

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE



FORM DR-2 DISCLOSURE REPORT (Rev. 12/2005) For Office Use Only Comm. # 21444

COMMITTEE NAME (Must be same as on Statement of Organization) RECEIVED FEB 13 2007 Ensuring the Future for Students and Communities

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code section 688.32A(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 TELEPHONE 563-562-3263 DATE SIGNED 2-13-07

I AM FILING A 2/13/07 REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR. Indicate by # 2

- CHECK IF AMENDMENT TO REPORT DATED Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.

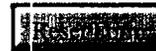
Local Committees, enter Date of Election County & Local Committees, enter County in which Election is held

STATEMENT OF CASH ON HAND

Table with columns for description and amount. Rows include: CASH ON HAND at the beginning of the reporting period (0.00), ADD TOTAL MONEY TAKEN IN THIS PERIOD (14,950.00), SUBTRACT TOTAL MONEY SPENT THIS PERIOD (875.63), CASH ON HAND at the end of this reporting period (14,074.37), UNPAID BILLS (12,000.00), IN KIND CONTRIBUTIONS, OUTSTANDING LOANS, CONSULTANT BREAKDOWN (YES/NO), CANDIDATE COMMITTEES ONLY, VALUE OF CAMPAIGN PROPERTY.

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

For Instructions, See Back of Form



<b>SCHEDULE</b> <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)  
Ensuring the Future for Students and Communities

**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
1/10/07	ID# CK#	Mihm Marketing Corporation 2728 State Hwy 24 Fort Atkinson, IA 52144		\$ 1,000.00	<input type="checkbox"/>
1/10/07	ID# CK#	American Trust & Savings Bank 895 Main Street Dubuque, IA 52001		\$250.00	<input type="checkbox"/>
1/18/07	ID# CK#	First National Bank PO Box 233 West Union, IA 52175		\$500.00	<input type="checkbox"/>
1/18/07	ID# CK#	People's Savings Bank PO Box 357 Elma, IA 50628		\$250.00	<input type="checkbox"/>
1/25/07	ID# CK#	Security State Bank PO Box 70 New Hampton, IA 50659		\$1,000.00	<input type="checkbox"/>
1/25/07	ID# CK#	Dubuque Bank & Trust PO Box 778 Dubuque, IA 52004		\$250.00	<input type="checkbox"/>
1/25/07	ID# CK#	Kendrick Forest Products PO Box 457 Edgewood, IA 52042		\$250.00	<input type="checkbox"/>
1/25/07	ID# CK#	Giese Manufacturing Co., Inc. 2125 Kerper Blvd. Dubuque, IA 52001		\$500.00	<input type="checkbox"/>
1/25/07	ID# CK#	Foodliner, Inc. 2099 Southpark Ct. Dubuque, IA 52003		\$1,000.00	<input type="checkbox"/>
1/30/07	ID# CK#	Juliana Huiskamp 722 East Third Street Cresco, IA 52136		\$100.00	<input type="checkbox"/>
<b>SUB-TOTAL</b>				<b>\$5,100.00</b>	
<b>TOTAL (if last page of this schedule)</b>				<b>\$</b>	

\* 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

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

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

**COMMITTEE NAME** (Must be same as on Statement of Organization)  
Ensuring the Future for Students and Communities

**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.

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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
1/30/07	ID# CK#	Soy Basics, LLC 375 Industrial Avenue New Hampton, IA 50659		\$100.00	<input type="checkbox"/>
1/30/07	ID# CK#	IL Norplex, Inc. PO Box 977 Postville, IA 52162		\$1,000.00	<input type="checkbox"/>
1/30/07	ID# CK#	Decorah Bank and Trust PO Box 380 Decorah, IA 52101		\$350.00	<input type="checkbox"/>
2/8/07	ID# CK#	Fidelity Bank and Trust PO Box 277 Dyersville, IA 52040		\$250.00	<input type="checkbox"/>
2/8/07	ID# CK#	Community Savings Bank PO Box 77 Edgewood, IA 52042		\$1,000.00	<input type="checkbox"/>
2/8/07	ID# CK#	Farmers Savings Bank PO Box 127 Colesburg, IA 52035		\$50.00	<input type="checkbox"/>
2/8/07	ID# CK#	Farmers & Merchants Savings Bank PO Box 9 Waukon, IA 52172		\$500.00	<input type="checkbox"/>
2/8/07	ID# CK#	First National Bank of Oelwein PO Box 620 Oelwein, IA 50662		\$250.00	<input type="checkbox"/>
2/8/07	ID# CK#	State Bank of Lawler PO Box 269 Lawler, IA 52154		\$4,000.00	<input type="checkbox"/>
2/12/07	ID# CK#	A&J Petersburg Agency PO Box 290 Decorah, IA 52101		\$100.00	<input type="checkbox"/>
<b>SUB-TOTAL</b>				<b>\$7,600.00</b>	
<b>TOTAL (if last page of this schedule)</b>				<b>\$</b>	

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**CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

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

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

Ensuring the Future for Students and Communities

**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.

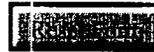
NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

**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
2/12/07	ID# CK#	Progress Casting PO Box 379 New Hampton, IA 50659		\$500.00	<input type="checkbox"/>
2/12/07	ID# CK#	Hacker, Nelson & Co. PO Box 507 Decorah, IA 52101		\$1,000.00	<input type="checkbox"/>
2/12/07	ID# CK#	Premier Tooling 8853 Kapp Drive Peosta, IA 52068		\$500.00	<input type="checkbox"/>
2/12/07	ID# CK#	Bodine Electric Company 19225 Kapp Drive Peosta, IA 52068		\$250.00	<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"/>
SUB-TOTAL				\$2,250.00	
<b>TOTAL (if last page of this schedule)</b>				\$14,950.00	

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**EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT**

<b>SCHEDULE</b> <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)  
 Ensuring the Future for Students and Communities

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
1/10/07	ID# CK# 2416	Calmar Post Office Calmar, IA 52132	Postage	\$76.65
1/11/07	ID# CK#2418	Woodward Printing Serv. PO Box 514 Platteville, WI 53818	Brochure Printing	\$696.98
1/11/07	ID# CK# 2419	Calmar Post Office Calmar, IA 52132	Stamps	\$39.00
1/25/07	ID# CK#2428	Calmar Post Office Calmar, IA 52132	Stamps	\$63.00
	ID# CK#			
<b>SUB-TOTAL</b>				<b>\$875.63</b>
<b>TOTAL (if last page of this schedule)</b>				<b>\$875.63</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.)

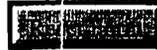
Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

FOR INSTRUCTIONS, SEE BACK OF FORM

SCHEDULE <b>D</b> (Rev. 08/98)	INCURRED INDEBTEDNESS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**COMMITTEE NAME** (Must be same as on Statement of Organization)  
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**NOTE:** Debts previously reported that remain unpaid must be included on this Schedule, as well as any new obligations incurred in this period.



**DEBTS/OBLIGATIONS REMAINING THIS REPORTING PERIOD  
 (DO NOT INCLUDE LOANS -- SHOW LOANS ON SCHEDULE F)**

An "incurred debt" is a debt for goods or services ordered or received, but not paid for by the end of the reporting period., regardless of whether an invoice has been received.

DATE INCURRED (MM/DD/YR)	NAME AND ADDRESS OF PERSON TO WHOM DEBT OR OBLIGATION IS OWED	DESCRIPTION OF GOODS OR SERVICES PROVIDED OR PURCHASED	BALANCE OWED AT CLOSE OF REPORTING PERIOD*
1/24/07	L&L Murphy, Associates 531 6th Street NW Oelwein, IA 50662	Bond Levy Mailer	\$ 12,000.00 (estimate)
SUB-TOTAL			\$ 12,000.00
<b>TOTAL DEBTS OWED BY COMMITTEE AT THE END OF THIS REPORTING PERIOD</b>			<b>\$ 12,000.00</b>

\*If actual figure is unknown, show "estimated" beside the figure.

**CANDIDATE COMMITTEES NOTE:**  
 \*Incurred indebtedness also includes each person/entity with whom the candidate's committee has entered into a contract during the reporting period for future or continuing performance. Enter the name of the consultant who provides or procures services for items such as advertising, fund-raising, polling, managing, or organizing services. Report on Schedule G the nature of performance and the estimated performance reasonably expected of the consultant.





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)

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**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>			
L&L Murphy, Associates			
<b>Mailing Address</b>			
531 6th Street NW			
<b>City</b>	<b>State</b>	<b>Zip Code</b>	
Oelwein, IA		50662	

<b>CONTRACT PERIOD (MM/DD/YR)</b>	<b>TOTAL ANTICIPATED COMPENSATION FOR PERFORMANCE</b>
From <u>1/1/07</u>	\$ <u>6,000.00 (estimate)</u>
To <u>3/1/07</u>	

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

**ESTIMATES OF PERFORMANCE**


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

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NICC

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