

## DISCLOSURE SUMMARY PAGE

**COMMITTEE NAME** (Must be same as on Statement of Organization)  
NORM PAWLEWSKI FOR STATE REPRESENTATIVE

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

<b>FORM DR-2</b> (Rev. 12/2005)	<b>DISCLOSURE REPORT</b>
<b>For Office Use Only</b>	
Comm. # <u>1519</u>	
Logged In <u>[Signature]</u>	
Scanned	
Computer <u>WRS</u>	
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	

**CANDIDATE COMMITTEES ONLY:**

Candidate Name NORMAN L. PAWLEWSKI Political Party (if applicable) REPUBLICAN

Office Sought STATE REPRESENTATIVE District (if Senate or House) HD 61

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.

JAN 16 2007

Norman L. Pawlewski FILED hd 515-287-1291 1-15-07  
 SIGNATURE OF PERSON FILING REPORT TELEPHONE DATE SIGNED

I AM FILING A FINAL 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

### 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 <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.)	\$ <u>646.44</u>
<b>ADD TOTAL MONEY TAKEN IN THIS PERIOD</b>	
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)	- 0 -
Schedule F: Loans Received total (Attach Schedule F)	- 0 -
Schedule H: Total Sales of Campaign Property (Attach Schedule H)	- 0 -
<b>(Schedule H applies to Candidates' Committees Only)</b>	
<b>SUB-TOTAL</b>	\$ _____
<b>SUBTRACT TOTAL MONEY SPENT THIS PERIOD</b>	
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)	\$ <u>646.44</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) (Attach DR-3)	\$ <u>- 0 -</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 \_\_\_\_\_ NO

**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

**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)  
**NORM PAWLEWSKI FOR STATE REPRESENTATIVE**

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
9-16-07	ID# CK#	REPUBLICAN PARTY OF IOWA EAST DSM IA 50309	CONTRIBUTION	\$ 146.44
8-18-06	ID# CK#	CHRISTIAN COALITION OF IOWA P.O. BOX 65066 WDM IA 50265	BANQUET	500.00
	ID# CK#			

SUB-TOTAL \$ 646.44  
TOTAL (if last page of this schedule) \$ 646.44

**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).)

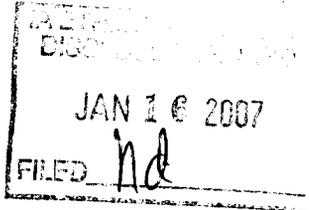
# Notice of Dissolution

FORM

(Rev. 07/03)

## DR-3 NOTICE OF DISSOLUTION

Mail to:  
IECDB  
510 East 12<sup>th</sup>, Suite 1A  
Des Moines, Iowa 50319



### For Office Use Only

Comm. # 1519  
Indexed e  
Audited \_\_\_\_\_  
Computer WBS + DPS  
Certified Date of Dissolution \_\_\_\_\_

### COMMITTEE NAME

<u>NORM PAWLEWSKI FOR STATE REPRESENTATIVE</u> Official Name of Committee	
<u>3707 SW 28<sup>th</sup> ST.</u> Street	
<u>DES MOINES IA 50321</u> City, State, Zip Code	
<u>515</u> Area Code	<u>287-1291</u> Telephone

### WHEN TO FILE:

The Notice of Dissolution must be filed within thirty (30) days of completion of all the following:

1. All debts, loans and obligations have been paid or transferred;
2. All campaign funds have been spent;
3. All campaign property sold or transferred (candidates only); and
4. A final report disclosing all transactions closing the committee.

For state candidates and state PACs, a final bank statement must be filed with the Notice of Dissolution or as soon as possible if the bank statement is not available at the time the Notice of Dissolution is filed.

Norman L. Pawlewski

Signature of Candidate or Treasurer (if candidate's committee)/Signature of Chair or Treasurer (if PAC)

1-15-07

Date Signed

**FOR INSTRUCTIONS, SEE BACK OF FORM**

**This form is not applicable to statutory political committees.**