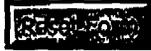


File with:  
Iowa Ethics and Campaign  
Disclosure Board  
510 E. 12<sup>th</sup>, Ste. 1A  
Des Moines, Iowa 50319  
Fax: 515-281-4073



IA ETHICS AND  
CAMPAIGN DISCLOSURE BOARD

FOR INSTRUCTIONS, SEE BACK OF FORM  
**DISCLOSURE SUMMARY PAGE -6 AM 11:28**

COMMITTEE NAME (Must be same as on Statement of Organization)  
**COMMITTEE TO RE-ELECT LYNN BRANIGAN**

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 **LYNN BRANIGAN** Political Party (if applicable) \_\_\_\_\_  
Office Sought **CITY COUNCIL - COUNCIL BLUFFS** District (if Senate or House) \_\_\_\_\_

FORM <b>DR-2</b> (Rev. 07/2007)	DISCLOSURE REPORT
<b>For Office Use Only</b>	
Comm. # _____	
Logged In _____	
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

**Matt Brant** **712-322-3300**  
SIGNATURE OF PERSON FILING REPORT TELEPHONE DATE SIGNED

I AM FILING A **INITIAL** 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  
**NOV 6, 2007**  
County & Local Committees, enter County in  
which Election is held  
**POTAWATOMIE**

**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</u>
<b>ADD TOTAL MONEY TAKEN IN THIS PERIOD</b>		
Schedule A: Cash Contributions total (Attach Schedule A) (**also see in-kind below) .....		<u>2,465.-</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>2,465.-</u>
<b>SUBTRACT TOTAL MONEY SPENT THIS PERIOD</b>		
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below) .....		<u>372.89</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) .....	\$	<u>2,092.11</u>
**UNPAID BILLS (From Schedule D - Attach Schedule D) .....	\$	<u>0</u>
**IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E) .....	\$	<u>0</u>
**OUTSTANDING LOANS (From Schedule F - Attach Schedule F) .....	\$	<u>0</u>
CONSULTANT BREAKDOWN (Schedule G Attached?) .....	YES <input checked="" type="checkbox"/> NO	
<b>CANDIDATE COMMITTEES ONLY:</b>		
VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H) .....	\$	<u>NA</u>
<b>STATE COMMITTEES:</b> Submit a reconciled campaign account bank statement in January of each year.		

For Instructions, See Back of Form



**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)  
**COMMITTEE TO RE-ELECT LYNNE BRANNIGAN**

**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.

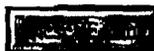
**NOTE:** ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

**CAUTION:** Section 60B.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/YY)	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
7-31-07	ID# CK#	GILBERT THOMAS 29 NORWOOD DR. CO. BLUFFS, IA 51503		\$100.-	<input checked="" type="checkbox"/>
7-31-07	ID# CK#	MARY ANN PEERITS 128 MCKENZIE CIR CO. BLUFFS, IA 51503		75.	<input checked="" type="checkbox"/>
7-31-07	ID# CK#	ARLO & SANDY BURK 901 SIMMS AVE CO. BLUFFS, IA 51503		50.-	<input checked="" type="checkbox"/>
7-31-07	ID# CK#	DONNA PRITCHARD 2704 E. KNOXVILLE # 39 CO. BLUFFS, IA 51503		50.-	<input checked="" type="checkbox"/>
7-31-07	ID# CK#	RICHARD & ARDETH CHRISTIE 233 TURLEY AVE CO. BLUFFS, IA 51503		50.-	<input checked="" type="checkbox"/>
7-31-07	ID# CK#	THOMAS & SANDA HOWARD 904 DELONG AVE CO. BLUFFS, IA 51503		50.-	<input checked="" type="checkbox"/>
7-31-07	ID# CK#	STANLEY GROTE 130 ELMWOOD DR CO. BLUFFS, IA 51503		50.-	<input checked="" type="checkbox"/>
7-31-07	ID# CK#	CAROL NORMER 1606 S. 12 <sup>TH</sup> ST CO. BLUFFS, IA 51501		50.-	<input checked="" type="checkbox"/>
7-31-07	ID# CK#	LINDA & DOUGLAS PRIMER 105 TREEMPS ST. CO. BLUFFS, IA 51503		35.-	<input checked="" type="checkbox"/>
7-31-07	ID# CK#	PAULOTTE CAMER 3629 S. 107 <sup>TH</sup> AVE CIR OMAHA, NE 68124		35.-	<input checked="" type="checkbox"/>
SUB-TOTAL				\$ 545.-	
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



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)  
**COMMITTEE TO RE-ELECT LYANNE BRAUNGAN**

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/YY)	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
7-31-07	ID# CK#	SCOTT DOLL 77 PELICAN COVE CO. BLUFFS, IA 51503		\$ 100. --	<input checked="" type="checkbox"/>
7-31-07	ID# CK#	RON + JEANIE TERKIPPE 5 HORIZON DR. CO. BLUFFS, IA 51503		200. --	<input checked="" type="checkbox"/>
7-31-07	ID# CK#	DONALD + BARBARA COMBS 12574 DEERFIELD CT CO. BLUFFS, IA 51503		150. --	<input checked="" type="checkbox"/>
7-31-07	ID# CK#	MARK McKEON P.O. Box 1827 CO. BLUFFS, IA 51502		100. --	<input checked="" type="checkbox"/>
7-31-07	ID# CK#	DEBORAH BASS 17045 BENT TREE RIDGE CO. BLUFFS, IA 51503		100. --	<input checked="" type="checkbox"/>
7-31-07	ID# CK#	JOHN + ANNE NELSON 344 KENMORE AVE CO. BLUFFS, IA 51503		250. --	<input checked="" type="checkbox"/>
7-31-07	ID# CK#	ANTHONY + MARGARET PRYAB 61 HORIZON DR. CO. BLUFFS, IA 51503		200. --	<input checked="" type="checkbox"/>
7-31-07	ID# CK#	JOHN JERKOVICH 585 W. BROADWAY #100 CO. BLUFFS, IA 51503		250. --	<input checked="" type="checkbox"/>
7-31-07	ID# CK#	MICHAEL SILBERTING / CATHERINE CROWELL 14420 E. WINDRIVER LN. RENO, NV 89511		150. --	<input checked="" type="checkbox"/>
7-31-07	ID# CK#	JOHN + BARBARA BURNS 151 NORWOOD DR. CO. BLUFFS, IA 51503		75. --	<input checked="" type="checkbox"/>
SUB-TOTAL				\$ 1,575. --	
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



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)  
**COMMITTEE TO RE-ELECT LYNN BRANIGAN**

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.

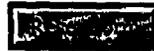
DATE RECEIVED (MM/DD/YY)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	IF FOR FUND-RAISER INCOME
7-31-07	ID# CK#	DONNA & CYNTHIA KETTERBY 17870 BENT TREE RIDGE CO. BLUFFS, IA 51503		\$ 50.-	<input checked="" type="checkbox"/>
7-31-07	ID# CK#	ROBERT & DOROTHY LAUDENTHAL 9 HORIZON DR. CO. BLUFFS, IA 51503		100.-	<input checked="" type="checkbox"/>
7-31-07	ID# CK#	SCOTT BOLT 1447 MADISON AVE CO. BLUFFS, IA 51503		50.-	<input checked="" type="checkbox"/>
7-31-07	ID# CK#	MAST WATSON 1514 SKYLARK DR CO. BLUFFS, IA 51503		30.-	<input checked="" type="checkbox"/>
7-31-07	ID# CK#	UNIDENTIFIED CONTRIBUTIONS		115.-	<input checked="" 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 \$345.-

TOTAL (if last page of this schedule) \$2,465.-

\* 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



**EXPENDITURES – MONEY SPENT FROM COMMITTEE ACCOUNT**

<b>SCHEDULE</b> <b>B</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)  
**COMMITTEE TO RE-ELECT LYNNE BRANIGAN**

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
6-6-07	ID# CK#	LYNNE BRANIGAN 10 BECKY LN CO. BLUFFS, IA 51503	REIMBURSEMENT FOR FUNDRAISOR FOOD + SUPPLIES	\$ 372.89
	ID# CK#			
SUB-TOTAL				\$
TOTAL (if last page of this schedule)				\$ 372.89

**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).)