

FORM DR-2: Disclosure Summary Page

Status: **Amended**
 ID #: **1517**

Committee: **Brauns for State House**

Comm Type: **State House**

Date Due: **01/19/2005**

Report Year: **2004**

Treasurer: **JoAnn Brauns**

Primary Ph. (563)262-0455 Secondary Ph. ()-

Chair: **Pat Minder**

Primary Ph. (563)263-6965 Secondary Ph. ()-

County: **NA**

Amended: **10/24/2005**

Statutory Due Date	01/19/2005
Adjusted Due Date	/ /
Received Date	01/05/2005
Postmark Date	01/03/2005
Amended	10/24/2005

*Amended summary page
 created by auditor to
 reflect amended
 Schedule D.*

Statement of Cash on Hand

Cash on Hand at Start of Period	\$11,267.66
Schedule A: Cash contributions Total	\$50,649.30
Schedule F: Loans Received Total	\$0.00
Schedule H: Campaign Property Sales	\$0.00
SUB-TOTAL	\$61,916.96
Schedule B: Expenditure Total	\$58,257.47
Schedule F: Cash Loan Repayments	
Cash on Hand At End of Period	3,659.49

Additional Assets and Liabilities

Loans in Place at Start of Period	\$0.00
Schedule D: UnPaid Bills	\$550.12
Schedule E: In-Kind Contributions	\$10,208.65
Schedule F: Forgiven Loans	
Schedule F: Outstanding Loans	\$0.00
Schedule G: Consultant Breakdown?	No
Schedule H: Campaign Property Value	\$0.00

DISCLOSURE SUMMARY PAGE

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

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

IMPORTANT: Indicate type of committee you are reporting for: (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 State of Candidates

For Office Use Only
 Comm. # 1517
 Indexed _____
 Audited 3-18-04
 Computer WRS

JoAnn Brauns (563) 262-0455 1-3-2005
 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 1-19-2005 REPORT FOR AN/A (1) ELECTION / (2) NON-ELECTION YEAR.
 (report date) Indicate one

CHECK IF AMENDMENT TO REPORT DATED 1-19-2005

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.) \$ 11,267.66

ADD TOTAL MONEY TAKEN IN THIS PERIOD FEB 11 2005

Schedule A: Cash Contributions total (Attach Schedule A) pm 2-9 \$ 50,766.30

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 \$ 62,033.96

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) \$ 58,374.47

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) \$ 3,659.49

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

IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E) SLB 10,208.65 \$ 9,238.65

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) \$ _____

E Schedule \$ 9,238.65
 970.00
\$ 10,208.65

FOR INSTRUCTIONS, SEE BACK OF FORM

EXPENDITURES – MONEY SPENT FROM COMMITTEE ACCOUNT

SCHEDULE B (Rev. 09/97)	MONETARY EXPENDITURES
<input checked="" 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
10-24-04	ID# CK# 568	OP PRINTING PO Box 748 MUSCATINE IA 5276	PRINTING - POST CARDS	(807.67) \$107.67
11-22-04	ID# CK# 582	MUSCATINE COMPUTER STORE 2ND STREET MUSCATINE IA 5276	INK CARTRIDGES	(38.53) 38.51
	ID# CK#			
SUB-TOTAL				\$ (700.02)
TOTAL (if last page of this schedule)				\$

FEB 17 2005

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 56.6(3)(i).)

DISCLOSURE SUMMARY PAGE

FORM DR-2 (Rev. 01/98)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	1517
Indexed	<u>W</u> <u>9</u>
Audited	3-18-05 <u>W</u>
Computer	WRS

JAN - 5 2005

COMMITTEE NAME (Must be same as on Statement of Organization)
BRAUNS FOR STATE HOUSE PM 1-03
 berry

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 State of Candidates

JoAnn Brauns (563) 262-0455 1-3-2005
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 Jan 19 - 2005 REPORT FOR AN/A (1) ELECTION / (2) NON-ELECTION YEAR.
(report date) Indicate one

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.)\$ 13,517.64

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) 50,766.30

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.....\$ 64,283.94

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: expenditures total (Attach Schedule B) slB 59,074.49 61,324.49

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) \$ 2,959.45

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

IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)\$ 9,238.65

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.

CONTRIBUTIONS – MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 06/97)	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
✓ 10-27-04	ID# 6160 CK# 2207	INDEPENDENT BANKERS 1603 22ND ST. 202 WEST DES MOINES IA 50266		\$ 200.00	
✓ 10-29-04	ID# WIRE CK# TRANSFER 91161	RPI E. 9th 621 E. 9th DES MOINES IA 50309		9989.30	
✓ 11-02-04	ID# 9663 CK# 620	CITIZENS FOR PRESERVATION 1 PRARIE MEADOWS DRIVE ALTONA IA 50009		500.00	
✓ 11-15-04	ID# 9161 CK# 22225	RPI 621 E 9th ST. DES MOINES IA 50309		39,960.00	
11-16-04	ID# * CK# 141837	MUSCATINE POWER & WATER 3205 CEDAR ST. MUSCATINE IA 52761		117.00	
	ID#				
	CK#				
	ID#				
	CK#				
	ID#				
	CK#				
	ID#				
	CK#				

* Reprint on ads purchased 10-18-04?

SUB-TOTAL \$50,766.30
TOTAL (if last page of this schedule) \$50,766.30

* 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) (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

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
10-24-04	ID# CK#568	OP Printing PO Box 748 Muscatine, IA 52761	Printing followup post cards	\$ 807.67
10-28-04	ID# CK#569	Muscatine Journal 300 E 3rd St Muscatine, IA 52761	Newspaper Ad, Full page	1506.25
10-28-04	ID# CK#570	Holiday Inn Hwy 61 + 38 MUSCATINE, IA 52761	Dinner for Campaign Workers	283.64
10-28-04	ID# CK#571	OP Printing PO Box 747 Muscatine, IA 52761	Printing Mailer	2338.39
10-28-04	ID# CK#572	OP Printing PO Box 747 Muscatine, IA 52761	Printing Mailer	2558.87
10-28-04	ID# CK#573	OP Printing PO Box 747 Muscatine, IA 52761	Printing Mailer	2558.87
10-29-04	ID# CK#574	Victory Store 5200 SW 30th St. Davenport Iowa	4 x 8 Signs, 25 ea	674.39
10-292-04	ID# CK#575	VOID	VOID	VOID
SUB-TOTAL				\$ 10,728.08
TOTAL (if last page of this schedule)				\$ 10,728.08

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
11-01-04	ID# CK#576	The Lamer Company Po Box 96030 BATAVIA ROUGE LA. 70896	Bill Boards	\$ 1237.50
11-02-04	ID# CK#577	Muscatine Journal 300 E. 3RD ST. MUSCATINE IA 52761	Thank You ad	40.00
11-05-04	ID# CK#578	JoAnn Brauns 2664 AUNT POLLY LN. MUSCATINE IA 52761	Internet Fee	65.85
11-05-04	ID# CK#579	OP Printing Po Box 748 MUSCATINE IA 52761	Printing & Mailing 3 pieces	5022.42
11-05-04	ID# CK#580	Hy Vee Food Store 2400 2nd Ave Muscatine, IA 52761	Gas for 2 trucks taking down signs	57.91
11-06-04	ID# CK#581	JoAnn Brauns 2664 AUNT POLLY LN MUSCATINE IA 52761	Estimated Mileage	1813.50
11-22-04	ID# CK#582	Muscatine Computer Store 207 E 2ND ST. MUSCATINE IA 52761	Ink Cartridges	38.53
11-24-04	ID# CK#583	Victory Store 5200 SW 30th St DAVENPORT IA	TV Ads	39960.00
SUB-TOTAL				\$ 48235.71
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
11-29-04	ID# CK#584	Jim Rock LUCAS ST. MUSCATINE IA 52761	10 hrs typing financial reports	\$ 100.00
10-26-04	ID# CK#	1ST NAT BANK 300 E. 2ND ST. MUSCATINE IA 52761	TRANSFER FEE	10.70
	ID# CK#			
SUB-TOTAL				\$ 110.70
TOTAL (if last page of this schedule)				\$ 59,074.49

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).)

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.

SCHEDULE B (Rev. 09/97)	MONETARY EXPENDITURES
<input checked="" type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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
	ID# CK# 17382	SWEET LAND A9 3094-170th TECH MUSCATINE IA 52761	Reported Twice 10N 10-15-04 + 10N 10-29-04 REPORT	\$ 250.00
	ID# 6125 CK# 2407	IA REACTORS PAC 1370 NW -114th ST. CLIVE IA 50325	Reported Twice 10N 10-15-04 + 10N 10-29-04 REPORT	\$ 2,000.00
	ID# CK#			

* Deleted duplication on 10-29-04 report

SUB-TOTAL	\$ 2,250.00
TOTAL (if last page of this schedule)	\$ 2,250.00

SIB 61,224.49

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 56.6(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
10-20-04	RPI 621 E 9th Street West Des Moines, IA 50309		Postage	\$ 2,250.00	<input type="checkbox"/>
10-22-04	RPI 621 E 9th Street West Des Moines, IA 50309		Radio/TV Ads	1,050.00	<input type="checkbox"/>
10-20-04	RPI 621 E 9th Street West Des Moines, IA 50309		Printing	4,000.00	<input type="checkbox"/>
10-28-04	RPI 621 E 9th Street West Des Moines, IA 50309		Copy Printing	110.00	<input type="checkbox"/>
10-28-04	NFIB 1201 F St, NW Suite 200 Washington, DC 20004		Endorsement Letters	25.89	<input type="checkbox"/>
11-11-04	RPI 621 E 9th Street West Des Moines, IA 50309		Go TV phone calls	303.27	<input type="checkbox"/>
11-11-104	RPI 621 E 9th Street West Des Moines, IA 50309		Radio Ads	150.00	<input type="checkbox"/>
11-11-04	RPI 621 E 9th Street West Des Moines, IA 50309		TV Ads	750.00	<input type="checkbox"/>
11-11-04	RPI 621 E 9th Street West Des Moines, IA 50309		Radio Ads	150.00	<input type="checkbox"/>
11-11-04	RPI 621 E 9th Street West Des Moines, IA 50309		Go TV phone calls	276.95	<input type="checkbox"/>
SUB-TOTAL				\$ 9,066.11	
TOTAL (if last page of this schedule)				\$	

*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

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
11-15-04	621 RPT E. 9th ST. WEST DES MOINES IA 50309		Go TV phone calls	\$ 172.54	<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
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					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

SUB-TOTAL \$ 172.54
 TOTAL (if last page of this schedule) \$ 9,238.65

*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.

FEB 11 2005
PM 2-9

Explanation of Corrections:

10-15-04 Report
(ch #)

10-08-04 558 reported as \$17.29
should of been \$17.27

1-15-05 Report
(ch #)

11-22-04 582 reported as \$38.53
should of been \$38.51

1-15-05 Report
(ch #)

10-24-04 568 reported as \$807.67
should of been \$107.67

In kind contribution came in after
last report was sent. \$970.00