

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

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

Pat Brooks 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

CANDIDATE COMMITTEES ONLY:

Candidate Name: Patrick W. Brooks Political Party (if applicable): Democrat
Office Sought: Marshall County Board of Supervisors District (if Senate or House): _____

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code section 68B.32A(7) the candidate, for a candidate's committee, and the chairperson, for any other type of committee, is the individual responsible for filing timely and accurate reports.

Patrick W. Brooks 641-753-9134 Oct. 15, 06
SIGNATURE OF PERSON FILING REPORT TELEPHONE DATE SIGNED
Patrick W. Brooks

Reset Form

FILED
NOV 12 2006

FORM DR-2 (Rev. 12/2005)	DISCLOSURE REPORT
For Office Use Only	
Comm # _____	
Logged In _____	
Scanned _____	
Computer _____	
Audited _____	
File with: Iowa Ethics and Campaign Disclosure Board 510 E. 12 th , Ste. 1A Des Moines, Iowa 50319 Fax: 515-281-3701	

I AM FILING A Oct. 19, 2006 REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR.
(report date) 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 <u>11-07-2006</u>
County & Local Committees, enter County in which Election is held <u>Marshall</u>

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.)\$ 685.57

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (**also see in-kind below)..... 595.00

Schedule F: Loans Received total (Attach Schedule F) -0- in this reporting period -0-

Schedule H: Total Sales of Campaign Property (Attach Schedule H) -0-

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL 1,280.57

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)..... (565.15)

Schedule F: Loan Repayments total (Attach Schedule F)..... -0-

CASH ON HAND at the end of this reporting period (if final report balance must be zero) (Attach DR-3).....\$ 715.42

**UNPAID BILLS (From Schedule D - Attach Schedule D)\$ -0-

**IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)\$ -0-

**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)\$ 600.00

CONSULTANT BREAKDOWN (Schedule G Attached?) _____ YES XX NO

CANDIDATE COMMITTEES ONLY:
VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H) \$ none

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

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SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> 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)

Pat Brooks 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 (MMDD/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
8-02-06	ID# CK#	Nina/Kelly Biensen 2454 Binford State Center, Ia	none	\$ 25.00	<input type="checkbox"/>
8-29-06	ID# CK#	Karin Hill, 808 Jackson, Marshalltown, Iowa 50158	none	20.00	<input type="checkbox"/>
9-06-06	ID# CK#	Carol Bottom, 206 N. Center Marshalltown, Iowa 50158	none	50.00	<input type="checkbox"/>
9-13-06	ID# CK#	L.E. Phipps, 1206 E. Nevada Marshalltown, Iowa 50158		200.00	<input type="checkbox"/>
9-15-06	ID# CK#	Beth Harrison, 1701 W. Olive St., Marshalltown, Iowa 50158	none	200.00	<input type="checkbox"/>
10-07-06	ID# CK#	John and Shirley Foster 2905 Arnold Dr. Marshalltown, Iowa 50158	none	50.00	<input type="checkbox"/>
0-13-06	ID# CK#	Loras Neuroth 303 S. 12th St. Marshalltown, Ia 50158	none	50.00	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
SUB-TOTAL				\$	
TOTAL (if last page of this schedule)				\$595.00	

* 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.

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EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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)
Pat Brooks 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
8-09-06	ID# CK#	Don Wilder for Supervisor Marshalltown	misc.	\$ 10.00
8-16-06	ID# CK#	Wells Fargo Marshalltown	Bank account service charges	5.35
9-19-06	ID# CK#	Wells Fargo Marshalltown	Bank account service charge	5.35
9-23-06	ID# CK#	Marshall County Democrats	postage reimbursement	59.35
9-28-06	ID# CK#	Staples Marshalltown	mailing labels	12.40
9-28-06	ID# CK#	United States Post Office	stamps	195.00
10-03-06	ID# CK#	Staples Marshalltown	mailing labels	12.40
10-13-06	ID# CK#	Carter Printing Des Moines, Ia	campaign cards-printing	153.70
SUB-TOTAL				\$
TOTAL (if last page of this schedule)				\$ 565.15

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).)

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SCHEDULE F (Rev. 07/03)	LOANS RECEIVED & REPAID
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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

Pat Brooks for Supervisor

NOTE: This schedule reports money loaned to the committee which is deposited in the committee account.

TOTAL UNPAID LOANS FROM LAST REPORTING PERIOD \$ 600.00

PART I - MONETARY LOANS RECEIVED THIS REPORTING PERIOD
(Original source of loan, such as a bank, must be shown if a third party is involved. Include loans from candidate's personal funds.)

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE (If Applicable*)	AMOUNT OF LOAN
			\$

TOTAL (PART I) \$ none

PART II - MONETARY LOAN REPAYMENTS MADE THIS REPORTING PERIOD
(Loans forgiven must be reported on Schedule E -- In-kind Contributions.)

DATE PAID (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE* (If Applicable)	AMOUNT REPAID
			\$

TOTAL CASH REPAYMENTS (PART II) \$ none

From Schedule E - TOTAL LOANS FORGIVEN \$ none

TOTAL OUTSTANDING LOANS END OF REPORT PERIOD \$ 600.00

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