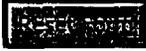


7 Multiple
IA ETHICS AND CAMPAIGN DISCLOSURE BD

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



FOR INSTRUCTIONS, SEE BACK OF FORM
DISCLOSURE SUMMARY PAGE

2007 JUL 18 AM 8:33

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

Ensuring the Future for Students and Communities

IMPORTANT: Indicate by # type of committee you are reporting for: 1
(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 DISCLOSURE REPORT (Rev. 07/2007)
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


SIGNATURE OF PERSON FILING REPORT
563-562-3263 TELEPHONE
7-17-07 DATE SIGNED

I AM FILING A 7-17-07 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.)

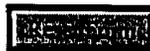
Local Committees, enter Date of Election _____
County & Local Committees, enter County in which Election is held _____

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 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.)	\$	\$14,074.37
ADD TOTAL MONEY TAKEN IN THIS PERIOD		
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)		\$ 7,975.00
Schedule F: Loans Received total (Attach Schedule F)		
Schedule H: Total Sales of Campaign Property (Attach Schedule H)		
(Schedule H applies to Candidates' Committees Only)		
SUB-TOTAL	\$	\$ 7,975.00
SUBTRACT TOTAL MONEY SPENT THIS PERIOD		
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)		\$20,400.21
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)	\$	\$1,649.16
**UNPAID BILLS (From Schedule D - Attach Schedule D)	\$	0.00
**IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)	\$	
**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)	\$	
CONSULTANT BREAKDOWN (Schedule G Attached?)		X 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



CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input checked="" 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
2/15/07	ID# CK#	Deb Heick PO Box 343 Calmar, IA 52132		\$25.00	<input type="checkbox"/>
2/15/07	ID# CK#	Penelope H. Willis 2396 Shagbark Lane Rd Decorah, IA 52101		\$50.00	<input type="checkbox"/>
2/15/07	ID# CK#	Ken Vande Berg 504 Terrace Decorah, IA 52101		\$100.00	<input type="checkbox"/>
2/15/07	ID# CK#	Allan J. Carew 200 Security Bldg, 151 W 8th St Dubuque, IA 52001		\$100.00	<input type="checkbox"/>
2/21/07	ID# CK#	FreedomBank PO Box 830 Elkader, IA 52043		\$250.00	<input type="checkbox"/>
2/21/07	ID# CK#	New Hampton Metal Fab PO Box 332 New Hampton, IA 50659		\$250.00	<input type="checkbox"/>
2/21/07	ID# CK#	F&M Bank PO Box 588 Manchester, IA 52057		\$200.00	<input type="checkbox"/>
2/21/07	ID# CK#	Premier Bank PO Box 420 Dubuque, IA 52004		\$500.00	<input type="checkbox"/>
2/27/07	ID# CK#	Henderson Enterprises PO Box 40 Manchester, IA 52057		\$750.00	<input type="checkbox"/>
2/27/07	ID# CK#	Fortress Bank 126 2nd Ave SE Cresco, IA 52136		\$250.00	<input type="checkbox"/>

SUB-TOTAL

\$2,475.00

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

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

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

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
2/27/07	ID# CK#	Bertch Cabinet Mfg PO Box 2280 Waterloo, IA 50704		\$3,000.00	<input type="checkbox"/>
2/28/07	ID# CK#	Aquila 1015 Cedar Cross Rd Dubuque, IA 52003		\$1,000.00	<input type="checkbox"/>
3/8/07	ID# CK#	TriMark PO Box 350 New Hampton, IA 50659		\$500.00	<input type="checkbox"/>
3/8/07	ID# CK#	Kent Kleckner 2551 Pebble Beach Rd Decorah, IA 52101		\$50.00	<input type="checkbox"/>
3/8/07	ID# CK#	Bank of the West PO Box 4120 Concord, CA 94524		\$200.00	<input type="checkbox"/>
3/16/07	ID# CK#	US Bank-Dubuque 4000 West Broadway Robbinsdale, MN 55422		\$250.00	<input type="checkbox"/>
3/23/07	ID# CK#	Prudential Financial 500 Main Street Dubuque, IA 52001		\$500.00	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

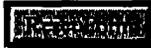
\$5,500.00

TOTAL (If last page of this schedule)

\$7,975.00

* 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

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.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input checked="" 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

DATE EXPENDED (MM/DD/YY)	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#2457	Lor Miller 410 5th Ave Decorah, IA 52101	Mileage	\$22.80
4/26/07	ID# CK#2463	Aquila 1015 Cedar Cross Road Dubuque, IA 52003	Refund of donation	\$1,000.00
5/7/07	ID# CK# 2467	L&L Murphy Consulting 531 6th St NW Oelwein, IA 50662	Professional Services Calling Services Printing Services	\$19,377.41
	ID# CK#			
SUB-TOTAL				\$20,400.21
TOTAL (If last page of this schedule)				\$20,400.21

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)
 Ensuring the Future for Students and Communities

NOTE: Debts previously reported that remain unpaid must be included on this Schedule, as well as any new obligations incurred in this period.



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

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*
			\$
SUB-TOTAL			\$ 0.00
TOTAL DEBTS OWED BY COMMITTEE AT THE END OF THIS REPORTING PERIOD			\$ 0.00

*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.

FOR INSTRUCTIONS, SEE BACK OF FORM



SCHEDULE G (Rev. 02/96)	BREAKDOWN OF MONETARY EXPENDITURES BY CONSULTANT
	<input checked="" 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**

PART I - NAME AND ADDRESS OF CONSULTANT

Name of Consultant L&L Murphy Associates		
Mailing Address 531 6th Street NW		
City	State	Zip Code
Oslein,	IA	50662

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