

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

| | |
|------------------------------------|--------------------------|
| FORM DR-2 (Rev. 07/2004) | DISCLOSURE REPORT |
| For Office Use Only | |
| Comm. # | <u>17603</u> |
| Logged In | _____ |
| Scanned | _____ |
| Computer | _____ |
| Audited | _____ |

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

IMPORTANT: Indicate by # type of committee you are reporting for: 5
 (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: Lynn Ann Brase Political Party (if applicable): Republican
 Office Sought: Bremer Co. Auditor District (if Senate or House): _____

Late reports are subject to possible civil and criminal penalties.

Janet Salas 319+279-3525 10-18-04
SIGNATURE OF PERSON FILING REPORT TELEPHONE DATE SIGNED

I AM FILING A Oct, 19, 2004 REPORT FOR (1) ELECTION //(2) NON-ELECTION YEAR.
(report date)

CHECK IF AMENDMENT TO REPORT DATED Oct 19 2004

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 Bremer

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>35.91</u> |
| ADD TOTAL MONEY TAKEN IN THIS PERIOD | | |
| Schedule A: Cash Contributions total (Attach Schedule A) (*also see In-Kind below) | | <u>450.00</u> |
| Schedule F: Loans Received total (Attach Schedule F) | | <u>0</u> |
| Schedule H: Total Sales of Campaign Property (Attach Schedule H) | | <u>0</u> |
| (Schedule H applies to Candidates' Committees Only) | | |
| SUB-TOTAL | \$ | <u>485.91</u> |
| SUBTRACT TOTAL MONEY SPENT THIS PERIOD | | |
| Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below).... | | <u>482.16</u> |
| Schedule F: Loan Repayments total (Attach Schedule F) | | <u>0</u> |
| CASH ON HAND at the end of this reporting period (if final report balance must be zero) (Attach DR-3) | \$ | <u>3.75</u> |
| **UNPAID BILLS (From Schedule D - Attach Schedule D) | \$ | <u>0</u> |
| *IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E) | \$ | <u>737.00</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 type="checkbox"/> NO |
| VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H) | \$ | _____ |

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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)
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 |
|---------------------------------------|--|--|--|-----------------|-----------------------------|
| 7/21/04 | ID# CK# | <i>Lynn Brase 1659 - 130th St Plainfield Ia. 50666</i> | <i>Self</i> | \$ 150.00 | <input type="checkbox"/> |
| 9/2/04 | ID# CK# | <i>Bremner Co. Republicans</i> | <i>County party</i> | 300.00 | <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"/> |
| | ID# CK# | | | | <input type="checkbox"/> |
| SUB-TOTAL | | | | \$ 450.00 | |
| TOTAL (if last page of this schedule) | | | | \$ 450.00 | |

* 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.

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| | |
|---|--------------------------|
| SCHEDULE B (Rev. 07/03) | MONETARY EXPENDITURES |
|---|--------------------------|

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.

CHECK THIS BOX IF AMENDING FORM

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 |
|---------------------------------------|--|--|--------------------------------|-----------------|
| 7/28 | ID# CK# 522 | Donahue | Campaign rulers | \$ 132.95 |
| 9/7 | ID# CK# 503 | Wal Mart Waverly | paper ink | 80.52 |
| 9/20 | ID# CK# debit | First National Waverly | checks | 3.00 |
| 9/21 | ID# CK# 503 | Wal Mart Waverly, Ia | paper & ink | 109.75 |
| 9/22 | ID# CK# 530 | HyVee Waverly, Ia. | stamps | 109.94 |
| 9/27 | ID# CK# 531 | U.S. Post Office Waverly, Ia. | stamps | 46.00 |
| | ID# CK# | | | |
| | ID# CK# | | | |
| SUB-TOTAL | | | | \$ 482.16 |
| TOTAL (if last page of this schedule) | | | | \$ 482.16 |

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).)

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| | |
|---|--------------------------|
| SCHEDULE E (Rev. 06/97) | IN KIND CONTRIBUTIONS |
| <input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM | |

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



| 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 |
|--------------------------|--|---|-------------------------------------|-----------------------------|-----------------------------------|
| 7/20/04 | <i>Deloris Goettsch 1427 W. Donald Waterloo Ia 50701</i> | <i>mom</i> | <i>parade Candy</i> | \$ <i>1.56.00</i> | <input type="checkbox"/> |
| 8/1/04 | <i>Judd Brase 1659-130th St Plainfield 50666</i> | <i>son</i> | <i>paper + ink</i> | <i>200.00</i> | <input type="checkbox"/> |
| 8/12/04 | <i>Greg Brase 302 Liricola, Plainfield 50664</i> | <i>son</i> | <i>paper + ink</i> | <i>200.00</i> | <input type="checkbox"/> |
| 8/20/04 | <i>Jody Neubaus 21210-100th St Anamosa Ia 52205</i> | <i>daug.</i> | <i>stamps</i> | <i>207.00</i> | <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 \$ *757.00*

TOTAL (if last page of this schedule) \$ *757.00*

*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.

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



| | |
|---|-------------------------------|
| SCHEDULE F (Rev. 07/03) | 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 \$ 1,569.35

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 |
|--------------------------|---|--|----------------|
| | | | \$ |
| | | | |
| | | | |
| | | | |

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

TOTAL (PART I) \$ _____

TOTAL CASH REPAYMENTS (PART II) \$ _____

From Schedule E -- TOTAL LOANS FORGIVEN \$ _____

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

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RECORDER

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10/19/2004 12:16