

3

Political Organization Report of Contributions and Expenditures

OMB No 1545-1696

▶ See Separate instructions.

A For the period beginning **July 1**, 20 **08** and ending **September 30**, 20 **08**

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: **263111594**

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**

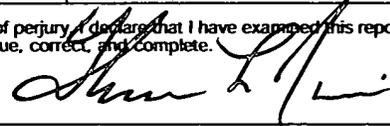
5a Name of custodian of records: **Glenn Norris** **5b** Custodian's address: **6205 Oakwood Hills Drive**
Johnston, IA 50131

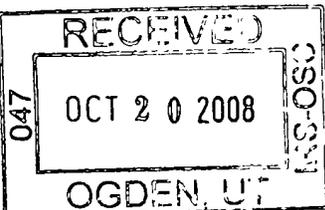
6a Name of contact person: **Glenn Norris** **6b** Contact person's address: **6205 Oakwood Hills Drive**
Johnston, IA 50131

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	\$13,000
10 Total amount of reported expenditures (total from all attached Schedules B).	10	\$22.95

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.

Signature of authorized official **10/13/08**
Date



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Schedule A Itemized Contributions Schedule A page 1 of 1

Name of organization **Employer identification number**
26:3111594

Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contribution
Iowa Health Systems 1200 Pleasant Street Des Moines, IA 50309	N/A	
	Contributor's occupation N/A	\$ 13,000
	Aggregate contributions year-to-date . . . ▶ \$ 13,000	Date of contribution 09/19/2008
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 ▶		\$ 13,000

Schedule B Itemized Expenditures Schedule B page 1 of 1

Name of organization	Employer identification number
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Recipient's name, mailing address and ZIP code US Bank PO Box 1800 St. Paul, MN 55101-0800	Name of recipient's employer N/A	Amount of expenditure \$ 22.95
	Recipient's occupation N/A	Date of expenditure 09/29/2008

Purpose of expenditure
Check printing charge for account

		Amount of expenditure \$
	Recipient's occupation	Date of expenditure

Purpose of expenditure

		Amount of expenditure \$
	Recipient's occupation	Date of expenditure

Purpose of expenditure

		Amount of expenditure \$
	Recipient's occupation	Date of expenditure

Purpose of expenditure

		Amount of expenditure \$
	Recipient's occupation	Date of expenditure

Purpose of expenditure

		Amount of expenditure \$
	Recipient's occupation	Date of expenditure

Purpose of expenditure

Subtotal of expenditures reported on this page only. Enter here and also include this amount in the total on line 10 of Form 8872 ▶	\$ 22.95
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