

DISCLOSURE SUMMARY PAGE

FORM DR-2 (Rev. 12/2005)	DISCLOSURE REPORT
For Office Use Only	
Comm. # _____	
Logged In _____	
Scanned _____	
Computer _____	
Audited _____	

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

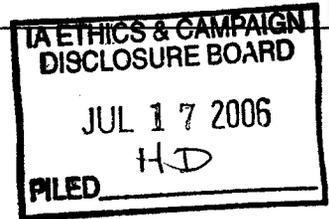
COMMITTEE TO ELECT TIM BRIEN

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 TIM BRIEN Political Party (if applicable) DEMOCRATIC

Office Sought POLK COUNTY RECORDER 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.

RM (RON RICKER) 515-283-2369 JULY 17, 2006

SIGNATURE OF PERSON FILING REPORT TELEPHONE DATE SIGNED

I AM FILING A 5-15-06 THUR 7-14-06 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
JUNE 6, 2006
 County & Local Committees, enter County in which Election is held
POLK

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.)	\$ <u>11,452.75</u>
ADD TOTAL MONEY TAKEN IN THIS PERIOD	
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)	<u>675.00</u>
Schedule F: Loans Received total (Attach Schedule F)	<u>- 0 -</u>
Schedule H: Total Sales of Campaign Property (Attach Schedule H)	<u>- 0 -</u>
<u>(Schedule H applies to Candidates' Committees Only)</u>	
SUB-TOTAL	\$ <u>12,127.75</u>
SUBTRACT TOTAL MONEY SPENT THIS PERIOD	
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)	<u>9,877.54</u>
Schedule F: Loan Repayments total (Attach Schedule F)	<u>2,000.00</u>
CASH ON HAND at the end of this reporting period (if final report balance must be zero) (Attach DR-3)	\$ <u>250.21</u>
**UNPAID BILLS (From Schedule D - Attach Schedule D)	\$ <u>- 0 -</u>
**IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)	\$ <u>- 0 -</u>
**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)	\$ <u>5,482.17</u>
CONSULTANT BREAKDOWN (Schedule G Attached?)	YES <input checked="" type="checkbox"/> NO
CANDIDATE COMMITTEES ONLY:	
VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)	\$ <u>- 0 -</u>

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

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

A (Rev. 08/97)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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

COMMITTEE TO ELECT TIM BRIEN

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.

CAUTION: Section 68B.32A(6), Iowa Code, 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 FOI FUND-RAISER INCOME
5-24-06	ID# CK# N/A	MARK & ELLEN M. DRUMHELLER 7004 AURORA URBANDALE, IOWA 50322	N/A	\$ 200.00	
5-24-06	ID# CK# N/A	JOSEPH L. GARVEY, JR 2734 WESTOVER BLVD DES MOINES, IA 50322	N/A	25.00	
5-24-06	ID# CK# N/A	DAVID C. CRAIG 2905 SYLVANIA DR WEST DES MOINES, IA 50266	N/A	100.00	
5-24-06	ID# CK# N/A	DONNA WHITNEY 10557 FOREST AVE CLIVE, IA 50325	N/A	100.00	
5-30-06	ID# CK# N/A	DENNIS F. WHEELER 8112 VALDEZ CIRCLE URBANDALE, IA 50322	N/A	50.00	
6-2-06	ID# CK# N/A	TAMMY KATZKE DES MOINES, IA	N/A	200.00	
	ID# CK#				
SUB-TOTAL				\$ 675.00	
TOTAL (if last page of this schedule)				\$ 675.00	

* 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) (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.

SCHEDULE B (Rev. 09/97)	MONETARY EXPENDITURES
<input type="checkbox"/> 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)
COMMITTEE TO ELECT TIM BRIEN

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
5/15/06	ID# CK# 240	THE ART STORE 600 MLK JR PARKWAY DES MOINES, IA 50312	WALL MOUNTS-SIGNS	\$ 28,38
5/22/06	ID# CK# 241	JEWISH PRESS 910 POLK BOULEVARD DES MOINES, IA 50312	CAMPAIGN AD	302.00
5/22/06	ID# CK# 242	CARTER PRINTING 1739 EAST GRAND AVE DES MOINES, IA 50316	LAPEL STICKERS	281.75
5/18/06	ID# CK# 243	NEWTON MFG Co 1123 15 th AVE. E. NEWTON, IA 50208	SIGN CLIPS	1,729.24
5/11/06	ID# CK# 244	COPYCAT PHOTO COPY 405 6 th AVE. DES MOINES, IA 50319	FOLDERS/HANDOUTS	68.00
5/16/06	ID# CK# 245	SAM'S CLUB 72 nd STREET WEST DES MOINES, IA	FOOD-POLK Demo DINNER	75.24
5/16/06	ID# CK# 246	IOWA BYSTANDBER DES MOINES, IA	CAMPAIGN AD	600.00
5/31/06	ID# CK# 247	CARTER PRINTING Co 1739 E. GRAND AVE DES MOINES, IA 50316	PRINTED CARDS (MAILING)	1,753.24
SUB-TOTAL				\$ 4,837.85
TOTAL (if last page of this schedule)				\$

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 56.6(3)(i).)

EXPENDITURES – MONEY SPENT FROM COMMITTEE ACCOUNT

SCHEDULE B (Rev. 09/97)	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)
COMMITTEE TO ELECT TIM BRIEN

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
5/31/06	ID# CK# 248	STETSON BLDG PRODUCTS 510 SW 9 th ST DES MOINES, IA 50309	REBAR - SIGNS	\$ 26.87
5/30/06	ID# CK# 249	U.S. POSTMASTER 2 ND & UNIVERSITY AVE DES MOINES, IA	POSTAGE	2,617.09
5/27/06	ID# CK# 250	CARTER PRINTING Co 1739 E. GRAND DES MOINES, IA 50317	CAMPAIGN CARDS	296.80
5/25/06	ID# CK# 251	CARTER PRINTING Co 1739 E. GRAND DES MOINES, IA 50317	LARGE YARD SIGNS	1,323.03
5/24/06	ID# CK# 252	STETSON BLDG PRODUCTS 510 SW 9 th ST DES MOINES, IA 50305	REBAR - SIGNS	72.93
6/1/06	ID# CK# 253	THE KUMAS GROUP 5133 S.E. 27 th ST DES MOINES, IA 50320	EMERY BOARDS	524.21
6/1/06	ID# CK# 254	POLK COUNTY ELECTIONS OFFICE 2 ND & COURT DES MOINES, IA 50309	ABSENTEE-BALLOTS	44.60
7/4/06	ID# CK# 256	SAMS CLUB 73 RD & UNIV. WEST DES MOINES, IA	FOOD - WORKERS	134.16
SUB-TOTAL				\$5,039.69
TOTAL (if last page of this schedule)				\$9,877.54

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 56.6(3)(i).)

SCHEDULE F (Rev. 08/96)	LOANS RECEIVED & REPAID
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)
COMMITTEE TO ELECT TIM BRIEN

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

TOTAL UNPAID LOANS FROM LAST REPORTING PERIOD \$ 7,482.17

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
			\$
N/A			

TOTAL (PART I) \$ - 0 -

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
7/11/06	ELIZABETH A. BRIEN 3919 URBANDALE AVE DES MOINES IA 50310	MOTHER	\$ 2,000.00

TOTAL CASH REPAYMENTS (PART II) \$ 2,000.00

From Schedule E -- TOTAL LOANS FORGIVEN \$ - 0 -

TOTAL OUTSTANDING LOANS END OF REPORT PERIOD \$ 5,482.17

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