FOR INSTRUCTIONS, SEE BACK OF FORM

# DISCLOSURE SUMMARY PAGE

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

For Office Use Only
Comm. # 293
Indexed 2
Audited
Computer SW

COMMITTEE NAME (Must be same as on Statement of Organization) FRAISE - FOR - SENATE

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

Vernon H. Benjamin — SIGNATURE OF TREASURER (or person filing this report)
319-835-0930 — TELEPHONE
1-14-06 — 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 12-31-2005 (report date) REPORT FOR AN/A (1) ELECTION /(2)NON-ELECTION YEAR. Indicate one

JAN 18 2006 fat

☐ 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.) | $ 7721.34 |
| ADD TOTAL MONEY TAKEN IN THIS PERIOD | |
| Schedule A: Cash Contributions total (Attach Schedule A) | 3450.46 |
| 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 | $ 11,171.80 |
| SUBTRACT TOTAL MONEY SPENT THIS PERIOD | |
| Schedule B: Expenditures total (Attach Schedule B) | $5528.24 |
| 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) | 5643.56 |

| | |
|---|---|
| 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

2013.01 P.01.01

| SCHEDULE A (Rev. 06/97) | 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)
FRAISE FOR SENATE

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PA (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF I NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), Iowa Code, prohibits the use of information opied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political com ittees.

| 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 |
|---|---|---|---|---|---|
| 1-15-5 THR4 12-15-5 | ID# CK# | PILOT GROVE SAVINGS BANK INTEREST | | $ 63.52 | |
| 1/6/5 | ID# 6146 CK# | HOMEBUILDERS ASSN PAC 3072 - 104th ST URBANDALE, IA 50322 | | 250.00 | |
| 4/8/5 | ID# CK# | ESSMAN-ASSOCIATES 100 E. GRAND SUITE 300 DES MOINES, IA 50309 | REFUND OF OVERPAY FOR RADIO | 11.94 | |
| 7/11/5 | ID# CK# | SMITHFIELD FOODS, INC PARK AVE 6th FLOOR PAC NEW YORK, NY | | 275.00 | |
| 7/11/5 | ID# CK# 1636 | IHA-PAC 100 E. GRAND SUITE 100 DES MOINES, IA 50309 | | 250.00 | |
| 7/11/5 | ID# 6063 CK# 1727 | IA. DENTAL ASSN. PAC 505-5th AVE SUITE 333 DES MOINES IA 50309-2379 | | 500.00 | |
| 8/12/5 | ID# CK# 3072 | AFSCME/IA COUNCIL 61 4320 N.W. 2ND AVE DES MOINES IA 50313 | | 500.00 | |
| 11/21/5 | ID# CK# | SYNGENTA CORP. EMPLOYEE-PAC 1399 NEW YORK AVE N.W SUITE 750 WASHINGTON, D.C. 20005 | | 250.00 | |
| 12/14/5 | ID# CK# 1067 | CRAIG H-NEILSEN 8620 TITLEIST CIRCLE LAS VEGAS, NEVADA 89117 | | 400.00 | |
| 12/30/5 | ID# 6067 CK# 3412 | IA HEALTH PAC 6750 WESTOWN PRKWY #100 WEST DES MOINES, IA 50266 | | 150.00 | |
| | | | SUB-TOTAL | $2650.46 | |
| | | | TOTAL (If last page of this schedule) | $ | |

* Disclosure law requires candidate committees to disclose the relationship of any relative m aking 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 candi ate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 2 (for Schedule A)

TOTAL P.01

For instructions, see back of form

| SCHEDULE A (Rev. 08/97) | 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)*
FRAISE FOR SENATE

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(8), 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 |
|---|---|---|---|---|---|
| 12/30/5 | ID# CK# 7422 | CAROLE SIEGLE 6020 - 260th ST OAKVILLE, IA 52646 | | $ 100.00 | |
| 12/30/5 | ID# CK# 5232 | ENDES DEVELOPMENT 919 CHRISTINE AVE. BROOKINGS, SD 57006 | | 100.00 | |
| 12/30/5 | ID# CK# 1353 | BRUCE RASTETTER 620 COUNTRY CLUB RD. IOWA FALLS, IA 50126-9539 | | 100.00 | |
| 12/27/5 | ID# 6429 CK# 1965 | HEAVY HIGHWAY PAC 2415 INGERSOLL AVE DES MOINES, IA 50312-5233 | | 500.00 | |
| | ID# CK# | | | | |
| | ID# CK# | | | | |
| | ID# CK# | | | | |
| | ID# CK# | | | | |
| | ID# CK# | | | | |
| | ID# CK# | | | | |

SUB-TOTAL $

TOTAL *(If last page of this schedule)* $ 3450.44

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationships 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.

Page 2 of 2 (for Schedule A)

FOR INSTRUCTIONS, SEE MANUAL

| SCHEDULE B CANDIDATE | MONETARY EXPENDITURES |
|---|---|

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## EXPENDITURES — MONEY SPENT

**CANDIDATE'S COMMITTEE NAME** (Must be same as on Statement of Organization)
FRAISE FOR SENATE

| DATE EXPENDED | NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE | PURPOSE | AMOUNT EXPENDED |
|---|---|---|---|
| 1/20/5 | BANKERS ADVERTISING CO<br>~~2800 HWY 6 EAST~~<br>IOWA CITY, IA 52244 | CALENDARS | $ 240.61 XX |
| 1/21/5 | BURLINGTON HAWKEYE<br>~~P.O. BOX 10~~<br>BURLINGTON, IA. 52601 | SUBSCRIPTION | 150.00 XX |
| 2/5/5 | MT. PLEASANT NEWS<br>~~215 W. MONROE~~<br>MT. PLEASANT, IA 52641 | SUBSCRIPTION | 62.50 XX |
| 4/28/5 | THE COUNCIL OF STATE GOVERNMENTS<br>~~P.O. BOX 11910~~<br>LEXINGTON, KY 40578-1910 | NATIONAL TASK FORCE MEETING | 280.00 XX |
| 7/18/5 | OLD CHECK DATE<br>ON CHECK (SMITHFIELD FOODS) | RETURNED CK. | 275.00 XX |
| 7/18/5 | PILOT GROVE BANK<br>RTN CHECK CHARGE | RTN CHECK CHARGE | 6.00 XX |
| 9/21/5 | IHA-PAC (THEY ISSUED 2ND CHECK WHEN WE THOUGHT ORIGINAL LOST) | RETURN OF DUPLICATE PAYMENT CHECK | 250.00 XX |
| 9/9/5 | JERRY KEARNS<br>~~402 HICKORY TERRACE~~<br>KEOKUK, IA 52632 | AD IN LABOR DAY PAPER | 75.00 XX |
| 11/22/5 | BANKERS ADVERTISING CO<br>~~2800 HWY 6 EAST~~<br>IOWA CITY, IA 52244 | 2006 CALENDARS | 247.73 XX |
| 6/28/5 | LEE COUNTY ECONOMIC DEVELOPMENT<br>~~110 MAIN ST. SUITE 200~~<br>MONTROSE, IA 52639 | ECONOMIC DEVELOPMENT TRIP TO SEOUL, S. KOREA | 3941.40 |
| | | SUB-TOTAL | $ 5528.24 XX |
| | | **TOTAL** *(If last page of this schedule)* | $ 5528.24 |

Expenditures to consultants (persons/entities providing consulting, advertising, fundraising, polling, managing, organizing services, etc.) must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the consultant on behalf of the candidate's committee. See manual for more specific instructions.

CPF-12105/140-0035/(Rev. 1990)