File with:
Iowa Ethics and Campaign Disclosure Board
510 E. 12th, Ste. 1A
Des Moines, Iowa 50319
Fax: 515-281-4073

Reset Form

IA ETHICS AND CAMPAIGN DISCLOSURE BD.
2008 JUN -3 AM 8:37

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

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

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

FORM DR-2 (Rev. 07/2007) DISCLOSURE REPORT

For Office Use Only
Comm. # 293
Logged in
Scanned
Computer
Audited
3 pages

CANDIDATE COMMITTEES ONLY:
Candidate Name: EUGENE FRAISE
Political Party (if applicable): DEMOCRAT
Office Sought: IOWA SENATE
District (if Senate or House): 46

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a

Vernon H. Benjamin — SIGNATURE OF PERSON FILING REPORT
319-835-0930 — TELEPHONE
6-2-8 — DATE SIGNED

I AM FILING A 5-27-2008 (report date) REPORT FOR (1) ELECTION /(2)NON-ELECTION YEAR. Indicate by # [ ]

[ ] 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.) ..... $ 8126.49

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below) 1350.00

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 ..... $ 9476.49

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below) 978.36

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) ..... $ 8498.13

**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) ..... $

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 (Rev. 07/03)	MONETARY EXPENDITURES

☐ CHECK THIS BOX IF AMENDING FORM

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.

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

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
5/19/08	ID# CK# 1336	CARTER PRINTING 1739 E. GRAND AVE DES MOINES, IA 50316	YARD SIGNS CAMPAIGN CARDS LETTERHEAD	$978.36
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
			SUB-TOTAL	$978.36
			TOTAL *(If last page of this schedule)*	$978.36

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)(f).)

Page 1 of 1

(for Schedule B)

For Instructions, See Back of Form

Reset Form

SCHEDULE A (Rev. 07/03) 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.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN $/50 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
5/19/08	ID# CK# 1182	HENRY COUNTY DEMOCRATS 206 E. MADISON MT. PLEASANT, IA 52641		$ 250.00	☐
5/20/8	ID# CK# 2217	JACK HATCH 696 18th ST. DES MOINES, IA 50314		150.00	☐
5/20/8	ID# CK# 5667	DICK DEARDEN 3113 KINSEY AVE DES MOINES, IA 50317		100.00	☐
5/20/8	ID# CK# 2901	CHARLES HUTCHINS 3400 S. IRONWOOD DR #271 APACHE JUNCTION, AZ 65220		150.00	☐
5/20/8	ID# 6059 CK# 3145	IA. COMM. OF AUTOMOTIVE RETAILERS 1111 OFFICE PARK RD WEST DES MOINES, IA 50265		200.00	☐
5/20/8	ID# 6046 CK# 4414	JUSTICE FOR ALL PAC 218 8TH AVE SUITE 528 DES MOINES, IA 50309-4091		250.00	☐
5/20/8	ID# 6052 CK# 3228	INDEPENDENT INSURANCE AGENTS OF IOWA 4000 WESTOWN PARKWAY STE. 200 WEST DES MOINES, IA 50265		250.00	☐
	ID# CK#				☐
	ID# CK#				☐
	ID# CK#				☐

SUB-TOTAL $1350.00

TOTAL (If last page of this schedule) $1350.00

* 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.

Page 1 of 1 (for Schedule A)