FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

IA ETHICS & CAMPAIGN DISCLOSURE BOARD
NOV 2 2004
PM 10 29
FILED

FORM DR-2 (Rev. 01/98) | DISCLOSURE REPORT

For Office Use Only
Comm. # 1517
Entered
Audited
Computer

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
(8)Support Slate of Candidates

JoAnn Brauns (563) 262-0455 10-29-04

SIGNATURE OF TREASURER (or person filing this report) TELEPHONE DATE SIGNED

Routine Penalties Due For Late Filed Reports Range from $20 to $800

SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE:

I AM FILING A _____ REPORT FOR AN/A (1) ELECTION /(2)NON-ELECTION YEAR.
(report date) 29 Indicate one [1]

☒ CHECK IF AMENDMENT TO REPORT DATED 10-29-04

☐ 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.) s/B 9184.47 $ 9184.45

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) 9,275.00

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.....$

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) 7191.81

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) $ 11,267.66

UNPAID BILLS (From Schedule D - Attach Schedule D) $

IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E) s/B 11,300.00 $ 3300.00

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

SCHEDULE E (Rev. 02/96)	IN KIND CONTRIBUTIONS

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

☒ 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
10-20-04	REPUBLICAN PARTY OF IOWA 621 EAST 9th DES MOINES, IA 50309		POSTAGE	$ 2,250.00
10-22-04	REPUBLICAN PARTY OF IOWA 621 EAST 9th DES MOINES, IOWA 50309		RADIO/JU AD	1,050.00

SUB-TOTAL $ 3300

TOTAL (if last page of this schedule) $ 3,300

*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.

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

IA ETHICS & CAMPAIGN DISCLOSURE BOARD
NOV 1 2004
pm 10:29
FILED

FORM DR-2 (Rev. 02/96) | DISCLOSURE REPORT

For Office Use Only
Comm. # 1517
Indexed SW
Audited
Computer

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

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

Jo Ann Brauns (563) 262-0455 10-29-04
SIGNATURE OF TREASURER (or person filing this report) **TELEPHONE** **DATE SIGNED**

Penalties Due For Late Filed Reports Range from $10 to $400

SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE:

I AM FILING A 10-29-04 (report date) REPORT FOR AN/A **(1) ELECTION /(2)NON-ELECTION** YEAR. 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 _____

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.) ..... $ 9,184.45

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) 11,525.00

Schedule C: Fund-raising Events total (Attach Schedule C) ..... _____

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 ..... $ 20,709.45

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) 7,191.81

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) ..... $ 13,517.64

UNPAID BILLS (From Schedule D - Attach Schedule D) ..... $ _____

IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E) ..... $ 8,000.00

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

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
☐ 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.

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
10-16-04	ID# CK# 11934	NFIB Iowa Safe Trust 1201 F St NW Ste 300 Washington, DC 20004		$250.00	
10-20-04	ID# 9161 CK# 22112	RPI State Acount 621 E 9th St Des Moines, IA 50309		1550.00	
10-20-04	ID# CK# 3586	Ralph Buster 1935 Trolley Ave Muscatine, IA 52761		75.00	
10-19-04	ID# 6125 CK# 2416	IA Realtors PAC 1370 NW 114th St, Ste 100 Clive, IA 50325		1000.00	
10-18-04	ID# 6163 CK# 2911	Iowa Soft Drink PAC 801 Grand, Ste 3100 Des Moines, IA 50309		1000.00	
10-18-04	ID# CK# 7382	Sweetland AG Tech 3094 170th St Muscatine, IA 52761 Duplication		250.00	
10-18-04	ID# 6125 CK# 2407	Ia Realtors PAC 1370 NW 114th St Clive, IA 50325		2000.00	
10-23-04	ID# CK# 5997	John Tillie 2107 Fareway Drive Muscatine, IA 52761		50.00	
10-23-04	ID# CK# 5080	Charles Lewis 7 Colony Drive Muscatine, IA 52761		50.00	
10-23-04	ID# 8338 CK# 5096	Fareway Stores PAC 2600 E 8th St Boone, IA 60036		100.00	

SUB-TOTAL $ 6325.00

S/B 4075.00

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

Reset Form

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
☐ 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.

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
10-26-04	ID# CK# 5461	Davis Stanley 115 Sunset Drive Muscatine, IA 52761		$200.00	☐
10-25-04	ID# 1313 9161 CK# Transfer	Legislative Majority Fund 621 E 9th St Des Moines, IA 50309		5000.00	☐
	ID# CK#				☐
	ID# CK#				☐
	ID# CK#				☐
	ID# CK#				☐
	ID# CK#				☐
	ID# CK#				☐
	ID# CK#				☐
	ID# CK#				☐
			SUB-TOTAL	$ 5200.00	
			TOTAL *(if last page of this schedule)* s/B 9275.00	$11,525.00	

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FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

SCHEDULE **B** (Rev. 07/03)	MONETARY EXPENDITURES
☐ CHECK THIS BOX IF AMENDING FORM	

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

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
10-16-04	ID# CK#561	HY VEE Food Store 2400 2nd Ave Muscatine, IA 52761	Pizza & Pop for Lit Drop	$ 62.36
10-16-04	ID# CK#562	Postmaster 3100 Cedar St Muscatine, IA 52761	5 rolls stamps	185.00
10-16-04	ID# CK#563	Happy Joe's Pizza 203 Lake Park Blvd Muscatine, IA 52761	Pizza for Lit Drop	55.00
10-18-04	ID# CK#564	MPW Cable 3205 Cedar St Muscatine, IA 522761	Ads	2158.65
10-18-04	ID# CK#565	KWPC 3218 Mulberry Ave Muscatine, IA 52761	Ads	1188.00
10-21-04	ID# CK#566	MCC Cable 152 Colorado Muscatine, IA 52761	Ads	12.00
10-24-04	ID# CK#567	MPW Cable 3205 Cedar St Muscatine, IA 52761	Ads	3530.80
	ID# CK#			
			SUB-TOTAL	$ 7191.81
			TOTAL (*if last page of this schedule*)	$ 7191.81

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)*
BRAUNS FOR STATE HOUSE

Reset Form

SCHEDULE E (Rev. 06/97)	IN KIND CONTRIBUTIONS

☐ 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
10-18-04	RPI 621 E 9th St Des Moines, IA 50309		Printing	$ 4,000.00	☐
10-18-04	RPI 621 E 9th St Des Moines, IA 50309		Postage	4,000.00	☐
					☐
					☐
					☐
					☐
					☐
					☐
					☐
					☐
			SUB-TOTAL	$ 8,000.00	
			TOTAL (if last page of this schedule)	$ 8,000.00	

*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.