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

RECEIVED
FAX
JUL 18 2007

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

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

IMPORTANT: Indicate by # type of committee you are reporting for: 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) _____

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

Michael R. Cabbage	(319) 354-7107	7/18/07
SIGNATURE OF PERSON FILING REPORT	TELEPHONE	DATE SIGNED

I AM FILING A JULY 19 (report date) REPORT FOR (1) ELECTION /(2)NON-ELECTION YEAR. 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 11/6/07
County & Local Committees, enter County in which Election is held JOHNSON

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.) ..... $	0
ADD TOTAL MONEY TAKEN IN THIS PERIOD	
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)	1100
Schedule F: Loans Received total (Attach Schedule F)	0
Schedule H: Total Sales of Campaign Property (Attach Schedule H)	0
(Schedule H applies to Candidates' Committees Only)	
SUB-TOTAL ..... $	1100
SUBTRACT TOTAL MONEY SPENT THIS PERIOD	
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)	143
Schedule F: Loan Repayments total (Attach Schedule F)	0
CASH ON HAND at the end of this reporting period (if final report balance must be zero) ..... $	957
UNPAID BILLS (From Schedule D - Attach Schedule D) ..... $	0
*IN KIND **CONTRIBUTIONS** (From Schedule E - Attach Schedule E) ..... $	355.17
OUTSTANDING LOANS (From Schedule F - Attach Schedule F) ..... $	0
CONSULTANT BREAKDOWN (Schedule G Attached?)	___ YES X 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

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
☐ 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)*

COMMITTEE FOR HEALTHY CHOICES

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
2/20/07	ID# CK#	JAMES E. CLAYTON 3059 PRAIRIE DU CHIEN RD NE IOWA CITY, IA 52240	DNA	$ 100	☐
2/21/07	ID# CK#	RICHARD C. DOBYNS 1950 CALVIN AVE IOWA CITY, IA 52246	DNA	300	☐
2/21/07	ID# CK#	RONALD BERG 1804 RIDGEVIEW DR. IOWA CITY, IA 52245	DNA	$ 100	☐
3/26/07	ID# CK#	RALPH WILMOTH 215 W. ELM ST LONE TREE, IA 52755	DNA	100	☐
3/30/07	ID# CK#	MICHAEL CARRAGE 3 CRESTWOOD CIRCLE IOWA CITY, IA 52245	DNA	100	☐
3/30/07	ID# CK#	MARK MARTIN 1150 SUNSET ST IOWA CITY, IA 52246	DNA	200	☐
4/23/07	ID# CK#	AMY FLETCHER 422 UPLAND IOWA CITY, IA 52245	DNA	200	☐
	ID# CK#				☐
	ID# CK#				☐
	ID# CK#				☐

SUB-TOTAL $ 1100

TOTAL *(if last page of this schedule)* $ 1100

* 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.

Page 1 of 1 (for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

SCHEDULE **B** (Rev. 07/03)	MONETARY EXPENDITURES
☐ 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)*
COMMITTEE FOR HEALTHY CHOICES

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
4/10/07	ID# CK#	IOWA STATE BANK P.O. BOX 1700 IOWA CITY, IA 52244	ORDER OF CHECKS	$ 15.00
4/27/07	ID# CK#	THE SOAP OPERA 119 E. COLLEGE ST IOWA CITY, IA 52240	INTERNET DOMAIN NAME(S) AND HOSTING SERVICE	93.00
6/1/07	ID# CK#	THE SOAP OPERA 119 E. COLLEGE ST IOWA CITY, IA 52240	COPIES	35.00
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
			SUB-TOTAL	$ 143
			TOTAL ***(if last page of this schedule)***	$ 143

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)(l).)

FOR INSTRUCTIONS, SEE BACK OF FORM

SCHEDULE E (Rev. 06/97)	IN-KIND CONTRIBUTIONS

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

☐ CHECK THIS BOX IF AMENDING FORM

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	√ IF FOR FUND-RAISER CONTRIBUTION
2/26/07	RALPH WILMOTH 215 W. ELM ST. LONE TREE, IA 52755	DNA	PENS + CLIPBOARDS	$ 120.79	☐
3/30/07	JIM CLAYTON 3059 PRAIRIE DU CHIEN RD NE IOWA CITY, IA 52240	DNA	COPIES	45.83	☐
3/30/07	KARRIE CRAIG 2415 MAYFIELD ROAD IOWA CITY, IA 52245	DNA	COPIES, MAT'LS + POSTAGE FOR SIGNATURE DRIVE	188.55	☐
					☐
					☐
					☐
					☐
					☐
					☐
					☐

SUB-TOTAL $ 355.17

TOTAL (if last page of this schedule) $ 355.17

*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 1 (for Schedule E)