

**Political Organization
 Report of Contributions and Expenditures**

▶ See Separate instructions.

A For the period beginning January 1, 20 10 and ending March 31, 20 10

B Check applicable boxes: Initial report Change of address Amended report Final report

1 Name of organization Responsibility and Integrity Now, RAIN Fund Employer identification number 26 3111594

2 Mailing address (P.O. Box or number, street, and room or suite number)
PO Box 6014

City or town, state, and ZIP code
Des Moines, IA 50309

3 E-mail address of organization no@email **4** Date organization was formed 08/05/2008

5a Name of custodian of records Glenn Norris **5b** Custodian's address
6205 Oakwood Hill Drive
Johnston, IA 50131

6a Name of contact person Glenn Norris **6b** Contact person's address
6205 Oakwood Hill Drive
Johnston, IA 50131

7 Business address of organization (if different from mailing address shown above) Number, street, and room or suite number
PO Box 6014

City or town, state, and ZIP code
Des Moines, IA 50309

8 Type of report (check only one box)

a First quarterly report (due by April 15)

b Second quarterly report (due by July 15)

c Third quarterly report (due by October 15)

d Year-end report (due by January 31)

e Mid-year report (Non-election year only-due by July 31)

f Monthly report for the month of: _____
 (due by the 20th day following the month shown above, except the December report, which is due by January 31)

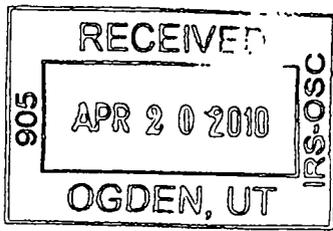
g Pre-election report (due by the 12th or 15th day before the election)
 (1) Type of election: _____
 (2) Date of election: _____
 (3) For the state of: _____

h Post-general election report (due by the 30th day after general election)
 (1) Date of election: _____
 (2) For the state of: _____

| | | |
|--|-----------|------|
| 9 Total amount of reported contributions (total from all attached Schedules A). | 9 | 0.00 |
| 10 Total amount of reported expenditures (total from all attached Schedules B). | 10 | 0.00 |

Sign Here Under penalties of perjury, I declare that I have examined this report, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

▶ Glenn Norris Signature of authorized official ▶ 4/14/10 Date



SCANNED APR 28 2010

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| Schedule A Itemized Contributions | | Schedule A page 1 of 1 |
|--|---|--------------------------------|
| Name of organization | | Employer identification number |
| | | 26:311594 |
| Contributor's name, mailing address and ZIP code | Name of contributor's employer | Amount of contribution |
| | Contributor's occupation | \$ n/a |
| | Aggregate contributions year-to-date . . . ▶ \$ | Date of contribution |
| Contributor's name, mailing address and ZIP code | Name of contributor's employer | Amount of contribution |
| | Contributor's occupation | \$ |
| | Aggregate contributions year-to-date . . . ▶ \$ | Date of contribution |
| Contributor's name, mailing address and ZIP code | Name of contributor's employer | Amount of contribution |
| | Contributor's occupation | \$ |
| | Aggregate contributions year-to-date . . . ▶ \$ | Date of contribution |
| Contributor's name, mailing address and ZIP code | Name of contributor's employer | Amount of contribution |
| | Contributor's occupation | \$ |
| | Aggregate contributions year-to-date . . . ▶ \$ | Date of contribution |
| Contributor's name, mailing address and ZIP code | Name of contributor's employer | Amount of contribution |
| | Contributor's occupation | \$ |
| | Aggregate contributions year-to-date . . . ▶ \$ | Date of contribution |
| Contributor's name, mailing address and ZIP code | Name of contributor's employer | Amount of contribution |
| | Contributor's occupation | \$ |
| | Aggregate contributions year-to-date . . . ▶ \$ | Date of contribution |
| Contributor's name, mailing address and ZIP code | Name of contributor's employer | Amount of contribution |
| | Contributor's occupation | \$ |
| | Aggregate contributions year-to-date . . . ▶ \$ | Date of contribution |
| Contributor's name, mailing address and ZIP code | Name of contributor's employer | Amount of contribution |
| | Contributor's occupation | \$ |
| | Aggregate contributions year-to-date . . . ▶ \$ | Date of contribution |
| Contributor's name, mailing address and ZIP code | Name of contributor's employer | Amount of contribution |
| | Contributor's occupation | \$ |
| | Aggregate contributions year-to-date . . . ▶ \$ | Date of contribution |
| Subtotal of contributions reported on this page only. Enter here and also include this amount in the total on line 9 of Form 8872 ▶ | | \$ 0 |

