

DISCLOSURE SUMMARY PAGE

Reset Form

FORM DR-2 (Rev. 07/2003)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	17781
Logged In	
Scanned	
Computer	
Audited	

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

Ron Fraise For Supervisor

IMPORTANT: Indicate type of committee you are reporting for: 4

(1) Statewide/Legislative Candidate (2) Statewide/Party (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: Ron Fraise Political Party: Democrat

Office Sought: Lee District (if Senate or House): County Supervisor

OCT 19 2004

Kathy J Blanchard
SIGNATURE OF TREASURER (or person filing this report)

319-528-4536
TELEPHONE

Oct 13, 2004
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 October 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
November 2, 2004

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

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.)\$ 0

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below) 2,395

Schedule F: Loans Received total (Attach Schedule F)

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

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL\$ 2,395

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below).... 1487.96

Schedule F: Loan Repayments total (Attach Schedule F)

CASH ON HAND at the end of this reporting period (if final report, balance must be zero) (Attach DR-3)\$ 907.04

**UNPAID BILLS (From Schedule D - Attach Schedule D).....\$ 0

**IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)\$ 80

**OUTSTANDING LOANS (From Schedule F - Attach Schedule F).....\$

CANDIDATE COMMITTEES ONLY:

CONSULTANT BREAKDOWN (Schedule G Attached?) YES NO

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H) \$ 0

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)
Ron Fraise For Supervisor

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
8/11/04	ID# CK#	Leonard Shipley 800 Easy St Burlington IA 52601	NA	\$ 200	<input type="checkbox"/>
8/11/04	ID# CK#	William Merschman 808 Starlight Dr. West Point IA 52656	NA	250	<input type="checkbox"/>
8/11/04	ID# CK#	Kathy Blanchard 1300 265 AVE West Point IA 52656	NA	100	<input type="checkbox"/>
8/28/04	ID# CK#	Rita Mohrfeld 2233 Hwy 16 West Point IA 52656	sister	100	<input checked="" type="checkbox"/>
8/28/04	ID# CK#	Jeff Tungate 2439 Hwy 16 West Point IA 52656	NA	30	<input checked="" type="checkbox"/>
8/28/04	ID# CK#	Keith Fraise 1695 Abel Rd Dannellson IA 52625	Uncle	40	<input checked="" type="checkbox"/>
8/28/04	ID# CK#	Raymond Krogmeyer 5155 St West Point IA 52656	NA	30	<input checked="" type="checkbox"/>
8/28/04	ID# CK#	Kelley Stvenson 1293 295 AVE West Point IA 52656	NA	50	<input checked="" type="checkbox"/>
8/28/04	ID# CK#	Terry Kearns 402 Hickory Terrace Keokuk IA 52632	NA	50	<input checked="" type="checkbox"/>
8/28/04	ID# CK#	Ruth Davis 3118 Old Quarry Rd Wever IA 52658	NA	50	<input checked="" type="checkbox"/>
SUB-TOTAL				\$ 900	
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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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)
Bon Fraise For Supervisor

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8/28/04	ID# CK#	Jerry Shulte 212 ave F West Point IA 52656	NA	\$ 20	<input checked="" type="checkbox"/>
8/28/04	ID# CK#	Steve Ireland 1904 AVE D Ft Madison IA 52627	NA	25	<input checked="" type="checkbox"/>
8/28/04	ID# CK#	Richard Larkin 1304 AVE B Ft Madison IA 52627	NA	25	<input checked="" type="checkbox"/>
8/28/04	ID# CK#	Matt Mohrfeld 2127 AVE H Ft Madison IA 52627	NA	50	<input checked="" type="checkbox"/>
8/28/04	ID# CK#	Larry Fraise 1558 330 AVE Wever IA 52658	Brother	100	<input checked="" type="checkbox"/>
8/28/04	ID# CK#	Virginia Chestnut 3579 Hwy 14 Wever IA 52658	NA	20	<input checked="" type="checkbox"/>
8/28/04	ID# CK#	Committee For Anne Petersen Committee to Re-Elect 506 33rd St. Ft Madison	NA	50	<input checked="" type="checkbox"/>
8/28/04	ID# CK#	Vickie Lightfoot 3147 170 St Ft Madison IA 52627	NA	25	<input checked="" type="checkbox"/>
9/2/04	ID# CK#	Edward Broadfield Box 71 Wever IA 52658	NA	100	<input type="checkbox"/>
9/9/04	ID# CK#	Cheryl Sanders 1503 140 AVE Donnellson IA 52625	NA	20	<input type="checkbox"/>
SUB-TOTAL				\$ 435	
TOTAL (if last page of this schedule)				\$	

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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)
Bon Fraise For Supervisor

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
9/9/04	ID# CK#	Kathy Ellison 17857 Skunk River Rd Wewar IA 52658	NA	\$ 100	<input type="checkbox"/>
8/28/04	ID# CK#	unitemized contributions	NA	840	<input checked="" type="checkbox"/>
9/9/04	ID# CK#	Diane Hill 1520 330 AVE Wewar IA 52658	NA	25	<input type="checkbox"/>
8/31/04	ID# CK#	Vicki Lightfoot 3147 170 St Ft. Madison IA 52627	Cousin	25	<input type="checkbox"/>
9/9/04	ID# CK#	unitemized contributions	NA	20	<input type="checkbox"/>
9/17/04	ID# CK#	Debra Sylvester 1718 354th AVE Box 191 Wewar IA 52658	NA	50	<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

\$ 1,060

TOTAL (if last page of this schedule)

\$ ~~1,060~~ 2,395

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FOR INSTRUCTIONS, SEE BACK OF FORM

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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)
Bon Fraise For Supervisor

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
8/12/04	ID# CK#	Daily Democrat 1226 AVE H Ft Madison IA 52627	Newspaper to advertise fundraiser	\$141.60
8/25/04	ID# CK#	Clear Channel 1411 N Roosevelt Burlington IA Radio 52601	radio advertising for fundraiser	90.00
9/7/04	ID# CK#	Memphis Betting 4042 Main St Keokuk IA 52632	pop for fundraiser	43.10
9/7/04	ID# CK#	Sonny's Supermarket 327 5th St West Point IA 52656	pork, potato salad, chips, + buns for fundraiser	282.70
9/10/04	ID# CK#	Mt Hamill 1564 143rd St Donnellson IA 52625	ply wood for signs	174.79
9/10/04	ID# CK#	LC Coop 1038 303 AVE Ft Madison IA 52627	paint, blades, staple gun	125.22
9/10/04	ID# CK#	Weaver Junction 1621 Green Bay Rd Weaver IA 52658	Bear ice for fundraiser	187.90
9/20/04	ID# CK#	Craftsman Press 203 N 3rd St. PO Box 644 Burlington IA 52601	yard signs	422.65
SUB-TOTAL				\$
TOTAL (if last page of this schedule)				\$ 1487.96

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)
Bon Fraise For Supervisor



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
<i>8/28/04</i>	<i>misc. contributions</i>		<i>1 Desserts for fund raiser</i>	<i>\$ 80</i>	<input checked="" 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"/>
					<input type="checkbox"/>

SUB-TOTAL \$
 TOTAL (if last page of this schedule) \$ *80*

*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.