

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)
 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
6-1-04	ID# CK#	Mary Braun 1083 66th Street Des Moines, Iowa 50311		\$ 50.00	<input type="checkbox"/>
6-24-04	ID# CK# 3014	Iowa Law PAC 521 East Locust, 3rd Floor Des Moines, Iowa 50309		250.00	<input type="checkbox"/>
7-7-04	ID# CK#	Mary Braun 1083 66th Street Des Moines, Iowa 50311		50.00	<input checked="" type="checkbox"/>
7-7-04	ID# CK#	Mona Bond 2818 West 1st Street Ankeny, Iowa 50021		100.00	<input checked="" type="checkbox"/>
7-7-04	ID# 6096 CK# 1812	Manufactured Housing PAC 1400 Dean Avenue Des Moines, Iowa 50316-3938		250.00	<input checked="" type="checkbox"/>
7-7-04	ID# CK#	Paulee Lipsman 2880 Grand Avenue, #106 Des Moines, Iowa 50312		50.00	<input checked="" type="checkbox"/>
7-7-04	ID# CK#	David Palmer 213 SW Flynn Drive Ankeny, Iowa 50021		50.00	<input checked="" type="checkbox"/>
7-7-04	ID# CK#	Steven Schoenebaum 666 Grand Avenue, Suite 2000 Des Moines, Iowa 50309		50.00	<input checked="" type="checkbox"/>
7-7-04	ID# CK#	Brian Lenz 3609 Kingman Blvd. Des Moines, Iowa 50311		100.00	<input checked="" type="checkbox"/>
7-7-04	ID# 6056 CK# 2407	Iowa Chiropractic Society PAC 1605 North Ankeny Blvd. Suite 100 Ankeny, Iowa 50021-4159		100.00	<input checked="" type="checkbox"/>

SUB-TOTAL	\$ 1,050.00
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.

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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
7-7-04	ID# 6056 CK# 3246	Bankers Unite In Legislative Decisions 8800 NW 62nd Avenue Johnston, Iowa 50131-6200		\$ 100.00	<input checked="" type="checkbox"/>
7-7-04	ID# 6046 CK# 3797	Justice For All PAC 218 6th Avenue, Suite 526 Des Moines, Iowa 50309-4091		100.00	<input checked="" type="checkbox"/>
7-13-04	ID# 6430 CK# 1261	Iowa Rural Water State PAC 4221 South 22nd Avenue, E Newton, Iowa 50208		100.00	<input type="checkbox"/>
7-14-04	ID# 6429 CK# 2168	Heavy Highway PAC 2415 Ingersoll Avenue Des Moines, Iowa 50312-5233		200.00	<input checked="" type="checkbox"/>
6-7-04	ID# CK#	Iowa State Savings Bank 401 West Adams Street Creston, Iowa 50801	Check Acct. Int.	2.14	<input type="checkbox"/>
7-2-04	ID# CK#	Iowa State Savings Bank 401 West Adams Street Creston, Iowa 50801	Check Acct. Int.	1.57	<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				\$ 503.71	
TOTAL (If last page of this schedule)				\$ 1,553.71	

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

Reset Form

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
7-7-04	Mona Bond 2818 West 1st Street Ankeny, Iowa 50021		Food, Postage	\$ 93.18	<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"/>
SUB-TOTAL				\$ 93.18	
TOTAL (if last page of this schedule)				\$ 93.18	

*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.