

Reset Form

DISCLOSURE SUMMARY PAGE

FORM DR-2 (Rev. 07/2003)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	1343
Logged In	J
Scanned	
Computer	
Audited	

COMMITTEE NAME (Must be same as on Statement of Organization)
Reasoner for State Representative

IMPORTANT: Indicate type of committee you are reporting for: 1
(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
(8)Support Slate of Candidates

CANDIDATE COMMITTEES ONLY:

Candidate Name <u>Michael J. Reasoner</u>	Political Party <u>Democrat</u>
Office Sought <u>State Representative</u>	District (if Senate or House) <u>95</u>

Margaret A. Reasoner
SIGNATURE OF TREASURER (or person filing this report)

1641-782-2693
TELEPHONE

JAN 8 2004
1-6-04
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 1-19-04 REPORT FOR AN/A (1) ELECTION / (2) NON-ELECTION YEAR.
(report date)

Indicate one 2

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

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>1,220.73</u>
ADD TOTAL MONEY TAKEN IN THIS PERIOD		
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)		<u>4,753.40</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>5,974.13</u>
SUBTRACT TOTAL MONEY SPENT THIS PERIOD		
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)		<u>0.00</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>5,974.13</u>

**UNPAID BILLS (From Schedule D - Attach Schedule D)	\$	<u>0.00</u>
*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)	\$	<u>164.00</u>
**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)	\$	<u>0.00</u>

CANDIDATE COMMITTEES ONLY:

CONSULTANT BREAKDOWN (Schedule G Attached?) YES NO

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

January 6, 2004

Iowa Ethics and Campaign Disclosure Board
514 East Locust Street
Suite 104
Des Moines, Iowa 50309-1912

Dear Board:

On page 4 of Schedule A you will note on 12-22-03, I received a check in the amount of \$100.00 from an individual and deposited the check the same day. When I was preparing this report on 1-6-04, I realized that this check was a corporate check. I called the individual, Jeff Longstaff, and informed him that my campaign could not accept a corporate check according to Iowa law. I wrote a campaign check in the amount of \$100.00 and delivered the check to Mr. Longstaff on 1-6-04. He in turn wrote a personal check in the amount of \$100.00 to my campaign, which I deposited in my campaign's bank account the same day.

On page 4 of Schedule A, I made a credit entry of -\$100.00 so as to deduct the amount received on 12-22-03. I will show the correct receipt of the \$100.00 personal check and the reimbursement check issued by my campaign on my next campaign financial disclosure report.

Thank you for your understanding of this error. If you have any questions please feel free to contact me.

Sincerely,

A handwritten signature in cursive script that reads "Mike Reasoner".

Mike Reasoner
702 New York Avenue
Creston, Iowa 50801
641-782-2693

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)
Reasoner For State Representative

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
1-7-03	ID# 6125 CK# 2101	Iowa Realtors PAC 1370 NW 114th Street, #100 Clive, Iowa 50325		\$ 500.00	<input type="checkbox"/>
8-30-03	ID# 6098 CK# 3285	Iowa Bev PAC, 310 Northwestern Building 321 East Walnut Street Des Moines, Iowa 50309		100.00	<input type="checkbox"/>
9-24-03	ID# 6351 CK# 1119	Petroleum Marketers of Iowa PAC 1303 50th Street West Des Moines, Iowa 50266		250.00	<input checked="" type="checkbox"/>
9-24-03	ID# 6351 CK# 1120	Petroleum Marketers of Iowa PAC 1303 50th Street West Des Moines, Iowa 50266		50.00	<input checked="" type="checkbox"/>
9-24-03	ID# 6096 CK# 1718	Manufactured Housing PAC 1400 Dean Avenue Des Moines, Iowa 50316-3938		200.00	<input checked="" type="checkbox"/>
9-24-03	ID# CK#	Jonathan Degner 6111 240th Avenue Newell, Iowa 50568		50.00	<input checked="" type="checkbox"/>
9-24-03	ID# 6118 CK# 1962	Iowa Optometric Association PAC 1454 30th Street, Suite 204 West Des Moines, Iowa 50266		100.00	<input checked="" type="checkbox"/>
9-24-03	ID# 6234 CK# 3898	Iowa Farm Bureau Federation PAC 5400 University Avenue West Des Moines, Iowa 50266-5997		250.00	<input checked="" type="checkbox"/>
9-24-03	ID# 6058 CK# 2302	Iowa Chiropractic Society PAC 1605 North Ankeny Blvd., Suite 100 Ankeny, Iowa 50021-4159		100.00	<input checked="" type="checkbox"/>
9-24-03	ID# 6004 CK# 4068	Associated General Contractors of Iowa PAC 701 East Court Avenue Des Moines, Iowa 50309-4901		150.00	<input checked="" type="checkbox"/>

SUB-TOTAL

\$ 1750.00

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



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(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)
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10-3-03	ID# CK#	Terry Hovden Rt. 1, Box 15 Ridgeway, Iowa 52165		\$ 100.00	<input checked="" type="checkbox"/>
10-11-03	ID# 6021 CK# 1663	Credit Union PAC 3737 Westown Parkway West Des Moines, Iowa 50266		150.00	<input checked="" type="checkbox"/>
10-15-03	ID# CK#	John Keck 1114 44th Street Des Moines, Iowa 50311		100.00	<input checked="" type="checkbox"/>
11-10-03	ID# CK#	John Hartung 1011 Scott Felton Road Indianola, Iowa 50125		25.00	<input type="checkbox"/>
11-18-03	ID# CK#	Phillip Tyler 401 Summit Lake Avenue Creston, Iowa 50801		250.00	<input type="checkbox"/>
11-19-03	ID# CK#	Mike Wolfe 903 North Oak Street Creston, Iowa 50801		50.00	<input type="checkbox"/>
11-19-03	ID# CK#	Loretta Harvey 1350 Osage Street Ext. Creston, Iowa 50801		50.00	<input type="checkbox"/>
11-19-03	ID# CK#	David Driskell 1501 North Elm Street Creston, Iowa 50801		100.00	<input type="checkbox"/>
11-20-03	ID# CK#	David Palmer 213 SW Flynn Drive Ankeny, Iowa 50021		50.00	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
SUB-TOTAL				\$ 875.00	
TOTAL (if last page of this schedule)				\$	

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CONTRIBUTIONS – MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)
 Reasoner For State Representative

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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
11-26-03	ID# CK#	Curtis Turner 902 South Cherry Street Creston, Iowa 50801		\$ 300.00	<input type="checkbox"/>
12-1-03	ID# 9098 CK# 2023	Iowa Democratic Party 5661 Fleur Drive Des Moines, Iowa 50321		1,000.00	<input type="checkbox"/>
12-15-03	ID# CK#	Tucker Lillis 308 NW 12th Drive Leon, Iowa 50144		50.00	<input type="checkbox"/>
12-15-03	ID# 6067 CK# 3044	Iowa Health PAC 6750 Westown Parkway West Des Moines, Iowa 50266		100.00	<input type="checkbox"/>
12-17-03	ID# 8242 CK# 10710	GlaxoSmithKline PAC Five Moore Drive Research Triangle Park, NC 27709		200.00	<input type="checkbox"/>
12-22-03	ID# CK#	Thomas Lesan 1005 North Birch Street Creston, Iowa 50801		50.00	<input type="checkbox"/>
12-22-03	ID# CK#	Barb Crittenden 1612 185th Street Creston, Iowa 50801		50.00	<input type="checkbox"/>
12-22-03	ID# CK#	Teresa Krejci 1404 Clayton Road Creston, Iowa 50801		50.00	<input type="checkbox"/>
12-22-03	ID# CK#	William Taylor 1501 West Townline Street Creston, Iowa 50801		20.00	<input type="checkbox"/>
12-22-03	ID# CK#	David M. Neas 2654 Highway 34 Osceola, Iowa 50213		50.00	<input type="checkbox"/>
SUB-TOTAL				\$ 1,870.00	
TOTAL (if last page of this schedule)				\$	

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For Instructions, See Back of Form

Asset 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)
Reasoner For State Representative

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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
12-22-03	ID# CK#	Jeff Longstaff 405 South Sumner Avenue Creston, Iowa 50801		\$ 100.00	<input type="checkbox"/>
12-22-03	ID# CK#	Jeff Longstaff 405 South Sumner Avenue Creston, Iowa 50801		-100.00	<input type="checkbox"/>
12-27-03	ID# CK#	Robert Snodgrass 1002 North Sycamore Street Creston, Iowa 50801		200.00	<input type="checkbox"/>
12-30-03	ID# CK#	Linda Hartsock 105 South Port Road Creston, Iowa 50801		50.00	<input type="checkbox"/>
1-6-03	ID# CK#	Iowa State Savings Bank 401 West Adams Street Creston, Iowa 50801	Check Acct. Int.	.63	<input type="checkbox"/>
2-3-03	ID# CK#	Iowa State Savings Bank 401 West Adams Street Creston, Iowa 50801	Check Acct. Int.	.65	<input type="checkbox"/>
3-3-03	ID# CK#	Iowa State Savings Bank 401 West Adams Street Creston, Iowa 50801	Check Acct. Int.	.66	<input type="checkbox"/>
4-7-03	ID# CK#	Iowa State Savings Bank 401 West Adams Street Creston, Iowa 50801	Check Acct. Int.	.83	<input type="checkbox"/>
5-5-03	ID# CK#	Iowa State Savings Bank 401 West Adams Street Creston, Iowa 50801	Check Acct. Int.	.46	<input type="checkbox"/>
6-2-03	ID# CK#	Iowa State Savings Bank 401 West Adams Street Creston, Iowa 50801	Check Acct. Int.	.40	<input type="checkbox"/>
SUB-TOTAL				\$ 253.63	
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)
Reasoner For State Representative

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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
7-7-03	ID# CK#	Iowa State Savings Bank 401 West Adams Street Creston, Iowa 50801	Check Acct. Int.	\$.50	<input type="checkbox"/>
8-4-03	ID# CK#	Iowa State Savings Bank 401 West Adams Street Creston, Iowa 50801	Check Acct. Int.	.40	<input type="checkbox"/>
8-29-03	ID# CK#	Iowa State Savings Bank 401 West Adams Street Creston, Iowa 50801	Check Acct. Int.	.35	<input type="checkbox"/>
10-6-03	ID# CK#	Iowa State Savings Bank 401 West Adams Street Creston, Iowa 50801	Check Acct. Int.	.71	<input type="checkbox"/>
11-3-03	ID# CK#	Iowa State Savings Bank 401 West Adams Street Creston, Iowa 50801	Check Acct. Int.	1.34	<input type="checkbox"/>
12-1-03	ID# CK#	Iowa State Savings Bank 401 West Adams Street Creston, Iowa 50801	Check Acct. Int.	1.47	<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				\$ 4.77	
TOTAL (if last page of this schedule)				\$ 4,753.40	

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FOR INSTRUCTIONS, SEE BACK OF FORM

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)
Reasoner For State Representative



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
9-24-03	Iowa Agribusiness Employees PAC 900 Des Moines Street Des Moines, Iowa	PAC #6162	Food	\$ 127.00	<input checked="" type="checkbox"/>
9-24-03	Iowa Agribusiness Employees PAC 900 Des Moines Street Des Moines, Iowa	PAC #6162	Postage and Mailing	37.00	<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"/>
SUB-TOTAL				\$	164.00
TOTAL (if last page of this schedule)				\$	164.00

*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.