2008 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.) \$ 3,672.14

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (\*also see in-kind below) 2,215.00

Schedule F: Loans Received total (Attach Schedule F) 0.00

Schedule H: Total Sales of Campaign Property (Attach Schedule H) 0.00

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL \$ 5,887.14

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (\*\*also see debts and loans below) 615.47

Schedule F: Loan Repayments total (Attach Schedule F) 0.00

CASH ON HAND at the end of this reporting period (if final report balance must be zero) \$ 5,271.67

\*\*UNPAID BILLS (From Schedule D - Attach Schedule D) \$ 0.00

\*\*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E) \$ 0.00

\*\*OUTSTANDING LOANS (From Schedule F - Attach Schedule F) \$ 4,000.00

CONSULTANT BREAKDOWN (Schedule G Attached?) YES  NO

CANDIDATE COMMITTEES ONLY:  
VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H) \$ 0.00

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

For Instructions, See Back of Form

Reset Form

SCHEDULE <b>A</b> (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.

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
01/12/08	ID# CK#	Merrill Hitchcock 317 N. 8th Street Winterset, Iowa 50273		\$100.00	<input type="checkbox"/>
01/24/08	ID# CK#	John DellaVedova 7207 50th Avenue Norwalk, Iowa 50211		25.00	<input type="checkbox"/>
02/13/08	ID# CK#	Seldon E. Spencer 823 Ashwood Dr. Huxley, Iowa 50124		100.00	<input type="checkbox"/>
02/25/08	ID# CK#	Margaret W. Roach 602 N. 8th Avenue Winterset, Iowa 50273		20.00	<input type="checkbox"/>
02/29/08	ID# CK#	Madison County Democratic Central Committee Winterset, Iowa 50273		1000.00	<input type="checkbox"/>
03/02/08	ID# CK#	Sharon L. Hawk 8601 10th Avenue Norwalk, Iowa 50211	Niece	100.00	<input type="checkbox"/>
03/15/08	ID# CK#	James Lynch 16609 290th Street Redfield, Iowa 50233		20.00	<input type="checkbox"/>
03/29/08	ID# CK#	Julie Kay-Lewis 1816 E. 22nd Street Des Moines, Iowa 50317		50.00	<input type="checkbox"/>
05/05/08	ID# CK#	Patricia K. Nelson 511 W. Benton Winterset, Iowa 50273		50.00	<input checked="" type="checkbox"/>
05/07/08	ID# CK#	Robert H. Major 1931 Summerhill Dr. Winterset, Iowa 50273		100.00	<input checked="" type="checkbox"/>
SUB-TOTAL				\$ 1565.00	
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

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**CONTRIBUTIONS -- MONEY TAKEN IN**  
(Including candidate's personal funds)

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

**COMMITTEE NAME (Must be same as on Statement of Organization)**  
 Maxine Bussanmas for State Rep.

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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
05/08/08	ID# CK#	Robert F. Bell 2478 Bevington Park Road St. Charles, Iowa 50240		\$100.00	<input checked="" type="checkbox"/>
05/08/08	ID# CK#	Luan M. Overton 1472 G50 Hwy. St. Charles, Iowa 50240		25.00	<input checked="" type="checkbox"/>
05/09/08	ID# CK#	Janet Lea Downs 214 S. Cross Street St. Charles, Iowa 50240		25.00	<input checked="" type="checkbox"/>
05/10/08	ID# CK#	Staci Wildebour Appel 10901 180th Avenue Ackworth, Iowa 50001		100.00	<input checked="" type="checkbox"/>
05/12/08	ID# CK#	Ted Benshoof 1931 Quail Ridge Avenue Winterset, Iowa 50273		250.00	<input checked="" type="checkbox"/>
05/13/08	ID# CK#	Chuck Vanderburg 34296 Red Oak Lane Cumming, Iowa 50061-4426		100.00	<input checked="" type="checkbox"/>
05/14/08	ID# CK#	Fred Stoeffler 824 E. Court Winterset, Iowa 50273		50.00	<input checked="" type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
<b>SUB-TOTAL</b>				\$ 650.00	
<b>TOTAL (if last page of this schedule)</b>				\$ 2215.00	

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FOR INSTRUCTIONS, SEE BACK OF FORM

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**EXPENDITURES – MONEY SPENT FROM COMMITTEE ACCOUNT**

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.

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

**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
01/24/08	ID# CK#	The Shopper 215 N. 1st Avenue Winterset, Iowa 50273	Winter Fundraiser Advertising	\$ 60.68
04/07/08	ID# CK#	Carter Printing 1739 E. Grand Des Moines, Iowa 50316	Letterhead	214.12
04/12/08	ID# CK#	Des Moines Stamp 851 Sixth Avenue Des Moines, Iowa 50306	Name Badges	16.95
04/12/08	ID# CK#	Carter Printing 1739 E. Grand Des Moines, Iowa 50316	Mailing Envelopes	118.72
04/29/08	ID# CK#	Martensdale US Post Office Martensdale, Iowa 50160	Stamps	205.00
	ID# CK#			
	ID# CK#			
	ID# CK#			
<b>SUB-TOTAL</b>				<b>\$ 615.47</b>
<b>TOTAL (if last page of this schedule)</b>				<b>\$ 615.47</b>

**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)(f).)

FOR INSTRUCTIONS, SEE BACK OF FORM

**RESET**

**COMMITTEE NAME** (Must be same as on Statement of Organization)  
 Maxine Bussanmas for State Rep.

SCHEDULE <b>F</b> (Rev. 02/08)	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 \$ 4000.00

**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.)

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

TOTAL (PART I) \$ 0.00

**PART II - MONETARY LOAN REPAYMENTS MADE THIS REPORTING PERIOD**

(Loans forgiven must be reported on Schedule E - In-kind Contributions.)

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

TOTAL CASH REPAYMENTS (PART II) \$ 0.00

From Schedule E - TOTAL LOANS FORGIVEN \$ 0.00

TOTAL OUTSTANDING LOANS END OF REPORT PERIOD \$ 4000.00

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