

RECEIVED

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE 19 2007



FORM DR-2 (Rev. 07/2004)	DISCLOSURE REPORT
For Office Use Only	
Comm. # _____	
Logged In _____	
Scanned _____	
Computer _____	
Audited _____	

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

YES TO DESTINY (Formerly People for Project Destiny)

IMPORTANT: Indicate by # type of committee you are reporting for: 1 2 3 4 5 6 7 8 9 10 11

(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) _____

Office Sought _____ District (if Senate or House) _____

Michelle M. McBride

Late reports are subject to possible civil and criminal penalties.

SIGNATURE OF PERSON FILING REPORT _____ TELEPHONE 515-243-0445 DATE SIGNED 07/19/2007

I AM FILING A July 14, 2007 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 <u>7/10/2007</u>
County & Local Committees, enter County in which Election is held <u>POLK DALLAS WARREN</u>

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.) \$ 122,128.66

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below) 12,500.00

Schedule F: Loans Received total (Attach Schedule F) 00.00

Schedule H: Total Sales of Campaign Property (Attach Schedule H) 00.00

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL \$ 134,628.66

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below) 127,339.34

Schedule F: Loan Repayments total (Attach Schedule F) 00.00

CASH ON HAND at the end of this reporting period (if final report balance must be zero) (Attach DR-3) \$ 7,289.32

**UNPAID BILLS (From Schedule D - Attach Schedule D) \$ 00.00

*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E) \$ 00.00

**OUTSTANDING LOANS (From Schedule F - Attach Schedule F) \$ 00.00

CANDIDATE COMMITTEES ONLY:

CONSULTANT BREAKDOWN (Schedule G Attached?) YES NO

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H) \$ 00.00

For Instructions, See Back of 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)*
 YES TO DESTINY

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
6/29/2007	ID# CK# 10921	Terrus 616 9th Street Des Moines, IA 50309-2811	NONE	\$2,500.00	<input type="checkbox"/>
6/29/2007	ID# CK#	EMC Insurance Insurance Companies P.O. Box 712 Des Moines, IA 50303-071	NONE	10,000.00	<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"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
SUB-TOTAL				\$ 12,500.00	
TOTAL (if last page of this schedule)				\$ 12,500.00	

* 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.

FOR INSTRUCTIONS, SEE BACK OF 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)
 YES TO DESTINY

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
6/30/2007	ID# CK# 1811	Sonni Giudicessi 3508 SW 33rd Street Des Moines IA 50321	Public Relations Fee	\$ 1,500.00
6/30/2007	ID# CK# 1812	Link Strategies, LC 300 Walnut, Suite 5 Des Moines, Ia 50309	Campaign Consulting Fee -	6,750.00
6/30/2007	ID# CK# 1813	Stratavizion, Inc 321 East Walnut Street Suite 100 Des Moines, IA 50309	Campaign Consulting Fee -	6,750.00
6/30/2007	ID# CK# 1814	McBride Business Services, LLC 5565 NE 3rd Street Des Moines, IA 50313	Compliance & Accounting Fee -	1,500.00
6/30/2007	ID# CK# 1815	Richard Brannan Consultant Inc 510 SE 2 Ankeny IA 50021	Campaign Consulting Fee -	1,500.00
6/30/2007	ID# CK# 1838	Flynn Wright 501 SW 7th Street Suite J Des Moines, IA 50309	Web Services	4,887.05
7/5/2007	ID# CK# 1839	Carter Printing 1739 East Grand Ave Des Moines, IA 50316	Printing Promotions -	1,747.94
7/5/2007	ID# CK# 1840	Carter Printing 1739 East Grand Ave Des Moines, IA 50316	Printing Promotions -	345.00
SUB-TOTAL				\$ 24,979.99
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 68A.402(3)(i).)

FOR INSTRUCTIONS, SEE BACK OF 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)
 YES TO DESTINY

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
7/5/2007	ID# CK# 1841	The Strategy Group 35 S. Raymond Ave Suite # 405 Pasadena CA 91105	Promotional Mailing & Postage 44-4409	\$ 17,440.00
7/5/2007	ID# CK# 1842	The Strategy Group 35 S. Raymond Ave Suite # 405 Pasadena CA 91110	Promotional Mailing & Postage 44-4410	7,652.00
7/5/2007	ID# CK# 1845	The Strategy Group 35 S. Raymond Ave Suite # 405 Pasadena CA 91110	Promotional Mailing & Postage 44-4411	5,275.00
7/5/2007	ID# CK# 1846	The Strategy Group 35 S. Raymond Ave Suite # 405 Pasadena CA 91110	Promotional Mailing & Postage 44-4412	7,652.00
7/09/2007	ID# CK# 1847	Strategic Partners, LLP 2624 40th Place Des Moines, IA 50313	Mileage & Cell	278.40
7/13/2007	ID# CK# 1850	Sonni Giudicessi 3508 SW 33rd Street Des Moines IA 50321	Public Relations	1,500.00
02/17/2007	ID# CK# 1849	Mowry Strategies 1018 Brookview Drive Altoona IA 50001	Public Relations	12,000.00
7/13/2007	ID# CK# 1852	Stratavizion, Inc 321 East Walnut Street Suite 100 Des Moines, IA 50309	Campaign Consulting Fee -	3,375.000
SUB-TOTAL				\$ 55,172.40
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 68A.402(3)(i).)

FOR INSTRUCTIONS, SEE BACK OF 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)
YES TO DESTINY

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
7/13/2007	ID# CK# 1853	The Strategy Group 35 S. Raymond Ave Suite # 405 Pasadena CA 91105	Promotioanl Mailing & Postage 44-4413	\$ 2,956.00
7/13/2007	ID# CK#1854	The Strategy Group 35 S. Raymond Ave Suite # 405 Pasadena CA 91105	Promotioanl Mailing & Postage 44-4411A	3,552.00
7/13/2007	ID# CK#1855	Landmark Strategies, Inc. 6225 Brandon Avenue, Suite 305 Springfield, VA 22150	Telephone Voter Contact	31,178.95
7/13/2007	ID# CK#1856	Nader Halawa 669 31ST ST Des Moines, IA 50312-3820	Canvass Staff	4,000.00
7/13/2007	ID# CK# 1843	Strategic Partners, LLP 2624 40th Place Des Moines, IA 50313	Canvass Staff	4,000.00
7/14/2007	ID# CK#1829	McBride Business Services 5565 NE 3rd Street Des Moines IA 50313	Compliance	1,500.00
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$ 47,186.95
TOTAL (if last page of this schedule)				\$ 127,339.34

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 G (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)

YES TO DESTINY (FORMERLY PEOPLE FOR PROJECT DESTINY)

PART I - NAME AND ADDRESS OF CONSULTANT

Name of Consultant NADER HALAWA		
Mailing Address 669 31ST ST		
City	State	Zip Code
	Des Moines, IA	50312-3820

CONTRACT PERIOD (MM/DD/YR)	TOTAL ANTICIPATED COMPENSATION FOR PERFORMANCE
From 7/1/2007	\$ 4,000.00
To 7/14/2007	

ESTIMATES OF PERFORMANCE

Canvassing, Field Organizing
General Public Awareness Activities
Neighbor to Neighbor Activities

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.)

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

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

FOR INSTRUCTIONS, SEE BACK OF FORM



SCHEDULE G (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)

YES TO DESTINY (FORMERLY PEOPLE FOR PROJECT DESTINY)

PART I - NAME AND ADDRESS OF CONSULTANT

Name of Consultant		
Richard Brannan Consultant Inc		
Mailing Address		
510 SE 2		
City	State	Zip Code
Ankeny IA		50021

CONTRACT PERIOD (MM/DD/YR)	TOTAL ANTICIPATED COMPENSATION FOR PERFORMANCE
From <u>7/1/2007</u>	\$ <u>1,500.00</u>
To <u>7/14/2007</u>	

ESTIMATES OF PERFORMANCE

Fund Raising
General Public Awareness Activities
Neighbor to Neighbor Activities

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.)

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

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

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SCHEDULE G (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)

YES TO DESTINY (FORMERLY PEOPLE FOR PROJECT DESTINY)

PART I - NAME AND ADDRESS OF CONSULTANT

Name of Consultant		
MCBRIDE BUSINESS SERVICES, LLC		
Mailing Address		
5565 NE 3RD STREET		
City	State	Zip Code
DES MOINES IA		50313

CONTRACT PERIOD (MM/DD/YR)	TOTAL ANTICIPATED COMPENSATION FOR PERFORMANCE
From 7/1/2007	\$ 3,000.00
To 7/14/2007	

ESTIMATES OF PERFORMANCE

Accounting Services; Payables & Receivables
Compliance to Election Activities, IA Ethics Campaign Reporting

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.)

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

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

To: +1-2024782925 Page 7 of 8 2007-07-19 19:40:11 (GMT) 18888341762 From: Michelle M. McBride

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SCHEDULE G (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)

YES TO DESTINY (FORMERLY PEOPLE FOR PROJECT DESTINY)

PART I - NAME AND ADDRESS OF CONSULTANT

Name of Consultant Stratavizion, Inc		
Mailing Address 321 East Walnut Street Suite 100		
City Des Moines, IA	State IA	Zip Code 50309

CONTRACT PERIOD (MM/DD/YR)	TOTAL ANTICIPATED COMPENSATION FOR PERFORMANCE
From 07/01/2007	\$ 3,375.00
To 07/14/2007	

ESTIMATES OF PERFORMANCE

Political Consulting Strategies
Election Policy
General Campaign Public Awareness

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.)

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

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

FOR INSTRUCTIONS, SEE BACK OF FORM



SCHEDULE G (Rev. 02/98)	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)

YES TO DESTINY

PART I - NAME AND ADDRESS OF CONSULTANT

Name of Consultant		
The Strategy Group		
Mailing Address		
35 S. Raymond Ave Suite # 405		
City	State	Zip Code
Pasadena CA		91105

CONTRACT PERIOD (MM/DD/YR)	TOTAL ANTICIPATED COMPENSATION FOR PERFORMANCE
From <u>7/1/2007</u>	\$ <u>44,527.00</u>
To <u>7/14/2007</u>	

ESTIMATES OF PERFORMANCE

Promotional Mailings & Postage

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.)

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

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

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SCHEDULE G (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)

YES to Destiny

PART I - NAME AND ADDRESS OF CONSULTANT

Name of Consultant Landmark Strategies, Inc.			
Mailing Address 6225 Brandon Avenue, Suite 305			
City	State	Zip Code	
Springfield, VA		22150	

CONTRACT PERIOD (MM/DD/YR)	TOTAL ANTICIPATED COMPENSATION FOR PERFORMANCE
From <u>7/1/2007</u>	\$ <u>31,178.95</u>
To <u>7/14/2007</u>	

ESTIMATES OF PERFORMANCE

Volter Telephone Contact

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.)

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

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

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SCHEDULE G (Rev. 02/96)	BREAKDOWN OF MONETARY EXPENDITURES BY CONSULTANT
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COMMITTEE NAME (Must be same as on Statement of Organization)

YES TO DESTINY (FORMERLY PEOPLE FOR PROJECT DESTINY)

PART I - NAME AND ADDRESS OF CONSULTANT

Name of Consultant		
Flynn Wright		
Mailing Address		
501 SW 7th Street Suite J		
City	State	Zip Code
Des Moines, IA		50309

CONTRACT PERIOD (MM/DD/YR)	TOTAL ANTICIPATED COMPENSATION FOR PERFORMANCE
From <u>7/1/2007</u>	\$ <u>4,887.05</u>
To <u>7/14/2007</u>	

ESTIMATES OF PERFORMANCE

Internet & Public Relation Services

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.)

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

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

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SCHEDULE G (Rev. 02/98)	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)

Yes to Dest.ny

PART I - NAME AND ADDRESS OF CONSULTANT

Name of Consultant Mowry Strategies			
Mailing Address 1018 Brookview Drive			
City	State	Zip Code	
Altoona IA		50001	

CONTRACT PERIOD (MM/DD/YR)	TOTAL ANTICIPATED COMPENSATION FOR PERFORMANCE
From <u>7/1/2007</u>	\$ <u>12,000.00</u>
To <u>7/14/2007</u>	

ESTIMATES OF PERFORMANCE

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.)

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

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