

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



FOR INSTRUCTIONS, SEE BACK OF FORM
DISCLOSURE SUMMARY PAGE

IA ETHICS AND
CAMPAIGN DISCLOSURE BOARD
2008 JAN 23 AM 8:16
4P

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

Robert Brownell for Supervisor Committee

IMPORTANT: Indicate by # type of committee you are reporting for:
(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	Political Party (if applicable)
Robert Brownell	R
Office Sought	District (if Senate or House)
County Supervisor	

FORM DR-2 (Rev. 07/2007)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	_____
Logged In	_____
Scanned	_____
Computer	_____
Audited	_____

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

Robert Brownell
SIGNATURE OF PERSON FILING REPORT

515-281-0597
TELEPHONE

DATE SIGNED

I AM FILING A January 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
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>2070.15</u>
ADD TOTAL MONEY TAKEN IN THIS PERIOD		
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)		<u>9150.00</u>
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	\$	
SUBTRACT TOTAL MONEY SPENT THIS PERIOD		
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)		<u>92.27</u>
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)	\$	<u>11127.86</u>
**UNPAID BILLS (From Schedule D - Attach Schedule D)	\$	
*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)	\$	
**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)	\$	
CONSULTANT BREAKDOWN (Schedule G Attached?)		YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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

Reset Form

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)
Robert Brownell for Speaker

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
9/17	ID# CK#	Connie Wimer 100 4th St Des Moines, Iowa 50309		\$100 ⁰⁰	<input type="checkbox"/>
9-18-7	ID# CK#	Robert D. Brownell 2312 N.W. 80th Place Des Moines, Iowa 50325		1000 ⁰⁰	<input type="checkbox"/>
9-18-7	ID# CK#	Steven Zumbach 666 Walnut # 2000 Des Moines, Iowa 50305		500 ⁰⁰	<input type="checkbox"/>
9-18-7	ID# CK#	Robert Mahaffey 2020 E. 33rd Des Moines, Iowa 50317		100 ⁰⁰	<input type="checkbox"/>
9-18-7	ID# CK#	Edgar Hansell 1390 37th Des Moines, Iowa 50312		100 ⁰⁰	<input type="checkbox"/>
9-18-7	ID# CK#	Gerald M. Kricke 5760 Mills Civic Plcn West Des Moines, Iowa 50266		1000 ⁰⁰	<input type="checkbox"/>
9-18-7	ID# CK#	William Van Ordel 443 S.W. 6th St Des Moines, Iowa 50306		100 ⁰⁰	<input type="checkbox"/>
9-18-7	ID# CK#	Gary Moritz 1720 NW 10th St Clive, Iowa 50325		100 ⁰⁰	<input type="checkbox"/>
9-18-7	ID# CK#	E. J. Giovanetti 3004 Melanice Dr. Urbandale, Iowa 50322		100 ⁰⁰	<input type="checkbox"/>
9-18-7	ID# CK#	William J. Lillis 3000 Patricia Des Moines, Iowa 50322		250 ⁰⁰	<input type="checkbox"/>

SUB-TOTAL

\$4250

TOTAL (if last page of this schedule)

\$

* 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

Reset Form

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)
Fisher Bradwell for September 2000

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/YY)	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
9-18-7	ID# CK#	<i>Steve Gager 163 59th St West Des Moines, Ia 50260</i>		\$ <i>150</i>	<input type="checkbox"/>
9-18-7	ID# CK#	<i>Ronald Pearson 5534 Glen Oaks Point West Des Moines, Ia 50260</i>		<i>500</i>	<input type="checkbox"/>
9-18-7	ID# CK#	<i>Michael J Richards 5465 Mills Lane NW West Des Moines Ia 50265</i>		<i>1000</i>	<input type="checkbox"/>
9-18-7	ID# CK#	<i>Martin Komarantz 4700 Western Pl West Des Moines, Ia 50265</i>		<i>1000</i>	<input type="checkbox"/>
9-18-7	ID# CK#	<i>Jane Cornice 141 37th St Des Moines Iowa 50312</i>		<i>1000</i>	<input type="checkbox"/>
9-18-7	ID# CK#	<i>Monroe Colston 4902 Cedar Dr West Des Moines, Ia 50265</i>		<i>50</i>	<input type="checkbox"/>
9-19-7	ID# CK#	<i>W. David Ward Box 71247 Des Moines Iowa</i>		<i>1000</i>	<input type="checkbox"/>
10/3/7	ID# CK#	<i>Jose Chalesuia 100 Market St #517 Des Moines Iowa 50319</i>		<i>100</i>	<input type="checkbox"/>
10/3/7	ID# CK#	<i>John Clark 5050 Grand Wom. Iowa 50265</i>		<i>100</i>	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL *900*
TOTAL (if last page of this schedule) *9150*

* 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

Reset Form

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)

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
8/6/7	ID# CK# 1092	Robert Brownell	parade supplies	\$92.27
	ID# CK#			

SUB-TOTAL \$92.27

TOTAL (if last page of this schedule) \$92.27

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).)