

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE



Bremer

FORM DR-2 (Rev. 07/2003)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	17603
Logged In	
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Computer	
ETHICS & CAMPAIGN DISCLOSURE BOARD MAY 18 2004 FILED	

COMMITTEE NAME (Must be same as on Statement of Organization)
Lynn Brase for Auditor Committee

IMPORTANT: Indicate type of committee you are reporting for: (4)
(1) Statewide/Legislative Candidate (2) Statewide PAC (3) State Party (4) County/Local Candidate
(5) County PAC (6) Ballot Issue/Franchise Committee (7) County/City Central Committee

CANDIDATE COMMITTEES ONLY:

Candidate Name <u>Lynn Ann Brase</u>	Political Party <u>Republican</u>
Office Sought <u>Bremer Co. Auditor</u>	District (if Senate or House)

Janet K. Ladys 319-279-3525 5-17-04
SIGNATURE OF TREASURER (or person filing this report) TELEPHONE DATE SIGNED

Late filed reports are subject to possible civil and criminal penalties.

SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE:

I AM FILING A May 19, 2004 REPORT FOR AN/A (1) ELECTION /(2) NON-ELECTION YEAR.
(report date) Indicate one (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 Notice of Dissolution is filed.)

Local Committees, enter Date of Election
June 8, 2004
County & Local Committees, enter County in which Election is held
Bremer

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (This is the total of all monies 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>.00</u>
ADD TOTAL MONEY TAKEN IN THIS PERIOD		
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)		<u>200.00</u>
Schedule F: Loans Received total (Attach Schedule F)		<u>1,569.35</u>
Schedule H: Total Sales of Campaign Property (Attach Schedule H)		<u>—</u>
<u>(Schedule H applies to Candidates' Committees Only)</u>		
SUB-TOTAL	\$	<u>1,769.35</u>
SUBTRACT TOTAL MONEY SPENT THIS PERIOD		
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)		<u>1,735.11</u>
Schedule F: Loan Repayments total (Attach Schedule F)		<u>—</u>
CASH ON HAND at the end of this reporting period (if final report, balance must be zero) (Attach DR-3)	\$	<u>34.24</u>
**UNPAID BILLS (From Schedule D - Attach Schedule D)	\$	<u>—</u>
*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)	\$	<u>150.00</u>
**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)	\$	<u>1,569.35</u>
CANDIDATE COMMITTEES ONLY:		
CONSULTANT BREAKDOWN (Schedule G Attached?)		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)	\$	<u>—</u>

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)

Lynn Brase for Auditor Committee

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
3/4/04	ID# CK# 501	The Printery 211 W. Bremer Ave Waverly Ia 50677	Brochures	\$25.44
4/5/04	ID# CK# 502	The Printery 211 W. Bremer Ave Waverly Ia. 50677	Brochures	256.64
4/6/04	ID# CK# 503	Stephen Brase Acct for Debit Visa card 1659 130th, Plainfield, Ia	Campaign Headquarters 250 yd. signs - internet + 100 E Bay Pin parts	855.00
4/19/04	ID# CK# 504	Dutchers Paint 220 E. Bremer Ave Waverly Ia. 50677	Sign Paint	44.28
4/26/04	ID# CK# 505	Office Max 1210 Flamingo Road Waterloo Ia. 50702	Heavy Duty Stapler + Staples for signs	70.60
4/30/04	ID# CK# 506	Graphic Fix 20 N. Chestnut Ave New Hampton Ia. 50659	2 Magnetic car signs	68.48
5/10/04	ID# CK# 507	The Printery 211 West Bremer Ave Waverly Ia 50677	Brochures	414.67
	ID# CK#			
SUB-TOTAL				\$1,735.11
TOTAL (If last page of this schedule)				\$1,735.11

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).)

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 IN
(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)
Lynn Brase for Auditor Committee

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
<i>4/18/04</i>	ID# CK#	<i>Donald Schrage 327 main St Plainfield Ia. 50666</i>	<i>none</i>	<i>\$ 100.00</i>	<input type="checkbox"/>
<i>5/2/04</i>	ID# CK#	<i>Deloris Goettsch 1427 W. Donald Waterloo Ia 50704</i>	<i>mother</i>	<i>100.00</i>	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
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	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
SUB-TOTAL				<i>\$ 200.00</i>	
TOTAL (if last page of this schedule)				<i>\$ 200.00</i>	

* 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

COMMITTEE NAME (Must be same as on Statement of Organization)
 Lynn Brase for Auditor Committee

Reset Form

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
4/16/04	Deloris Goethech 1427 W. Donald Waterloo Ia. 50204	mother	used wood	\$ 50.00	<input type="checkbox"/>
4/16/04	Stephen Brase 1659 130th St Plainfield Ia. 50666	husband	farm wood & barn paint	100.00	<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 \$ 150.00
 TOTAL (If last page of this schedule) \$ 150.00

*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Reset Form

SCHEDULE F (Rev. 07/03)	LOANS RECEIVED & REPAY
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)
Lynn Brase for Auditor Committee

NOTE: This schedule reports money loaned to the committee which is deposited in the committee account.

TOTAL UNPAID LOANS FROM LAST REPORTING PERIOD \$ 0

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.)

PART II - MONETARY LOAN REPAYMENTS MADE THIS REPORTING PERIOD
(Loans forgiven must be reported on Schedule E - In-kind Contributions.)

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, if Applicable)	RELATIONSHIP TO CANDIDATE (If Applicable*)	AMOUNT OF LOAN
3/5/04	Lynn Brase 1659 130th St Plainfield Ia. 50666	self	\$ 109.35
3/31/04	Lynn Brase 1659 130th St Plainfield Ia. 50666	self	300.00
4/6/04	Lynn Brase 1659 130th St Plainfield Ia 50666	self	735.00
4/29/04	Lynn Brase 1659 130th St Plainfield Ia 50666	self	25.00 100.00

DATE PAID (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, if Applicable)	RELATIONSHIP TO CANDIDATE* (If Applicable)	AMOUNT REPAY
5/10/04	Stephen Brase 1659 130th St Plainfield Ia. 50666	husband	\$ 400.00

TOTAL (PART I) \$ 1,569.35

TOTAL CASH REPAYMENTS (PART II) \$ 0

From Schedule E - TOTAL LOANS FORGIVEN \$ 0

TOTAL OUTSTANDING LOANS END OF REPORT PERIOD \$ 1,569.35

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PAGE 05
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