

**Political Organization
 Report of Contributions and Expenditures**

OMB No 1545-1696

▶ See Separate instructions.

A For the period beginning **July 1**, 20 **11** and ending **December 31**, 20 **11**

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)
3530 Westown Parkway, #209
 City or town, state, and ZIP code
West Des Moines, IA 50266

3 E-mail address of organization **N/A** **4** Date organization was formed **08/05/2008**

5a Name of custodian of records **Michael J. Reasoner** **5b** Custodian's address
3530 Westown Parkway, #209
West Des Moines, IA 50266

6a Name of contact person **Michael J. Reasoner** **6b** Contact person's address
3530 Westown Parkway, #209
West Des Moines, IA 50266

7 Business address of organization (if different from mailing address shown above) Number, street, and room or suite number
 City or town, state, and ZIP code

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

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

Sign Here

▶ Michael J Reasoner ▶ 7-14-12
 Signature of authorized official Date

SCANNED JUL 18 2012

Schedule A Itemized Contributions	Schedule A page 2 of 3
Name of organization Responsibility and Integrity Now RAIN Fund	Employer identification number 26:3111594

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
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 ▶	\$ 11,000.00
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Schedule B Itemized Expenditures Schedule B page **3** of **3**

Name of organization: **Responsibility and Integrity Now RAIN Fund** Employer identification number: **26:3111594**

Recipient's name, mailing address and ZIP code Iowa Democratic Party Building Fund 5661 Fleur Drive Des Moines, IA 50321	Name of recipient's employer N/A	Amount of expenditure \$ 15000
	Recipient's occupation N/A	Date of expenditure 04/27/2012

Purpose of expenditure
Donation

		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 \$ **0.00**

