

Dubueque

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

FORM DR-2 (Rev. 07/2004)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	<u>13550</u>
Logged in	_____
Scanned	_____
Computer	_____
Audited	_____

COMMITTEE NAME (Must be same as on Statement of Organization)
BRAIG FOR City Council

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

CANDIDATE COMMITTEES ONLY:

Candidate Name KARLA BRAIG Political Party (if applicable) _____

Office Sought City Council - Ward 2 District (if Senate or House) _____

FILED
DISCLOSURE BOARD
 OCT 10 2005

Late reports are subject to possible civil and criminal penalties.

Karla Braig 563-557-9354 10/9/2005
 SIGNATURE OF PERSON FILING REPORT TELEPHONE DATE SIGNED

I AM FILING A Oct 11 primary 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
Oct 11, Nov 8

County & Local Committees, enter County in
which Election is held
Dubueque

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>0.00</u>
ADD TOTAL MONEY TAKEN IN THIS PERIOD		
Schedule A: Cash Contributions total (Attach Schedule A) (**also see in-kind below)		<u>1385.00</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>1385.00</u>
SUBTRACT TOTAL MONEY SPENT THIS PERIOD		
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)		<u>184.00</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) (Attach DR-3)	\$	<u>1201.00</u>
**UNPAID BILLS (From Schedule D - Attach Schedule D)	\$	<u>496.24</u>
*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)	\$	<u>0.00</u>
**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)	\$	<u>0.00</u>
CONSULTANT BREAKDOWN (Schedule G Attached?)	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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



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)
BRAIG for City Council

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(8), 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/YYR)	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
9/7/05	ID# CK#	GINA BRENNAN 1432 S. GRANOVICH DUBUQUE 52001		\$ 200.00	<input type="checkbox"/>
9/7/05	ID# CK#	JUDY GIESEN 1600 LORI COURT DUBUQUE 52001		\$ 100.00	<input type="checkbox"/>
9/7/05	ID# CK#	DONNA BAURLY 305 RIVER RIDGE DUBUQUE		\$ 100.00	<input type="checkbox"/>
9/9/05	ID# CK#	RUTH SCHARVAN 2905 WILDERNESS Rd DUBUQUE		\$ 20.00	<input type="checkbox"/>
9/9/05	ID# CK#	PAT JOCHUM 52001 2368 JACKSON DUBUQUE		\$ 25.00	<input type="checkbox"/>
9/11/05	ID# CK#	NANCY ZACHER FETT 675 JULISSA DR POSTA 52068		\$ 50.00	<input type="checkbox"/>
9/19/05	ID# CK#	SIDNEY SCOTT 11240 HIDDEN SPRINGS Ct. DUBUQUE 52003		\$ 200.00	<input type="checkbox"/>
9/19/05	ID# CK#	MARLENE APEL 16973 MUNTZ Ct 52001 DUBUQUE		\$ 25.00	<input type="checkbox"/>
9/19/05	ID# CK#	JIM EHLLINGER 1017 ASPEN CT DUBUQUE 52001		\$ 100.00	<input type="checkbox"/>
9/19/05	ID# CK#	GWEN SAYLER 1725 MOUNT VERNON Ct DUBUQUE, 52003		\$ 50.00	<input type="checkbox"/>
SUB-TOTAL				\$ 870.00	
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

Reset Form

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

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(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)
BRAIG For City Council

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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
9/20/05	ID# CK#	Nancy Bickel 75 FREMONT AVE, DBQ 52003		\$ 30.00	<input type="checkbox"/>
9/20/05	ID# CK#	ELIZABETH VANDENHEUVEL 2641 FULLON ST. DBQ, 52001		\$ 50.00	<input type="checkbox"/>
9/20/05	ID# CK#	JAMES ALLAN 850 AAWKEYE DR #2 DUBUQUE 52001		\$ 25.00	<input type="checkbox"/>
9/20/05	ID# CK#	Robert Beck 1220 N. BOOTH DUB. 52001		\$ 60.00	<input type="checkbox"/>
9/20/05	ID# CK#	NANCY ROSS 1375 TOMAHAWK DR. DUBUQUE 52003		\$ 20.00	<input type="checkbox"/>
9/21/05	ID# CK#	CATHY ELWELL 4252 KELLY LANE Potosi, WI 53820		\$ 40.00	<input type="checkbox"/>
9/21/05	ID# CK#	Annette BARRAST 3214 LAKE RIDGE DR., # C DUBUQUE, 52003		\$ 100.00	<input type="checkbox"/>
9/22/05	ID# CK#	LADOLE SURA 1375 AUBURN ST DUBUQUE IA 52001		\$ 50.00	<input type="checkbox"/>
9/30/05	ID# CK#	SUSAN Rhomberg 703 RAVENWOOD ST. DUBUQUE 52001		\$ 100.00	<input type="checkbox"/>
10/1/05	ID# CK#	PATRICIA HAIL 2025 WOODROW DR. DUBUQUE 52002		10.00	<input type="checkbox"/>
SUB-TOTAL				\$ 485	
TOTAL (if last page of this schedule)				\$	

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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)

BRAIG for City Council

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
9/11/05	ID# CK#	DAVE GRACE 314 Glenview Dr Des Moines IA 50312		\$ 30.00	<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

\$ 30.00

TOTAL (if last page of this schedule)

\$ 1385.00

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Reset 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)
BRAIG for City Council

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
8/22/05	ID# CK#	DUBUQUE LEADER 1527 CENTRAL DUBUQUE 52001	Advertisement (2 weeks)	\$ 100.00
8/26/05	ID# CK#	DUBUQUE 52002 ADVERTISER 2990 JFK Rd. Dubuque.	Advertisement	\$ 84.00
	ID# CK#			
SUB-TOTAL				\$ 184.00
TOTAL (if last page of this schedule)				\$ 184.00

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).)

