

Political Organization Report of Contributions and Expenditures

▶ See separate instructions.

A For the period beginning 01/01/2013 **and ending** 06/30/2013

B Check applicable box: 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: mike.reasoner@gmail.com **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
3530 Westown Parkway #209

City or town, state, and ZIP code
West Des Moines, IA 50266

8 Type of report (check only one box)

- First quarterly report (due by April 15)
- Second quarterly report (due by July 15)
- Third quarterly report (due by October 15)
- Year-end report (due by January 31)
- Mid-year report (Non-election year only-due by July 31)
- 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)
- 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:
- 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

10 Total amount of reported expenditures (total from all attached Schedules B)..... 10. \$ 5514

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.

Michael J. Reasoner

07/18/2013

Sign Here



Signature of authorized official



Date

Schedule A Itemized Contributions

Schedule B Itemized Expenditures

Schedule B

Recipient's name, mailing address and ZIP codeMelissa Peterson
777 3rd Street
Des Moines, IA 50309 -**Name of recipient's employer**Self
Recipients's occupation
Consultant**Amount of Expenditure**\$ 5000
Date of expenditure
01/14/2013**Purpose of expenditure**

Consulting

Recipient's name, mailing address and ZIP codeMichael Reasoner
702 New York Avenue
Creston, IA 50801 -**Name of recipient's employer**Self
Recipients's occupation
Consultant**Amount of Expenditure**\$ 514
Date of expenditure
02/18/2013**Purpose of expenditure**

Reimbursement for Office Supplies