

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD

Reset Form

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) 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

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

MAY 25 2006 pm 5:24 FILED

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.

SIGNATURE OF PERSON FILING REPORT Mike Reasoner TELEPHONE 641-782-2693 DATE SIGNED 5-24-06

I AM FILING A 5-19-06 REPORT FOR (1) ELECTION /(2) NON-ELECTION YEAR. (report date) Indicate by # 1

CHECK IF AMENDMENT TO REPORT DATED 5-19-06

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

Table with columns for description and amount. Rows include: CASH ON HAND at the beginning of the reporting period (4,192.44), ADD TOTAL MONEY TAKEN IN THIS PERIOD (Schedule A: 109.75, Schedule F: 0.00, Schedule H: 0.00), SUB-TOTAL (4,082.69), SUBTRACT TOTAL MONEY SPENT THIS PERIOD (Schedule B: 2,725.89, Schedule F: 0.00), CASH ON HAND at the end of this reporting period (1,356.80), UNPAID BILLS (0.00), IN KIND CONTRIBUTIONS (4,314.00), OUTSTANDING LOANS (0.00), CONSULTANT BREAKDOWN (YES/NO), CANDIDATE COMMITTEES ONLY: VALUE OF CAMPAIGN PROPERTY (\$).

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

Reset Form

DISCLOSURE SUMMARY PAGE

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

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

IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD
FILED
MAY 17 2006
HH

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.

Marjand Reasoner 641-782-2693 5-15-06
 SIGNATURE OF PERSON FILING REPORT TELEPHONE DATE SIGNED

I AM FILING A 5-19-06 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.)\$ 4,192.44

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)..... (109.75)

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.....\$ 4,082.69

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)..... 2,725.89

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).....\$ 1,356.80

**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

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)
 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
1-6-06	ID# CK#	Shirley Lischer 1773 160th Street Creston, Iowa 50801		\$ 50.00	<input type="checkbox"/>
1-6-06	ID# 6046 CK# 4073	Justice For All PAC 218 6th Avenue, Suite 526 Des Moines, Iowa 50309-4091		250.00	<input type="checkbox"/>
1-8-06	ID# 9698 CK# 510	Iowa Association of Mortgage Brokers PAC 2973 100th Street Urbandale, Iowa 50322-5501		125.00	<input type="checkbox"/>
1-8-06	ID# CK#	Bernard Goldstein Trust 2117 State Street Bettendorf, Iowa 52722		250.00	<input type="checkbox"/>
1-8-06	ID# 8025 CK# 7135	United Transportation Union PAC 14600 Detroit Avenue Cleveland, Ohio 44107		100.00	<input type="checkbox"/>
2-8-06	ID# CK#	Anthony Double 604 North Walnut Street Creston, Iowa 50801		100.00	<input type="checkbox"/>
5-5-06	ID# CK#	Harlan Brothers Kennel 166 West Garza Slaton, Texas 79364	Return Contrib.	- 1,000.00	<input type="checkbox"/>
1-1-06	ID# CK#	Iowa State Savings Bank 401 West Adams Street Creston, Iowa 50801	Check Acct. Int.	2.69	<input type="checkbox"/>
2-6-06	ID# CK#	Iowa State Savings Bank 401 West Adams Street Creston, Iowa 50801	Check Acct. Int.	4.25	<input type="checkbox"/>
3-6-06	ID# CK#	Iowa State Savings Bank 401 West Adams Street Creston, Iowa 50801	Check Acct. Int.	2.81	<input type="checkbox"/>
SUB-TOTAL				\$ - 115.25	
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
<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
4-3-06	ID# CK#	Iowa State Savings Bank 401 West Adams Street Creston, Iowa 50801	Check Acct. Int.	\$ 2.87	<input type="checkbox"/>
5-1-06	ID# CK#	Iowa State Savings Bank 401 West Adams Street Creston, Iowa 50801	Check Acct. Int.	2.63	<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"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
SUB-TOTAL				\$ 5.50	
TOTAL (if last page of this schedule)				\$ - 109.75	

* 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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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)
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
1-19-06	ID# CK#	U.S. Postmaster Creston, Iowa 50801	Stamps	\$ 39.00
2-1-06	ID# CK#	Iowa Democratic Party 5661 Fleur Drive Des Moines, Iowa 50321	Contribution	2,000.00
2-21-06	ID# CK#	U.S. Postmaster Creston, Iowa 50801	Stamps	31.33
3-2-06	ID# CK#	U.S. Postmaster Creston, Iowa 50801	Stamps	88.92
3-22-06	ID# CK#	Iowa Democratic Party 5661 Fleur Drive Des Moines, Iowa 50321	Contribution	124.05
4-10-06	ID# CK#	Iowa Democratic Party 5661 Fleur Drive Des Moines, Iowa 50321	Contribution	50.00
4-18-06	ID# CK#	U.S. Postmaster Creston, Iowa 50801	Stamps	302.64
4-24-06	ID# CK#	Orchid Suites 2001 S Street, NW, Suite 550 Washington, DC 20009	Web Site	89.95
SUB-TOTAL				\$ 2,725.89
TOTAL (if last page of this schedule)				\$ 2,725.89

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).)