

DISCLOSURE SUMMARY PAGE

React Form

FORM DR-2 (Rev. 07/2003)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	1517
Logged In	
Scanned	
Computer	WRS
Audited	6-18-04 e

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

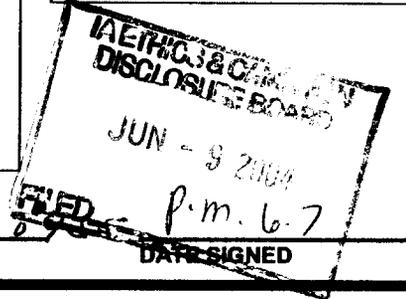
Brauns For State House

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



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

563-262-0777
 TELEPHONE

Late filed reports are subject to possible civil and criminal penalties.

SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE:

I AM FILING A 6-1-04 REPORT FOR AN/A (1) ELECTION /(2)NON-ELECTION YEAR.
 (report date) Indicate one 1

CHECK IF AMENDMENT TO REPORT DATED 6-1-04

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.)	\$ 6432.98
ADD TOTAL MONEY TAKEN IN THIS PERIOD	
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)	3160.00
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	\$ 9592.98
SUBTRACT TOTAL MONEY SPENT THIS PERIOD	
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)....	1422.93
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)	\$ 8170.05
**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?)	<input type="checkbox"/> YES <input type="checkbox"/> 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
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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

6-12-04

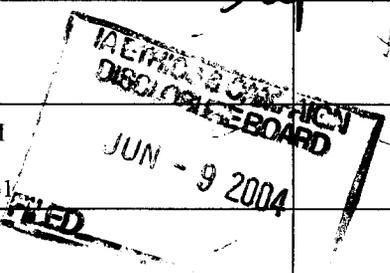
COMMITTEE NAME (Must be same as on Statement of Organization)
BRAUNS FOR STATE HOUSE

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
✓ 5/11/04	ID# CK# 5009	JAMES E. DREIBELBEIS 1743 HIGHWAY 6 WEST LIBERTY, IA 52776		\$25.00	<input type="checkbox"/>
✓ 5/07/04	ID# CK# 9676	THOMAS G. POELTNER 202 BROADWAY NICHOLS, IA 52766		250.00	<input type="checkbox"/>
✓ 5/14/04	ID# CK# 8560	VELMA HUEBNER PO BOX 187 CLARENCE, IA 52216		20.00	<input type="checkbox"/>
5/17/04	ID# CK# 7465	WILLIAM G. BAUMGARDNER 212 MARY PLACE MUSCATINE, IA 52761		25.00	<input type="checkbox"/>
5/16/04	ID# CK# 5039	CAROL J. WADE WILTON, IA 52778		25.00	<input type="checkbox"/>
5/17/04	ID# CK# 5636	CAROLYN L. BLOOM 301 ASH STREET MUSCATINE, IA 52761		25.00	<input type="checkbox"/>
✓ 5/16/04	ID# CK# 5642	DR. D.W. LONGTIN 716 W. 3RD STREET MUSCATINE, IA 52761		25.00	<input type="checkbox"/>
✓ 5/17/04	ID# CK# 5225	JEANNINE NEPPLE 2704 MULBERRY AVE MUSCATINE, IA 52761		10.00	<input type="checkbox"/>
4/30/04	ID# CK# 5352	DR. J.P. STEIN 2975 HWY 22 MUSCATINE, IA 52761		250.00	<input type="checkbox"/>
✓ 5/18/04	ID# CK# 2539	DON R. SCOTT 1936 KEOKUK AVE MUSCATINE, IA 52761		100.00	<input type="checkbox"/>

These 2 checks are listed on pg 5 of 7 on 5-15-04 report



SUB-TOTAL \$ ~~755.00~~ 480.00
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

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

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input checked="" 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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05/26/04	ID# CK# 1913	Beth Looker 507 Maurer Street Wilton, Iowa 52778		\$ 5.00	<input type="checkbox"/>
05/26/04	ID# CK#	Cash donations of \$25.00 and \$20.00		45.00	<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"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

\$ 50.00

TOTAL (if last page of this schedule)

\$ 3160.00

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FORM DR-2 (Rev. 07/2003)	DISCLOSURE REPORT
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Logged In	SW JT
Scanned	
Computer	WRS
Audited	6-9-04

S

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

Brauns for Statehouse

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

IAETHICS & CAMPAIGN DISCLOSURE BOARD

JUN - 3 2004

PM 6-1

FILED

05-30-04

Jo Ann P. Brauns 563-262-0455 05-30-04

SIGNATURE OF TREASURER (or person filing this report) TELEPHONE 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 06-01-04 REPORT FOR AN/A (1) ELECTION /(2)NON-ELECTION YEAR.

(report date) 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.) \$ 6382.98

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below) 3390.00

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 \$ 9272.98

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below).... 1422.93

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) \$ 8850.05

213 8350.05

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

***IN KIND CONTRIBUTIONS** (From Schedule E - Attach Schedule E) \$ 37.00

****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 For

6-1-04

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
5/26/04	ID# CK# 1913	BETH LOOKER 507 MAURER ST WILTON, IA 52778		\$5.00	<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"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

\$ 5.00

TOTAL (if last page of this schedule)

~~\$ 33.90~~ 3390.00

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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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5/22/04	ID# CK# 5185	JOHN DANE 4082 DANE ROAD SE IOWA CITY, IA 52240		\$50.00	<input checked="" type="checkbox"/>
5/22/04	ID# CK# 1748	CARY L. CARLSON 400 FOSTER DR DES MOINES, IA 50312		50.00	<input checked="" type="checkbox"/>
5/23/04	ID# CK# 7678	MICHAEL D. FRYE 904 SW 10TH ST ALED0, IL 61231		250.00	<input checked="" type="checkbox"/>
5/23/04	ID# CK# 10419	JERRY L. COFFMAN PO BOX 65 MUSCATINE, IA 52761		50.00	<input checked="" type="checkbox"/>
5/25/04	ID# CK# 1074	H. FRANK MARTIN 1574 WASHINGTON ST MUSCATINE, IA 52761		25.00	<input checked="" type="checkbox"/>
5/22/04	ID# CK# 6641	DAN J. BODDICKER 1052 195TH ST TIPTON, IA 52772		25.00	<input checked="" type="checkbox"/>
5/25/04	ID# CK# 7691	JEFFREY A. KAUFMANN 2125 OLD MUSCATINE IA WILTON, IA 52778		25.00	<input checked="" type="checkbox"/>
✓ 5/24/04	ID# 6146 CK# 1555	HOMEBUILDERS ASSOCIATION 4201 ESTOWN PARKWAY, SUITE 250 DES MOINES, IA 50266		200.00	<input checked="" type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL \$ 675.00
TOTAL (if last page of this schedule) \$

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For Instructions, See Back of Fo

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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
5/23/04	ID# CK# 1602	JON BRAUNS 2719 GRANDVIEW AVE MUSCATINE, IA 52761		\$250.00	<input checked="" type="checkbox"/>
5/23/04	ID# CK# 5623	R. GREG ORR 2105 PINEFIELD MUSCATINE, IA 52761		100.00	<input checked="" type="checkbox"/>
5/23/04	ID# CK# 4980	ROBERT K. SIMMERING 1730 TIMBERLINE DRIVE MUSCATINE, IA 52761		25.00	<input checked="" type="checkbox"/>
5/23/04	ID# CK# 8648	R.F.DRAKE 420 PARKINGTON DRIVE MUSCATINE, IA 52761		250.00	<input checked="" type="checkbox"/>
5/23/04	ID# CK# 5961	DAVID W. SCOTT 1984 231ST ST MUSCATINE, IA 52761		20.00	<input checked="" type="checkbox"/>
5/23/04	ID# CK# 1957	SHIRLEY A. STALEY 2440 BLUE HERON AVE CONESVILLE, IA 52739		5.00	<input checked="" type="checkbox"/>
5/23/04	ID# CK# 4979	ALLEN KROEGER 1994 ROSE AVE WILTON, IA 52778		50.00	<input checked="" type="checkbox"/>
5/23/04	ID# CK# 6124	WAYNE SANDER 125 W. FULLIAM AVE MUSCATINE, IA 52761		25.00	<input checked="" type="checkbox"/>
5/23/04	ID# CK# 2040	DENNIS L. WEIH 1895 WILSON AVE WILTON, IA 52778		20.00	<input checked="" type="checkbox"/>
5/23/04	ID# CK# 3406	DANIEL SCOTT 1832 HOLLYWOOD CT IOWA CITY, IA A52240		25.00	<input checked="" type="checkbox"/>

SUB-TOTAL
\$ 770.00
TOTAL (if last page of this schedule)
\$

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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.

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5/19/04	ID# CK# 6554	THOMAS L. WILLIAMS 2260 WEST HILL ROAD MUSCATINE, IA 52761		\$25.00	<input checked="" type="checkbox"/>
5/18/04	ID# CK# 7117	ANITA M. LANGE 2718 JASPER AVE LETTS, IA 52754		20.00	<input checked="" type="checkbox"/>
5/20/04	ID# CK# 7012	DOLORES J. BIEBER 1216 IOWA AVE MUSCATINE, IA 52761		25.00	<input checked="" type="checkbox"/>
5/21/04	ID# CK# 1028	MARK J. BRAUN 1335 LOGAN CT NORTH LIBERTY, IA 52317		50.00	<input checked="" type="checkbox"/>
5/20/04	ID# CK# 1018	JAMES P. O'TOOLE 1781 260TH ST LETTS, IA 52754		50.00	<input checked="" type="checkbox"/>
5/19/04	ID# CK# 5059	DOROTHY J. FITCHNER 904 GRAND AVE MUSCATINE, IA 52761		25.00	<input checked="" type="checkbox"/>
5/20/04	ID# CK# 3876	ROYCE HYINK 2837 HIGHLAND CT MUSCATINE, IA 52761		25.00	<input checked="" type="checkbox"/>
5/23/04	ID# CK# 1977	DAVID W. ROBY 2370 CANTERBURY ROAD MUSCAITNE, IA 52761		50.00	<input checked="" type="checkbox"/>
5/22/04	ID# CK# 3245	DANIEL PETERSON 3289 150TH ST MUSCATINE, IA 52761		50.00	<input checked="" type="checkbox"/>
5/23/04	ID# CK# 2578	DEWAYNE M. HOPKINS 5602 REYNOLDS RD MUSCATINE, IA 52761		25.00	<input checked="" type="checkbox"/>
SUB-TOTAL				\$ 345.00	
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)
BRAUNS FOR STATE HOUSE

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5/17/04	ID# CK# 5333	WILBUR L. HETZLER 2975 NEW ERA ROAD MUSCATINE, IA 52761		\$25.00	<input checked="" type="checkbox"/>
5/18/04	ID# CK# 3566	RUSSELL L. JAMESON 209 GROVER STREET MUSCATINE, IA 52761		25.00	<input checked="" type="checkbox"/>
5/16/04	ID# CK# 2242	DOROTHY DRAKE 3009 PROVENCE STREET MUSCATINE, IA 52761		50.00	<input checked="" type="checkbox"/>
5/17/04	ID# CK# 5825	BILL TRENT 312 EAGLE RIDGE ROAD MUSCATINE, IA 52761		100.00	<input checked="" type="checkbox"/>
5/18/04	ID# CK# 220	NEIL W. HYINK 2417 MITTMAN ROAD MUSCATINE, IA 52761		25.00	<input checked="" type="checkbox"/>
5/19/04	ID# CK# 3824	BETTY A. HOFFMAN 1222 VISTA COURT, APT 8 MUSCATINE, IA 52761		25.00	<input checked="" type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
SUB-TOTAL				\$ 250.00	
TOTAL (if last page of this schedule)				\$	

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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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5/13/04	ID# CK# 7089	K. HAMMEN 2613 CANTERBURY ROAD MUSCATINE, IA 52761		\$25.00	<input checked="" type="checkbox"/>
5/14/04	ID# CK# 6762	GARY R. ALLISON 2671 NORTHWOOD DRIVE MUSCATINE, IA 52761		100.00	<input checked="" type="checkbox"/>
5/13/04	ID# CK# 2335	JOHN B. RIGLER 1919 MULBERRY AVE MUSCATINE, IA 52761		25.00	<input checked="" type="checkbox"/>
5/13/04	ID# CK# 3187	DIANA M. GRADERT 602 W. WATE STREET WILTON, IA 52778		100.00	<input checked="" type="checkbox"/>
5/14/04	ID# CK# 7852	BRADLEY L. SOULE 2638 CANTERBURY ROAD MUSCATINE, IA 52761		30.00	<input checked="" type="checkbox"/>
5/13/04	ID# CK# 2095	PAUL WEDEL 2108 SKYLANE DRIVE MUSCATINE, IA 52761		10.00	<input checked="" type="checkbox"/>
5/12/04	ID# CK# 3521	BARBARA M. BUBLITZ 2918 BONNIE DRIVE MUSCATINE, IA 52761		50.00	<input checked="" type="checkbox"/>
5/21/04	ID# CK# 2152	JOHN F. OBERHOUS 2581 JASPER AVE LETTS, IA A52754		25.00	<input checked="" type="checkbox"/>
5/14/04	ID# CK# 1353	CHAD MCCLEARY 1901 ORANGE STREET MUSCATINE, IA 52761		25.00	<input checked="" type="checkbox"/>
5/15/04	ID# CK# 1065	J. H. KENT 2507 MULBERRY AVE MUSCATINE, IA 52761		200.00	<input checked="" type="checkbox"/>
SUB-TOTAL				\$ 590.00	
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 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.

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
5/11/04	ID# CK# 5009	JAMES E. DREIBELBEIS 1743 HIGHWAY 6 WEST LIBERY, IA 52776		\$25.00	<input checked="" type="checkbox"/>
5/07/04	ID# CK# 9676	THOMAS G. POELTLER 202 BROADWAY NICHOLS, IA 52766		250.00	<input checked="" type="checkbox"/>
5/14/04	ID# CK# 8560	VELMA HUEBNER PO BOX 187 CLARENCE, IA 52216		20.00	<input checked="" type="checkbox"/>
5/17/04	ID# CK# 7465	WILLIAM G. BAUMGARDNER 212 MARY PLACE MUSCATINE, IA 52761		25.00	<input checked="" type="checkbox"/>
5/16/04	ID# CK# 5039	CAROL J. WADE WILTON, IA 52778		25.00	<input checked="" type="checkbox"/>
5/17/04	ID# CK# 5636	CAROLYN L. BLOOM 301 ASH STREET MUSCATINE, IA 52761		25.00	<input checked="" type="checkbox"/>
5/16/04	ID# CK# 5642	DR. D.W. LONGTIN 716 W. 3RD STREET MUSCATINE, IA 52761		25.00	<input checked="" type="checkbox"/>
5/17/04	ID# CK# 5225	JEANNINE NEPPLE 2704 MULBERRY AVE MUSCATINE, IA 52761		10.00	<input checked="" type="checkbox"/>
4/30/04	ID# CK# 5352	DR. J.P. STEIN 2975 HWY 22 MUSCATINE, IA 52761		250.00	<input checked="" type="checkbox"/>
5/18/04	ID# CK# 2539	DON R. SCOTT 1936 KEOKUK AVE MUSCATINE, IA 52761		100.00	<input checked="" type="checkbox"/>
SUB-TOTAL				\$ 755.00	
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

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 Statehouse

6-01-04

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
05-17-04	ID# CK# 511	Sam's Club 3887 Elmore Ave. Davenport, Iowa 52807	Food for Fund-raiser	\$ 188.85
05-17-04	ID# CK# 512	Postmaster Muscatine Post Office Muscatine, Iowa 52761	2 rolls of stamps	74.00
05-20-04	ID# CK# 513	Hy-Vee Groc. Store 2400 2nd. Street Muscatine, Iowa 52761	Coffee, cups for fund-raiser	34.70
05-21-04	ID# CK# 514	Hy-Vee Groc. Store 2400 2nd. Street Muscatine, Iowa 52761	Ingredients for Punch for Fund-raiser	37.45
05-24-04	ID# CK# 515	O.P. Printing P.O. Box 747 Muscatine, Iowa 52761	Printing for 5,000 brochures	1070.90
05-29-04	ID# CK# 516	Jo Ann Brauns 2664 Aunt Polly Lane Muscatine, Iowa 52761	Decorations for fund-raiser	17.03
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$ 1422.93
TOTAL (if last page of this schedule)				\$ 1422.93

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
<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
17/05/04	MARY HAGENS 518 MCKINLEY STREET MUSCATINE, IA 52761		STAMPS	\$ 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"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
SUB-TOTAL				\$ 37.00	
TOTAL (if last page of this schedule)				\$ 37.00	

*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.