

Reset Form

**DISCLOSURE SUMMARY PAGE**

**COMMITTEE NAME** (Must be same as on Statement of Organization)  
 Reasoner For State Representative

IMPORTANT: Indicate by # type of committee you are reporting for: 1  
 ( 1 ) Statewide/Legislative/Judge Standing for Retention Candidate ( 2 ) State PAC ( 3 ) State Party  
 ( 4 ) County Central Committee ( 5 ) County Candidate ( 6 ) City Candidate ( 7 ) School Board or Other  
 Political Subdivision Candidate ( 8 ) County PAC ( 9 ) City PAC ( 10 ) School Board or Other Political  
 Subdivision PAC ( 11 ) Local Ballot Issue

**CANDIDATE COMMITTEES ONLY:**

Candidate Name Michael J. Reasoner	Political Party (if applicable) Democratic
Office Sought State Representative	District (if Senate or House) 95

<b>FORM DR-2</b> (Rev. 12/2005)	<b>DISCLOSURE REPORT</b>
<b>For Office Use Only</b>	
Comm. # <u>1343</u>	
Logged In <u>SW</u>	
Scanned _____	
Computer _____	
Audited _____	
File with: Iowa Ethics and Campaign Disclosure Board 510 E. 12 <sup>th</sup> , Ste. 1A Des Moines, Iowa 50319 Fax: 515-281-3701	

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code section 68B.32A(7) the candidate, for a candidate's committee, and the chairperson, for any other type of committee, is the individual responsible for filing timely and accurate reports.

Mike Reasoner 641-782-2693 7-17-06  
 SIGNATURE OF PERSON FILING REPORT TELEPHONE DATE SIGNED

I AM FILING A July 19, 2006 REPORT FOR (1) **ELECTION** / (2) **NON-ELECTION** YEAR.  
 (report date) Indicate by # 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 DR-3 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. (Total of all funds 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.) .....\$ 5,661.85

**ADD TOTAL MONEY TAKEN IN THIS PERIOD**

Schedule A: Cash Contributions total (Attach Schedule A) (\*also see in-kind below)..... 3,254.34

Schedule F: Loans Received total (Attach Schedule F)..... 0.00

Schedule H: Total Sales of Campaign Property (Attach Schedule H) ..... 0.00

**(Schedule H applies to Candidates' Committees Only)**

**SUB-TOTAL**.....\$ 8,916.19

**SUBTRACT TOTAL MONEY SPENT THIS PERIOD**

Schedule B: Expenditures total (Attach Schedule B) (\*\*also see debts and loans below)..... 1,000.00

Schedule F: Loan Repayments total (Attach Schedule F)..... 0.00

**CASH ON HAND** at the end of this reporting period (if final report balance must be zero) (Attach DR-3).....\$ 7,916.19

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\*\*UNPAID BILLS (From Schedule D - Attach Schedule D) .....\$ 0.00

\*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E) .....\$ 0.00

\*\*OUTSTANDING LOANS (From Schedule F - Attach Schedule F) .....\$ 0.00

**CONSULTANT BREAKDOWN** (Schedule G Attached?) \_\_\_\_\_ YES \_\_\_\_\_ NO

**CANDIDATE COMMITTEES ONLY:**

**VALUE OF CAMPAIGN PROPERTY** (From Schedule H - Attach Schedule H) \$ \_\_\_\_\_

**STATE COMMITTEES:** Submit a reconciled campaign account bank statement in January of each year.

For Instructions, See Back of Form

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SCHEDULE <b>A</b> (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)  
Reasoner For State Representative

**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.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

**CAUTION:** Section 68B.32A(6), 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
6-3-06	ID# CK#	Michael Blaser 5746 Coachlight Ct. West Des Moines, Iowa 50266		\$ 125.00	<input type="checkbox"/>
6-5-06	ID# 8251 CK# 1615	PrinPAC 711 High Street Des Moines, Iowa 50392		300.00	<input type="checkbox"/>
6-5-06	ID# 6099 CK# 1049	Meredith Corporation Employees Fund 1716 Locust Street Des Moines, Iowa 50309-3023		100.00	<input type="checkbox"/>
6-21-06	ID# 6486 CK# 1562	Iowa Telecom PAC 115 South 2nd Avenue W Newton, Iowa 50208		200.00	<input type="checkbox"/>
6-21-06	ID# CK#	William Morain 408 South State Street Lamoni, Iowa 50140		100.00	<input type="checkbox"/>
6-22-06	ID# CK#	John Hartung 1011 Scott Felton Road Indianola, Iowa 50125		100.00	<input type="checkbox"/>
6-23-06	ID# 6086 CK# 13479	Iowa State Education Association PAC 777 3rd Street Des Moines, Iowa 50309		100.00	<input type="checkbox"/>
6-27-06	ID# 8251 CK# 1649	PrinPAC 711 High Street Des Moines, Iowa 50392		450.00	<input type="checkbox"/>
6-28-06	ID# 6056 CK# 3489	Bankers Unite In Legislative Decisions PAC 8800 NW 62nd Avenue Johnston, Iowa 50131-6200		500.00	<input type="checkbox"/>
7-6-06	ID# CK#	Patrick McManus 7119 Colby Des Moines, Iowa 50311-1403		100.00	<input type="checkbox"/>
SUB-TOTAL				\$ 2,075.00	
<b>TOTAL (if last page of this schedule)</b>				\$	

\* 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

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SCHEDULE <b>A</b> (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)

Reasoner For State Representative

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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
7-7-06	ID# CK#	Bruce Brooke 3490 Big Sky Drive Muscatine, Iowa 52761		\$ 100.00	<input type="checkbox"/>
7-8-06	ID# CK#	Scott Mitchell 1038 Nighthawk Avenue Afton, Iowa 50830		500.00	<input type="checkbox"/>
7-12-06	ID# CK#	Phillip Tyler 1682 Summit Lake Avenue Creston, Iowa 50801		200.00	<input type="checkbox"/>
7-12-06	ID# CK#	Robert Snodgrass 1002 North Sycamore Street Creston, Iowa 50801		100.00	<input type="checkbox"/>
7-13-06	ID# CK#	Ed Seitz 710 East Main Street Garden Grove, Iowa 50103		20.00	<input type="checkbox"/>
7-13-06	ID# CK#	Larry Bentler 2714 Stockport Road Fairfield, Iowa 52556		250.00	<input type="checkbox"/>
6-5-06	ID# CK#	Iowa State Savings Bank 401 West Adams Street Creston, Iowa 50801	Check Acct. Int.	3.49	<input type="checkbox"/>
7-3-06	ID# CK#	Iowa State Savings Bank 401 West Adams Street Creston, Iowa 50801	Check Acct. Int.	5.85	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL \$ 1,179.34

**TOTAL (if last page of this schedule)** \$ 3,254.34

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FOR INSTRUCTIONS, SEE BACK OF FORM

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**EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT**

SCHEDULE <b>B</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)

Reasoner For State Representative

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
7-6-06	ID# 9098 CK#	Iowa Democratic Party 5661 Fleur Drive Des Moines, Iowa 50321	Contribution	\$ 1,000.00
	ID# CK#			
<b>SUB-TOTAL</b>				\$ 1,000.00
<b>TOTAL (if last page of this schedule)</b>				\$ 1,000.00

**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).)