

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

Recast Form

FORM DR-2 (Rev. 07/2003)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	1517
Logged In	
Scanned	
Computer	WRS
Audited	6-10-04

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

Brauns For State House

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

CANDIDATE COMMITTEES ONLY:

Candidate Name	Political Party
Barry D. Brauns	Republican
Office Sought	District (if Senate or House)
State Representative	HD 80

ETHICS & CAMPAIGN DISCLOSURE BOARD

JUN - 9 2004

p.m. 6-7

FILED

Joann Brauns
SIGNATURE OF TREASURER (or person filing this report)

(563) 262-0753
TELEPHONE

05-19-04
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 05-19-04 REPORT FOR AN/A (1) ELECTION /(2)NON-ELECTION YEAR.

(report date) Indicate one 1

CHECK IF AMENDMENT TO REPORT DATED 05-14-04

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.) \$ 0

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below) 8945.00

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 \$ 8945.00

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below).... 2512.02

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) \$ 6432.98

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

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

****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) \$

DISCLOSURE SUMMARY PAGE

Reset Form

FORM DR-2 (Rev. 07/2003)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	1517
Logged in	SW - tracked
Scanned	
Computer	WRS
Audited	6-4-04

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

BRAUNS FOR STATE HOUSE

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

CANDIDATE COMMITTEES ONLY:

Candidate Name	Political Party
BARRY D. BRAUNS	Republican
Office Sought	District (if Senate or House)
State Representative	HD80

ETHICS & CAMPAIGN DISCLOSURE BOARD

MAY 17 2004
pm 5:15

FILED 5-15-04

Jo Ann Brauns
SIGNATURE OF TREASURER (or person filing this report)

(563) 262-
TELEPHONE

DATE SIGNED

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SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE:

I AM FILING A 05/19/04 REPORT FOR AN/A (1) ELECTION /(2)NON-ELECTION YEAR.
(report date) Indicate one

CHECK IF AMENDMENT TO REPORT DATED See Amendment

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.) \$ -0-

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below) 8895.00

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 \$ 8895.00

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below).... 2512.02

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)..... \$ 6382.98

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

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

****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) \$

For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN
(Including candidate's personal funds)

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

COMMITTEE NAME (Must be same as on Statement of Organization)
BRAUNS FOR STATE HOUSE

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
01/20/04	ID# CK# 4012	JEANNE PARTLOW 324 NE EAGLEWOOD DRIVE ANKENY, IA		\$50.00	<input type="checkbox"/>
01/23/04	ID# CK# 2449	NANCY SACKETT 2815 210TH AVE MOUNT AYR, IA 50854		50.00	<input type="checkbox"/>
01/28/04	ID# CK# 10055	WILLIAM BRIAN 22770 OLD WHY 168 FORT DODGE, IA 50501		100.00	<input type="checkbox"/>
02/25/04	ID# CK#	CASH RECIEPT		25.00	<input type="checkbox"/>
	ID# CK#	TOM BARNES 242 8TH AVE WEST CRESCO, IA 52136		1000.00	<input type="checkbox"/>
04/06/04	ID# CK# 10064	DENNIS TAYLOR 3204 MULBERRY AVE MUSCATINE, IA 52761		250.00	<input type="checkbox"/>
04/06/04	ID# CK# 2063	CHUCK POELTER 3309 LUCAS ROAD MUSCATINE, IA 52761		250.00	<input type="checkbox"/>
04/07/04	ID# CK# 1168	JOAN A.AXEL 301 IOWA AVE, SUITE 400 MUSCATINE, IA 52761		250.00	<input type="checkbox"/>
04/07/04	ID# CK# 5581	JOHN HINTERMEISTER 2230 MULBERRY AVE MUSCATINE, IA 52761		500.00	<input type="checkbox"/>
04/12/04	ID# CK# 8829	WAYNE JOHANSEN 27872 SHAMROCK DRIVE MUSCATINE, IA 52761		250.00	<input type="checkbox"/>

SUB-TOTAL
\$ 2725.00
TOTAL (if last page of this schedule)
\$

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For Instructions, See Back of Fo.

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN
(Including candidate's personal funds)

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

COMMITTEE NAME (Must be same as on Statement of Organization)
BRAUNS FOR STATE HOUSE

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
4/19/04	ID# CK# 9028	TIMOTHY M. NELSON 2673 NORTHWOOD DRIVE MUSCATINE, IA 52761		\$100.00	<input type="checkbox"/>
4/19/04	ID# CK# 6413	ROBERT DEKOCK 102 STERLING WOODS CT MUSCATINE, IA 52761		500.00	<input type="checkbox"/>
4/19/04	ID# CK# 19538	TERRENCE L. MEALY 1821 BRIARWOOD LANE MUSCATINE, IA 52761		500.00	<input type="checkbox"/>
4/21/04	ID# CK# 1853	FLOYD NEWCOMB, JR 2716 ISETT AVE MUSCATINE, IA 52761		500.00	<input type="checkbox"/>
4/22/04	ID# CK# 7625	MICHAEL D. FRYE 904 SW 10TH STREET MUSCATINE, IA 52761		500.00	<input type="checkbox"/>
4/22/04	ID# CK# 5296	DENNIS H MCDONALD 414 HOGAN CT MUSCATINE, IA 52761		250.00	<input type="checkbox"/>
4/26/04	ID# CK# 1615	K & H ENTERPRISES PO BOX 77 MUSCATINE, IA 52761		1,000.00	<input type="checkbox"/>
5/01/04	ID# CK# 5270	VIOLA E. LEWIS 1103 SUNRISE CIRCLE MUSCATINE, IA 52761		25.00	<input type="checkbox"/>
5/02/04	ID# CK# 10024	D. SCOTT INGSTAD 1924 WILDWOOD LANE MUSCATINE, IA 52761		100.00	<input type="checkbox"/>
5/02/04	ID# CK# 9391	ERIC M. KNOERNSCHILD 2497 MULBERRY MUSCATINE, IA 52761		100.00	<input type="checkbox"/>
SUB-TOTAL				\$ 3575.00	
TOTAL (if last page of this schedule)				\$	

CO KH
6-7-04

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For Instructions, See Back of Fo.

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)
BRAUNS FOR STATE HOUSE

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
5/01/04	ID# CK# 3540	LOUIS EISNER 1015 MULBERRY MUSCATINE, IA 52761		\$10.00	<input type="checkbox"/>
5/02/04	ID# CK# 3294	GEORGE J. KOENIGSAECKER III 2040 VANATTA AVE MUSCATINE, IA 52761		200.00	<input type="checkbox"/>
5/02/04	ID# CK# 15026	ROBERT C. MINDER 1885 N. MULBERRY AVE MUSCATINE, IA 52761		25.00	<input type="checkbox"/>
5/02/04	ID# CK# 2147	PETER G. BYRNES 2671 SAMUEL CLEMENS RD MUSCATINE, IA 52761		25.00	<input type="checkbox"/>
5/02/04	ID# CK# 1971	ROBERT W. HEIRIGS 1778 TAYLOR AVE MUSCATINE, IA 52761		25.00	<input type="checkbox"/>
5/03/04	ID# CK# 7980	SHIRLEY TOWNSEND 2733 TOWNSEND CIRCLE MUSCATINE, IA 52761		25.00	<input type="checkbox"/>
5/03/04	ID# CK# 2354	J.E. BOMBERGER 510 W 6TH STREET WILTON, IA 52778		25.00	<input type="checkbox"/>
5/04/05	ID# CK# 2772	JACK A. NICKERSON 405 HOGAN COURT MUSCATINE, IA 52761		10.00	<input type="checkbox"/>
5/03/04	ID# CK# 5106	DONALD D. AGAR 3099 HIGHWAY 22 MUSCATINE, IA 52761		25.00	<input type="checkbox"/>
5/03/04	ID# CK# 1673	KENNETH IRWIN 1988 GENEVA HILLS ROAD MUSCATINE, IA 52761		25.00	<input type="checkbox"/>
SUB-TOTAL				\$ 395.00	<input checked="" type="checkbox"/>
TOTAL (if last page of this schedule)				\$	

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For Instructions, See Back of Fo.

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN
(Including candidate's personal funds)

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

COMMITTEE NAME (Must be same as on Statement of Organization)
BRAUNS FOR STATE HOUSE

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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
5/04/04	ID# CK# 3404	CARL W. SACHS 2001 CIRCLE DRIVE MUSCATINE, IA 52761		\$50.00	<input type="checkbox"/>
5/03/04	ID# CK# 3088	ROBERT SCHULTZ BOX 66 COLUMBUS JCT, IA 52738		50.00	<input type="checkbox"/>
5/04/04	ID# CK# 20721	THOMAS H. HUSTON 1615 COLTON STREET COLUMBUS JCT, IA A52738		100.00	<input type="checkbox"/>
5/07/04	ID# CK# 5303	CHARLES L. BUSER 205 EAST MEADOW LANE COLUMBUS JCT, IA 52738		25.00	<input type="checkbox"/>
5/07/04	ID# CK# 7919	PAUL E. KEMPER 1956 WILDCAT DEN ROAD MUSCATINE, IA 52761		20.00	<input type="checkbox"/>
5/06/04	ID# CK# 5682	BETTY A. BRIGHT 2007 MULBERRY AVE MUSCATINE, IA 52761		50.00	<input type="checkbox"/>
5/07/04	ID# CK# 2301	WILLIAM GREENWALD 1045 STONE MUSCATINE, IA 52761		25.00	<input type="checkbox"/>
5/07/04	ID# CK# 9557	JAMES F. HAHN 805 WEST 4TH STREET MUSCATINE, IA 52761		50.00	<input type="checkbox"/>
5/07/04	ID# CK# 9992	RICHARD F. SMAUS 2000 CIRCLE DRIVE MUSCATINE, IA 52761		20.00	<input type="checkbox"/>
5/08/04	ID# CK# 5189	THOMAS R. SANDS 134 ORCHARD LANE COLUMBUS JCT, IA 52738		25.00	<input type="checkbox"/>
SUB-TOTAL				\$ 415.00	
TOTAL (if last page of this schedule)				\$	

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For Instructions, See Back of Fo

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)
BRAUNS FOR STATE HOUSE

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
5/08/04	ID# CK# 2076	MARK E. MATHER 2682 TOM SAWYER ROAD MUSCATINE, IA 52761		\$200.00	<input type="checkbox"/>
5/10/04	ID# CK# 8738	JUDD W. LELAND 718 CENTRE DRIVE MUSCATINE, IA 52761		10.00	<input type="checkbox"/>
5/09/04	ID# CK# 10153	DR. ERNEST W. HOUSE 312 MYRTLE LANE MUSCATINE, IAA 52761		25.00	<input type="checkbox"/>
5/09/04	ID# CK# 1274	LOREN L. BRAUN 2720 180TH STREET MUSCATINE, IA 52761		50.00	<input type="checkbox"/>
5/08/04	ID# CK# 14808	GEORGE A. WILSON 3809 MUSKOGEE AVE DES MOINES, IA 50312		50.00	<input type="checkbox"/>
5/07/04	ID# CK# 1788	R. J. GEAR 2611 TERMINI DRIVE MUSCATINE, IA 52761		25.00	<input type="checkbox"/>
5/09/04	ID# CK# 3345	LYNN H. STILES 1215 E. MISSISSIPPI DRIVE MUSCATINE, IA 52761		50.00	<input type="checkbox"/>
5/19/04	ID# 6073 CK# 638	IOWA MEDICAL POLITICAL ACTION COMM 1001 GRAND AVE WEST DES MOINES, IA 50265		100.00	<input type="checkbox"/>
5/07/04	ID# CK# 9676	TOMAS G. POELTLER 202 BROADWAY NICHOLS, IA 52766		250.00	<input type="checkbox"/>
5/11/04	ID# CK# 5009	JAMES E. DREIBELBEIS 1743 HIGHWAY 6 WEST LIBERTY, IA 52776		25.00	<input type="checkbox"/>
SUB-TOTAL				\$ 785.00	
TOTAL (if last page of this schedule)				\$	

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(for Schedule A)

For Instructions, See Back of Fo

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)
Brauns For State House

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
05/04/04	ID# CK# 7393	Stanley Howe 1124 Oakland Dr. Muscatine, Iowa 52761		\$500.00	<input type="checkbox"/>
05/05/04	ID# CK# 8539	Gail Lande 412 Woodcrest Lane Muscatine, Iowa 52761		25.00	<input type="checkbox"/>
05/05/04	ID# CK# 3991	Mary Mc Kenna 2668 Becky Thatcher Rd. Muscatine, Iowa 52761		25.00	<input type="checkbox"/>
05/05/04	ID# CK# 5320	William Zinkewich 4940 Blackhawk Court Bettendorf, Iowa 52722		250.00	<input type="checkbox"/>
05/06/04	ID# CK# 2202	Edward D. Failor, Sr. 2310 Imperial Oaks Muscatine, Iowa 52761		200.00	<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"/>

SUB-TOTAL

\$ 1,000.00

TOTAL (if last page of this schedule)

\$ 8895.00

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FOR INSTRUCTIONS, SEE BACK OF FORM

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)
BRAUNS FOR STATE HOUSE

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
2/02/04	ID# CK#	1st National Bank 300 E 2nd St Muscatine, IA 52761	Bank charges for checks	\$ 15.50
03/18/04	ID# CK#501	Muscatine County Auditor Court House Muscatine, IA 52761	Plot Book	11.00
04/12/04	ID# CK# 502	Repulbican Party Iowa Des Moines, IA	Package Plan	365.00
04/12/04	ID# CK#503	Whispering Pines 1963 Tipton Road Muscatine, IA 52761	Deposit for Clubhouse for Fund Raiser	100.00
04/12/04	ID# CK# 504	Quad City Times 500 E. 3rd Street Davenport, IA a52801	3 Months Subscription	27.65
04/30/04	ID# CK#505	Muscatine Journal 301 E 3rd Street Muscatine, IA 52761	1 Year Subscription	121.75
05/04/04	ID# CK# 506	Menardss 1903 Park Ave Muscatine, IA 52761	Screws & Washers for signs	15.07
05/05/04	ID# CK# 507	Whisspering Pines 1963 Tipton Road Muscatine, IA 52761	Balance owed on rental of clubhouse	100.00
SUB-TOTAL				\$ 755.97
TOTAL (if last page of this schedule)				\$

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

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)
BRAUNS FOR STATE HOUSE

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
05/05/04	ID# CK# 508	O P Printing PO Box 747 Muscatine, IA 52761	Printing Invitations for Fund Raiser	\$ 1253.44
05/11/04	ID# CK# 509	JoAnn Brauns 2664 Aunt Polly Lane Muscatine, IA 52761	Reimburse for 2 drawer file cabinet	42.76
05/11/04	ID# CK# 510	Donahue 11205 Helder Road Logan, Ohio 43138	3000 letter bags for parades	459.85
	ID# CK#			
SUB-TOTAL				\$ 1756.05
TOTAL (if last page of this schedule)				\$ 2512.02

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).)