

**Political Organization
 Report of Contributions and Expenditures**

OMB No. 1545-1696

▶ See Separate instructions.

A For the period beginning **January 1**, 20 **11** and ending **June 30**, 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)
PO Box 1591

City or town, state, and ZIP code

Des Moines, IA 50305

3 E-mail address of organization **no@email** **4** Date organization was formed

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 1591

City or town, state, and ZIP code

Des Moines, IA 50305

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)

- 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: _____


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

9 Total amount of reported contributions (total from all attached Schedules A).	9	0
10 Total amount of reported expenditures (total from all attached Schedules B).	10	0

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.

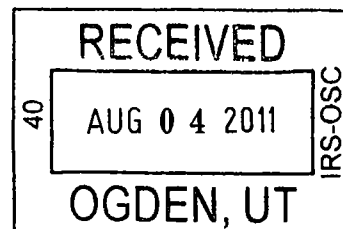

 Signature of authorized official


 Date

For Paperwork Reduction Act Notice, see separate instructions.

Cat. No 30406G

Form **8872** (11-2002)



SCANNED AUG 11 2011

Schedule A Itemized Contributions		Schedule A page 1 of 1
Name of organization Responsibility and Integrity Now, RAIN Fund		Employer identification number 26:3111594
Contributor's name, mailing address and ZIP code n/a	Name of contributor's employer n/a	Amount of contribution
	Contributor's occupation n/a	\$ 0
	Aggregate contributions year-to-date . . . ▶ \$ 0	Date of contribution 0
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

Schedule B Itemized Expenditures	Schedule B page 1 of 1
Name of organization Responsibility and Integrity Now, RAIN Fund	Employer identification number 26:3111594

Recipient's name, mailing address and ZIP code n/a	Name of recipient's employer n/a	Amount of expenditure \$ 0
	Recipient's occupation n/a	Date of expenditure 0

Purpose of expenditure

Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of expenditure \$
	Recipient's occupation	Date of expenditure

Purpose of expenditure

Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of expenditure \$
	Recipient's occupation	Date of expenditure

Purpose of expenditure

Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of expenditure \$
	Recipient's occupation	Date of expenditure

Purpose of expenditure

Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of expenditure \$
	Recipient's occupation	Date of expenditure

Purpose of expenditure

Recipient's name, mailing address and ZIP code	Name of recipient's employer	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
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