

FOR INSTRUCTIONS, SEE BACK OF FORM

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# DISCLOSURE SUMMARY PAGE

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

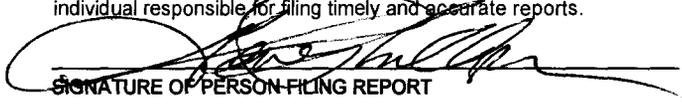
IMPORTANT: Indicate by # type of committee you are reporting for: 5  
 ( 1 )Statewide/Legislative/Judge Standing for Retention Candidate ( 2 )State PAC ( 3 )State Party  
 ( 4 )County Central Committee ( 5 )County Candidate ( 6 )City Candidate ( 7 )School Board or Other  
 Political Subdivision Candidate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

**CANDIDATE COMMITTEES ONLY:**

Candidate Name: GENE PHILLIPS Political Party (if applicable): \_\_\_\_\_  
 Office Sought: POLK COUNTY SUPERVISOR DISTRICT 4 District (if Senate or House): \_\_\_\_\_

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

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.

  
SIGNATURE OF PERSON FILING REPORT

515-285-6370  
TELEPHONE

1-03-07  
DATE SIGNED

I AM FILING A JANUARY 19, 2007 REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR.  
(report date) Indicate by # 2

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 <u>POLK</u>

## STATEMENT OF CASH ON HAND

<b>CASH ON HAND</b> at the beginning of the reporting period. (Total of all funds held by the committee. This amount <b>MUST</b> 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.)	\$ 1,731.95
<b>ADD TOTAL MONEY TAKEN IN THIS PERIOD</b>	
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)	650.00
Schedule F: Loans Received total (Attach Schedule F)	0.00
Schedule H: Total Sales of Campaign Property (Attach Schedule H)	0.00
<u>(Schedule H applies to Candidates' Committees Only)</u>	
<b>SUB-TOTAL</b>	\$ 2,381.95
<b>SUBTRACT TOTAL MONEY SPENT THIS PERIOD</b>	
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)	2,381.95
Schedule F: Loan Repayments total (Attach Schedule F)	0.00
<b>CASH ON HAND</b> at the end of this reporting period (if final report balance must be zero) (Attach DR-3)	\$ 0.00
<b>**UNPAID BILLS</b> (From Schedule D - Attach Schedule D)	\$ 0.00
<b>*IN KIND CONTRIBUTIONS</b> (From Schedule E - Attach Schedule E)	\$ 18.77
<b>**OUTSTANDING LOANS</b> (From Schedule F - Attach Schedule F)	\$ 0.00
<b>CONSULTANT BREAKDOWN</b> (Schedule G Attached?)	✓ YES ___ NO
<b>CANDIDATE COMMITTEES ONLY:</b>	
<b>VALUE OF CAMPAIGN PROPERTY</b> (From Schedule H - Attach Schedule H)	\$ 0.00

**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 <b>A</b> (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)  
PHILLIPS 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
10/16/2006	ID# CK#	TOM LYNNER 2931 DRUID HILL DR DES MOINES, IA 50315		\$250.00	<input type="checkbox"/>
10/30/2006	ID# CK#	BRUCE GREINER 712 DUFF AVE AMES, IA 50010		100.00	<input type="checkbox"/>
11/03/2006	ID# 6277 CK# 1292	SHEET METAL CONTRACTORS OF IOWA 1454 30TH ST, STE 201 WEST DES MOINES, IA 50266		150.00	<input type="checkbox"/>
11/04/2006	ID# CK#	HARLAN HOCKENBERG 801 GRAND AVE, STE 3500 DES MOINES, IA 50309		100.00	<input type="checkbox"/>
11/09/2006	ID# CK#	MARGARET SWANSON 2808 E 16TH ST, APT 18 DES MOINES, IA 50316		50.00	<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"/>
SUB-TOTAL				\$ 650.00	
<b>TOTAL (if last page of this schedule)</b>				\$ 650.00	

\* 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>B</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)  
 PHILLIPS 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
10/20/2006	ID# CK# 1010	SAM'S CLUB 1101 73RD ST WINDSOR HEIGHTS, 50311	food and refreshments for campaign workers	\$ 157.64
10/25/2006	ID# CK# 1011	HY-VEE 1107 SE ARMY POST RD DES MOINES, IA 50315	food and refreshments for campaign workers	119.68
11/01/2006	ID# CK# 1012	VERIZON PO BOX 25505 LEHIGH VALLEY, PA 18002	campaign phone charges	385.01
11/04/2006	ID# CK# 1013	HY-VEE 3221 SE 14TH ST DES MOINES, IA 50320	food and refreshments for campaign workers	190.27
11/08/2006	ID# CK# 1014	EVANS PHILLIPS 5133 SE 32ND ST DES MOINES, IA 50320	Reimbursement: ice for campaign workers \$40; and paid to campaign walkers for distributing flyers \$550	590.00
11/09/06	ID# CK# 1015	CORNELL FOWLER 2101 CALIFORNIA, APT 101 MOUNTAIN VIEW, CA 94040	campaign consultant	100.00
11/10/06	ID# CK# 1016	ELIZABETH PHILLIPS 5133 SE 32ND ST DES MOINES, IA 50320	campaign phone calling and brochure distribution	250.00
11/10/06	ID# CK# 1017	DOMINIC ELLIS 621 E HUGHES AVE DES MOINES, IA 50315	campaign phone calling and brochure distribution	350.00
SUB-TOTAL				\$ 2142.60
<b>TOTAL (if last page of this schedule)</b>				\$

**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 <b>B</b> (Rev. 07/03)	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)  
PHILLIPS 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
11/10/2006	ID# CK# 1018	LORI ELLIS 621 E HUGHES AVE DES MOINES, IA 50315	campaign phone calling and brochure distribution	\$ 200.00
11/28/2006	ID# CK# 1019	WELLS FARGO BANK 666 WALNUT ST DES MOINES, IA 50309	due to bank error, check #1016 cleared the bank for only \$200	(50.00) ***
11/28/2006	ID# CK# 1020	EVANS PHILLIPS 5133 SE 32ND ST DES MOINES, IA 50320	Reimbursement for refreshments for campaign workers	39.35
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#		*** This amount of \$50.00 was not included in the page total since it was already counted in ch# 1016	
	ID# CK#			
SUB-TOTAL				\$ 239.35
<b>TOTAL (if last page of this schedule)</b>				<b>\$ 2381.95</b>

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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 <b>G</b> (Rev. 02/96)	BREAKDOWN OF MONETARY EXPENDITURES BY CONSULTANT
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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

PHILLIPS FOR SUPERVISOR

**PART II- ITEMIZED BREAKDOWN OF UNREIMBURSED EXPENSES PAID BY CONSULTANT TO OTHERS IN PERFORMING SERVICES OF CONTRACT** (These expenses should NOT be reported on Schedule B, as they are direct payment from the consultant.)

**PART I - NAME AND ADDRESS OF CONSULTANT**

<b>Name of Consultant</b> CORNELL FOWLER		
<b>Mailing Address</b> 2101 CALIFORNIA, APT 101		
<b>City</b>	<b>State</b>	<b>Zip Code</b>
MOUNTAIN VIEW, CA		94040

<b>CONTRACT PERIOD (MM/DD/YR)</b>	<b>TOTAL ANTICIPATED COMPENSATION FOR PERFORMANCE</b>
From 08/25/2006	\$ 100.00
To 11/07/2006	

DATE EXPENDED (MM/DD/YR)	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE	AMOUNT EXPENDED
			\$

**ESTIMATES OF PERFORMANCE**

CONSULTATION ABOUT CAMPAIGNING METHODS.

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<b>SUB-TOTAL</b>	\$ 0.00
<b>TOTAL (If last page of this schedule)</b>	\$ 0.00