

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

Reset Form

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|---|--------------------------|
| 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 | |

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

Pat Brooks for Supervisor

IA ETHICS & CAMPAIGN DISCLOSURE BOARD

JAN 18 2007

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 <u>Patrick W. Brooks</u> | Political Party (if applicable) <u>Democrat</u> |
| Office Sought <u>Marshall County Board of Supervisors</u> | 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
SIGNATURE OF PERSON FILING REPORT

641-753-9134
TELEPHONE

Jan. 15, 2007
DATE SIGNED

I AM FILING A Jan. 19, 2007 REPORT FOR (1) ELECTION / (2) ~~NO 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 |

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.)\$ 672.44

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (**also see in-kind below)..... 275.00

Schedule F: Loans Received total (Attach Schedule F)..... -0-

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

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL.....\$ 947.44

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)..... (446.09)

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).....\$ 501.35

**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 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.

For Instructions, See Back of Form

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CONTRIBUTIONS -- MONEY TAKEN IN
(Including candidate's personal funds)

| | |
|---|----------------------|
| SCHEDULE A (Rev. 07/03) | MONETARY RECEIPTS |
| <input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM | |

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 (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 |
|--------------------------|--|--|--|-----------------|-----------------------------|
| 10-16-06 | ID# CK# | Edwin W. Bartine II 1467 155th St. Clemons, Ia 50051-9612 | none | \$50.00 | <input type="checkbox"/> |
| 10-18-06 | ID# CK# | Mr. & Mrs David Winter 1114 West Main St. Marshalltown, Ia 50158 | none | \$100.00 | <input type="checkbox"/> |
| 10-26-06 | ID# CK# | Thomas E. Curley 1110 West Main St. Marshalltown, Ia 50158 | none | \$100.00 | <input type="checkbox"/> |
| 11-02-06 | ID# CK# | Nina Biensen 2454 Binford Ave State Center Ia 50247 | none | \$25.00 | <input type="checkbox"/> |
| | ID# CK# | | | | <input type="checkbox"/> |
| | ID# CK# | | | | <input type="checkbox"/> |
| | ID# CK# | | | | <input type="checkbox"/> |
| | ID# CK# | | | | <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)
\$275.00

* 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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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 |
|--|--|---|--------------------------------|-----------------|
| 10-26-06 ck1029 | ID# CK# | Pat Brooks 611 Jerome St. Marshalltown, Ia 50158 | reimbursement for purchases | \$29.35 |
| 10-26-06 ck1030 | ID# CK# | KFJB RADIO 123 West Main St. Marshalltown, Ia 50158 | radio ad | \$141.75 |
| 10-31-06 ck1031 | ID# CK# | KDAO RADIO 1930 No. Center St. Rd. Marshalltown, Ia 50158 | radio ad | \$216.00 |
| 11-01-06 ck1032 | ID# CK# | USPS 309 East Linn Marshalltown, Ia 50158 | stamps | \$24.39 |
| 11-15-06 ck1033 | ID# CK# | Pat Brooks 611 Jerome St. Marshalltown, Ia 50158 | reimbursement for purchases | \$18.55 |
| 10-18-06 | ID# CK# | Wells Fargo Marshalltown, Ia 50158 | Bank account service charge | \$5.35 |
| 11-16-06 | ID# CK# | Wells Fargo Marshalltown, Ia 50158 | Bank account service charge | \$5.35 |
| 12-18-06 | ID# CK# | Wells Fargo Marshalltown, Ia 50158 | Bank Account service charge | \$5.35 |
| SUB-TOTAL | | | | \$ |
| TOTAL (if last page of this schedule) | | | | \$446.09 |

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

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| | |
|---|------------------------------|
| SCHEDULE F (Rev. 07/03) | LOANS RECEIVED & REPAY |
| <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.)

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

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

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

TOTAL (PART I) \$ none

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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THIS FORM IS USED BY CANDIDATES' COMMITTEES ONLY

COMMITTEE NAME (Must be same as on Statement of Organization)
 Pat Brooks for Supervisor

Reset Form

| | |
|---|----------------------|
| SCHEDULE H (Rev. 07/03) | CAMPAIGN PROPERTY |
| ATTACH SCHEDULE H TO EACH REPORT, MAKING CHANGES AS REQUIRED. | |
| <input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM | |

PART I - ONGOING INVENTORY OF CAMPAIGN PROPERTY

PART II - SALES OR TRANSFERS OF CAMPAIGN PROPERTY **

| Date Purchased (Schedule B) or Date Received (Schedule E) (MM/DD/YR) | Description of Property | Purchase Price or Est. Value When Acquired* | Current Value at Fair Market This Report |
|--|-------------------------|---|--|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

| Date (MM/DD/YR) | Name and Address of Purchaser/Donee | Description of Property | Sold? Y/N | Sale Price | Value of Donation |
|-----------------|-------------------------------------|-------------------------|-----------|------------|-------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

TOTAL VALUE CAMPAIGN PROPERTY THIS REPORT (TRANSFER TO SUMMARY PAGE) \$ -0-

** PROPERTY SALES & TRANSFERS TOTAL (TRANSFER TO SUMMARY PAGE) \$ -0- TOTALS \$ \$

* If estimated, show est. beside figure.

(Attach Additional Schedules if Needed)