File with:
Iowa Ethics and Campaign Disclosure Board
510 E. 12th, Ste. 1A
Des Moines, Iowa 50319
Fax: 515-281-4073

Reset Form

IA ETHICS AND CAMPAIGN DISCLOSURE BD.

2008 OCT 20 AM 10: 23

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

COMMITTEE NAME *(Must be same as on Statement of Organization)*

Roberts for Supervisor

IMPORTANT: Indicate by # type of committee you are reporting for: 5
(1)Statewide/Legislative/Judge Standing for Retention Candidate (2)State PAC (3)State Party (4)County Central Committee (5)County Candidate (6)City Candidate (7)School Board or Other Political Subdivision Candidate (8)County PAC (9)City PAC (10)School Board or Other Political Subdivision PAC (11) Local Ballot Issue

FORM DR-2 (Rev. 07/2007) DISCLOSURE REPORT

For Office Use Only
Comm. # _____
Logged In _____
Scanned _____
Computer _____
Audited _____

CANDIDATE COMMITTEES ONLY:

Candidate Name: Rolland A. Roberts

Political Party (if applicable): Republican

Office Sought: County Supervisor

District (if Senate or House): _____

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a

Bernel J. Roberts — **SIGNATURE OF PERSON FILING REPORT**

712-643-5534 — **TELEPHONE**

10-17-08 — **DATE SIGNED**

I AM FILING A 10-19-08 (report date) REPORT FOR **(1) ELECTION /(2)NON-ELECTION** YEAR. Indicate by # 1

☐ CHECK IF AMENDMENT TO REPORT DATED _____

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3. (You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election: 11-4-08

County & Local Committees, enter County in which Election is held: Harrison

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.) ..... $ 0.00

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below) 2,750.00

Schedule F: Loans Received total (Attach Schedule F) ..... _____

Schedule H: Total Sales of Campaign Property (Attach Schedule H) ..... _____

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL ..... $ 2,750.00

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below) 1,947.75

Schedule F: Loan Repayments total (Attach Schedule F) ..... _____

CASH ON HAND at the end of this reporting period (if final report balance must be zero) ..... $ 802.25

****UNPAID BILLS** (From Schedule D - Attach Schedule D) ..... $ _____

***IN KIND CONTRIBUTIONS** (From Schedule E - Attach Schedule E) ..... $ 100.00

****OUTSTANDING LOANS** (From Schedule F - Attach Schedule F) ..... $ _____

CONSULTANT BREAKDOWN (Schedule G Attached?) ____ YES ✓ NO

CANDIDATE COMMITTEES ONLY:

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H) $ _____

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

For Instructions, See Back of Form

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SCHEDULE **A** (Rev. 07/03)	MONETARY RECEIPTS
☐ CHECK THIS BOX IF AMENDING FORM	

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME *(Must be same as on Statement of Organization)*

Roberts for Supervisor

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN $750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND-RAISER INCOME
4-10-08	ID# CK#	Angela W. Anderson		$ 25.00	☐
6-12-08	ID# CK#	Rozanne King		250.00	☐
8-04-08	ID# CK#	James A. Seymour		100.00	☐
8-04-08	ID# CK#	Richard Randall		50.00	☐
8-14-08	ID# CK#	Richard Randall		75.00	☐
8-25-08	ID# CK#	Donna Barry		100.00	☐
8-27-08	ID# CK#	Sarah Bryceson		50.00	☐
8-28-08	ID# CK#	Harrison County Republican Women		2000.00	✓
10-01-08	ID# CK#	Ruth Heller	Mother	100.00	☐
	ID# CK#				☐
			SUB-TOTAL	$ 2750.00	
			TOTAL ***(if last page of this schedule)***	$ 2750.00	

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

FOR INSTRUCTIONS, SEE BACK OF FORM

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SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES

☐ CHECK THIS BOX IF AMENDING FORM

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

COMMITTEE NAME *(Must be same as on Statement of Organization)*

Roberts for Supervisor

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE *(Disbursement)* WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
9-12-08	ID# CK#	A Advertising 7630 Cass Street Omaha, NE 68114	Yard signs and wires	$ 853.00
9-14-08	ID# CK#	National Pen 342 Shelbyville Mills Road Shelbyville, TN 37160	Pen order	402.40
9-25-08	ID# CK#	Christopher Murphy 420 1/2 East Erie, Apt. 1 Missouri Valley, IA 51555	Campaign Consultants	400.00
10-07-08	ID# CK#	National Pen 342 Shelbyville Mills Road Shelbyville, Tn. 37160	Pen order	127.35
10-07-08	ID# CK#	The Daily Nonpareil 535 West Broadway, Suite 300 Council Bluffs, IA 51502	Advertising	165.00
	ID# CK#			
	ID# CK#			
	ID# CK#			
			SUB-TOTAL	$ 1947.75
			TOTAL (*if last page of this schedule*)	$ 1947.75

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing $500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME *(Must be same as on Statement of Organization)*
Roberts for Supervisor

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SCHEDULE E (Rev. 06/97)	IN-KIND CONTRIBUTIONS

☐ CHECK THIS BOX IF AMENDING FORM

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	√ IF FOR FUND-RAISER CONTRIBUTION
7-25-08	Charles Petterson 3244 Urbana Ave. Persia, IA 51563		150 Campaign Buttons	$ 100.00	☐
					☐
					☐
					☐
					☐
					☐
					☐
					☐
					☐
					☐
			SUB-TOTAL	$ 100.00	
			TOTAL (if last page of this schedule)	$ 100.00	

*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.