

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

DISCLOSURE SUMMARY PAGE

FORM DR-2 (Rev. 12/2005)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	2142
Logged In	
Scanned	
Computer	JM
Audited	
File with: Iowa Ethics and Campaign Disclosure Board 510 E. 12 th , Ste. 1A Des Moines, Iowa 50319 Fax: 515-281-3701	

COMMITTEE NAME (Must be same as on Statement of Organization)
Linn County Building For Kuss

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)

Stamp: FEB 13 2007 FILED HD

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] 319 533 4539 (E) 2-7-07
 SIGNATURE OF PERSON FILING REPORT TELEPHONE DATE SIGNED

I AM FILING A 5th day prior to Election 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>February 13, 2007</u>
County & Local Committees, enter County in which Election is held <u>LINN</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.)	\$	<u>5,010⁰⁰</u>
ADD TOTAL MONEY TAKEN IN THIS PERIOD		
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below).....		<u>118,550⁰⁰</u>
Schedule F: Loans Received total (Attach Schedule F).....		<u>0</u>
Schedule H: Total Sales of Campaign Property (Attach Schedule H)		<u>0</u>
(Schedule H applies to Candidates' Committees Only)		
SUB-TOTAL.....	\$	<u>123,560⁰⁰</u>
SUBTRACT TOTAL MONEY SPENT THIS PERIOD		
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below).....		<u>64,798³⁴</u>
Schedule F: Loan Repayments total (Attach Schedule F).....		<u>0</u>
CASH ON HAND at the end of this reporting period (if final report balance must be zero) (Attach DR-3).....	\$	<u>58,761⁶⁶</u>
**UNPAID BILLS (From Schedule D - Attach Schedule D)	\$	
**IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)	\$	<u>7,500⁰⁰</u>
**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

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

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

COMMITTEE NAME (Must be same as on Statement of Organization)
Linn County Building For Kids

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
1/03/07	ID# CK#015464	PAULSON ELECTRIC COMPANY 722 5TH AVE. SE. P.O. BOX 1170 CEDAR RAPIDS, IA 52406		\$ 1,500 ⁰⁰	<input type="checkbox"/>
1/03/07	ID# CK#675925	MCCOY CARE MANAGEMENT, INC. P.O. BOX 786 CEDAR RAPIDS, IA 52406-0786		5,000 ⁰⁰	<input type="checkbox"/>
1/12/07	ID# CK#04670823	LIFE INVESTORS INSURANCE COMPANY OF AMERICA P.O. BOX 1447 (REGION USA) 4333 WALDENWOOD ROAD NE CEDAR RAPIDS, IA 52499		20,000 ⁰⁰	<input type="checkbox"/>
1/12/07	ID# CK# 3000370749	INTERSTATE POWER & LIGHT COMPANY P.O. BOX 5007 (ALLIANT ENERGY) DUBUQUE, IA 52004-5007		20,000 ⁰⁰	<input type="checkbox"/>
1/12/07	ID# CK# 075859	LIL' DRUG STORE P.O. BOX 1893 CEDAR RAPIDS, IA 52406		5,000 ⁰⁰	<input type="checkbox"/>
1/12/07	ID# CK# 47695	SHIVE-HARTMAN, INC. PO BOX 1599 CEDAR RAPIDS, IA 52406-1599		2,500 ⁰⁰	<input type="checkbox"/>
1/12/07	ID# CK#380766	SKOGMAN COMPANIES 411 FIRST AVE. SE. CEDAR RAPIDS, IA 52401-1318		2,500 ⁰⁰	<input type="checkbox"/>
1/12/07	ID# CK#085552	FRANK N. MACRID ASSOCIATES, INC. ONE RESEARCH CENTER MORRISON, IA 52302		1,500 ⁰⁰	<input type="checkbox"/>
1/12/07	ID# CK# 7477	LARRY ELS 3633 HONEYWELL DRIVE SE CEDAR RAPIDS, IA 52403-1919		100 ⁰⁰	<input type="checkbox"/>
1/22/07	ID# CK# 77971	KLEIMAN CONSTRUCTION CO. INC. 6205 LOCUST ROAD SW CEDAR RAPIDS, IA 52404		2,000 ⁰⁰	<input type="checkbox"/>
SUB-TOTAL				\$ 60,100 ⁰⁰	
TOTAL (if last page of this schedule)				\$	

* 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

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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)
LINN COUNTY BUILDING FOR KIDS

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.

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1/22/07	ID# CK# 100207957	UNITED FIRE GROUP 118 SECOND AVE SE. PO BOX 73709 CEDAR RAPIDS, IA 52407-3909		\$5,000 ⁰⁰	<input type="checkbox"/>
1/22/07	ID# CK# 55541	WORLEY WOODROWING, INC. 423 SOUTHWEST CORNER SW CEDAR RAPIDS, IA 52404		2,500 ⁰⁰	<input type="checkbox"/>
1/22/07	ID# CK# 20782	RINDERKNECHT ASSOCIATES, INC. 1000 29TH AVE. SW. PO BOX 369 CEDAR RAPIDS, IA 52406-0369		1,500 ⁰⁰	<input type="checkbox"/>
1/29/07	ID# CK# 3977450	US BANK 424 1ST AVE. NE. CEDAR RAPIDS, IA 52401		10,000 ⁰⁰	<input type="checkbox"/>
1/29/07	ID# CK# 1046461	DIAMOND V MILLS, INC. 838 1ST ST. NW PO BOX 74570 CEDAR RAPIDS, IA 52407		2,500 ⁰⁰	<input type="checkbox"/>
1/29/07	ID# CK# 152769	D.C. TAYLOR Co. PO BOX 97 312 29TH ST. NE CEDAR RAPIDS, IA 52406		5,000 ⁰⁰	<input type="checkbox"/>
1/29/07	ID# CK# 5869	W. CHRISTINE ROUSVELL 2565 BUFFWOOD LAKE IOWA CITY, IA 52245		100 ⁰⁰	<input type="checkbox"/>
1/29/07	ID# CK# 6045	KATIE S. MULLHOLLAND 2880 SILVER OAK TRAIL MAYNOR, IA 52302		250 ⁰⁰	<input type="checkbox"/>
1/29/07	ID# CK# 1592	DAVID C. MACKLEWED 3718 JACKSON DR. NW CEDAR RAPIDS, IA 52405		100 ⁰⁰	<input type="checkbox"/>
1/29/07	ID# CK# 1557179	ROCKWELL COLLINS 400 COLLINS ROAD NE CEDAR RAPIDS, IA 52498		20,000 ⁰⁰	<input type="checkbox"/>
SUB-TOTAL				\$46,950 ⁰⁰	
TOTAL (if last page of this schedule)				\$	

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

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

COMMITTEE NAME (Must be same as on Statement of Organization)
LINN COUNTY BUILDING FOR KIDS

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.

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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
1/29/07	ID# CK# 56435	SIMMONS PERRINE PLC 115 THIRD ST. SE, SUITE 1200 CEDAR RAPIDS, IA. 52401		\$ 2,500 ⁺⁺	<input type="checkbox"/>
2/02/07	ID# CK# 448051	RYAN COMPANIES US, INC. 625 FIRST ST. SE, SUITE 460 CEDAR RAPIDS, IA. 52401		1,000 ⁺⁺	<input type="checkbox"/>
2/02/07	ID# CK# 396429	VAN METEL INOVSTEEL, INC. 240 33RD AVE. SW CEDAR RAPIDS, IA. 52404-4646		2,500 ⁺⁺	<input type="checkbox"/>
2/02/07	ID# CK# 637956	MID AMERICAN ENERGY COMPANY P.O. BOX 3006 SIOUX CITY, IA. 51102		5,000 ⁺⁺	<input type="checkbox"/>
2/02/07	ID# CK# 2958	DAVID V. NORDSTROM 3400 HIGH RIDGE DRIVE SE CEDAR RAPIDS, IA. 52403		500 ⁺⁺	<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 \$ 11,500⁺⁺

TOTAL (if last page of this schedule) \$ 118,550⁺⁺

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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)
LINN COUNTY BUILDING FOR KIDS

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
1/14/07	ID# CK# 1500	CP AREA CHAMBER OF COMMERCE 424 FIRST AVE. NE CEDAR RAPIDS, IA. 52401	COPIES & POSTAGE	\$ 108 ⁵⁰
1/14/07	ID# CK# 1501	HOLLIE SCONEIR 1746 BANK. NE, OPT. D CEDAR RAPIDS, IA 52402	LUNCHEON MEETING, EXPENSES STAMPS	117 ⁵⁰
1/14/07	ID# CK# 1502	BOCRAFT PRINTING 309 5TH AVE. SE. PO BOX 246 CEDAR RAPIDS, IA 52406	BLACK & COLOR COPIES	29 ⁶¹
1/16/07	ID# CK# 1503	L & L MURPHY CONSULTING 531 SIXTH ST. NW OELWEIN, IA. 50662	POLLING FOR 500 COMPLETES 3 CROSS TABS BINDERS ELECTRONIC TOPLINE NUMBERS	8,875 ⁰⁰
1/16/07	ID# CK# 1504	L & L MURPHY CONSULTING 531 SIXTH ST. NW OELWEIN, IA. 50662	VOTER ID CALLS 12/24 TO 12/27/06	24,850 ⁰⁰
1/31/07	ID# CK# 1505	QUEST PO BOX 91154 SEATTLE, WA. 98111-9254	TELEPHONE SERVICE	239 ⁵⁹
1/31/07	ID# CK# 1506	L & L MURPHY CONSULTING 531 SIXTH ST. NW OELWEIN, IA. 50662	MEDIA BUYS (TV & RADIO) 2/5 to 2/13/07	21,732 ⁵⁰
1/31/07	ID# CK# 1507	L & L MURPHY CONSULTING 531 SIXTH ST. NW OELWEIN, IA 50662	CREATE NEWSPAPER INSERTS PLACEMENT EXPENSE	1,548 ⁰⁸
SUB-TOTAL				\$ 57,500 ⁸⁴
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

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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)
LINN COUNTY BUILDING FOR KIDS

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
2/3/07	ID# CK# 1508	VOTEFOREVER.COM PO BOX 9122 CEDAR RAPIDS, IA 52409	GRAPHIC DESIGN & PRINTING OF NEWSPAPER INSERTS	\$ 7,297 ⁵⁰
	ID# CK#			
SUB-TOTAL				\$ 7,297 ⁵⁰
TOTAL (if last page of this schedule)				\$ 64,798 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

COMMITTEE NAME (Must be same as on Statement of Organization)
LINN COUNTY BUILDING FOR KIDS

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SCHEDULE E (Rev. 06/97)	IN-KIND CONTRIBUTIONS
<input type="checkbox"/> 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
1/25/07	CD AREA CHAMBER OF COMMERCE 424 FIRST AVE NE CEDAR RAPIDS IA 52401		CASH PAYMENT TO L+L MURPHY CONSULTING,	\$ 7,500 ⁰⁰	<input type="checkbox"/>
			531 SMOOT ST. NW OCELANON, IA 50662 FOR SALARY		<input type="checkbox"/>
			PAYMENTS TO HOLLIE SCHNEIDER FOR PROFESSIONAL SERVICES		<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

SUB-TOTAL \$ 7,500⁰⁰

TOTAL (if last page of this schedule) \$ 7,500⁰⁰

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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)

LINN COUNTY BUILDING FOR KIDS

PART I - NAME AND ADDRESS OF CONSULTANT

Name of Consultant		
<u>LARRY MURPHY</u>		
Mailing Address		
<u>L+L MURPHY CONSULTING</u>		
<u>531 SIXTH ST. NW</u>		
<u>OSWEGO, IA 50662</u>		
City	State	Zip Code

CONTRACT PERIOD (MM/DD/YR)	TOTAL ANTICIPATED COMPENSATION FOR PERFORMANCE
From <u>12/06</u>	\$ <u>TO BE DETERMINED</u>
To <u>2/07</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
	<u>SEE SCHEDULES B & E</u>		\$

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