FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

fax
2008 JAN 14 AM 8:02

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

For Office Use Only
Comm. # 293
Indexed S
Audited
Computer

COMMITTEE NAME (Must be same as on Statement of Organization)
RAISE - 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 Slate of Candidates

Vernon H. Benjamin — SIGNATURE OF TREASURER (or person filing this report)
319-835-0930 — TELEPHONE
1-11-08 — 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 12-31-07 1-19-08 REPORT FOR AN/A (1) ELECTION /(2)NON-ELECTION YEAR.
(report date) Indicate one 2

☐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.) ..... $	3364.55
ADD TOTAL MONEY TAKEN IN THIS PERIOD	
Schedule A: Cash Contributions total (Attach Schedule A)	4715.78
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 ..... $	8080.33
SUBTRACT TOTAL MONEY SPENT THIS PERIOD	
Schedule B: Expenditures total (Attach Schedule B)	855.08
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)	7225.25

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 NO

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H) $ _____

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(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
4/23/07	ID# CASH CK#	ANDY FRAISE 3381 NEW LONDON RD. WEST POINT, IA 52656	BROTHER	$ 20.00 XX	
4/23/7	ID# CK#	SHEILA BRUNE 805 AVE C WEST POINT, IA 52656		50.00 XX	
4/23/7	ID# CK#	KEITH FRAISE 601 MAPLE DONNELLSON, IA 52625	BROTHER	25.00 XX	
7/16/7	ID# CK#	LLOYD THOMPSON N120 HICKORY LN WATERLOO, WI 53594		85.00 XX	
8/10/7	ID# 6004 CK# 4623	ASSOCIATED GENERAL CONTRACTORS 701 E COURT DES MOINES, IA 50309		500.00 XX	
8/23/7	ID# 6046 CK# 4345	JUSTICE FOR ALL 218-6th AVE SUITE 526 DES MOINES, IA 50309		250.00	
8/23/7	ID# 6070 CK# 3534	IOWA LAWPAC 521 E. LOCUST ST 3RD FL. DES MOINES, IA 50309		200.00	
8/17/7	ID# 6058 CK# 4066	IOWA CHIROPRACTIC SOCIETY-PAC 1605 N. ANKENY BLVD. SUITE 100 ANKENY, IA 50023		100.00	
8/17/7	ID# ~~[illegible]~~ CK# 6052 3164	INDEPENDENT INSURANCE AGENTS 4000 WESTOWN PARKWAY SUITE 200 WEST DES MOINES, IA 50255		200.00	
8/17/7	ID# 6096 CK# 2015	MANUFACTURED HOUSING PAC 1400 DEAN AVE DES MOINES, IA 50316		250.00	
			SUB-TOTAL	$ 1680.00	
			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) (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

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(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
8/17/7	ID# CK# 5019	STEVEN SCHOENEBAUM 1671 NW 132ND ST. CLIVE, IA 50325		$ 100.00	
9/12/7	ID# CK# 4178	DAVID PAYNE 1220 LEIGHTON ST KEOKUK, IA 52632		25.00	
9/12/7	ID# CK#	MICHAEL HOCKING 105 E. CLEVELAND NEW LONDON, IA 52645		25.00	
9/12/7	ID# CK#	STEVEN ACKERSON 1634 NW 131ST ST CLIVE, IA 50325		100.00	
9/12/7	ID# 6067 CK# 3729	IOWA HEALTH PAC 6750 WESTOWN PARKWAY #100 WEST DES MOINES, IA 50266		200.00	
10/5/7	ID# 6486 CK#	IOWA TELECOM-PAC 115 S 2ND ST. NEWTON, IA 50208		200.00	
10/5/7	ID# CK#	E.I DUPONT-GOOD GOVERNMENT FUND 1007 MARKET ST. WILMINGTON, DE 19898		100.00	
11/1/7	ID# 6059 CK# 3098	IA. COMMITTEE OF AUTOMOTIVE RETAILERS 1111 OFFICE PARK RD. WEST DES MOINES, IA 50265		100.00	
11/26/7	ID# CK#	RUSSELL COX 3223 JEWEL AVE. SALEM, IA 52649		50.00	
11/26/7	ID# 6058 CK# 4102	IOWA CHIROPRACTIC SOCIETY-PAC 1605 N. ANKENY BLVD SUITE 100 ANKENY, IA 50023		100.00	
			SUB-TOTAL	$ 1000.00	
			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) (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.

787

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(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
12/26/7	ID# CK#	STANLEY CHESLEY		$ 2000 00	
2007	ID# CK#	-INTEREST- PILOT GROVE SAVINGS	BANK	35 78	
	ID# CK#				
	ID# CK#				
	ID# CK#				
	ID# CK#				
	ID# CK#				
	ID# CK#				
	ID# CK#				
	ID# CK#				

SUB-TOTAL $2035 78

TOTAL *(if last page of this schedule)* $4715 78

* 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.

SCHEDULE B CANDIDATE	MONETARY EXPENDITURES
For office use only	

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
1/23/7	LEXINGTON SQUARE LLC 500 MESSENGER RD. KEOKUK IA 52632	CHECK AMT. RETURN FROM CORPORATION	$ 100 00/XX
1/20/7	BURLINGTON HAWKEYE P.O BOX 10 BURLINGTON, IA 52601	1 YR SUBSCRIPTION	174 00/XX
1/31/7	JACK KIBBIE (AG LEADERS MEETING) 112 OAKWOOD BOX 19 EMMETSBURG, IA 50536	PLANE TICKET TO WASHINGTON DC	212 21/XX
3/2/7	DES MOINES REGISTER 715 LOCUST ST DES MOINES, IA 50309	SUBSCRIPTION	117 00/XX
7/16/7	HY-VEE 2606 AVE L. FT. MADISON, IA 52627	COPIES OF PHOTOS	32 37/XX
9/1/7	QUALITY INN 929 3RD ST DES MOINES, IA 50309	RECEPTION EXPENSES AUG. 14th 2007	144 50/XX
10/11/7	LABOR DAY MEDIA FUND 301 BLONDEAU ST KEOKUK, IA 52632	NEWSPAPER ADS	75 00/XX

SUB-TOTAL $ 855 08

TOTAL ***(If last page of this schedule)*** $ 855 08

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-12105/140-0055/(Rev. 1990)