

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

COMMITTEE NAME (Must be same as on Statement of Organization)
Kathryn Reed-Maxfield for School Board

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

FORM DR-2 (Rev. 07/2007)	DISCLOSURE REPORT
For Office Use Only	
Comm. # _____	Logged in _____
Scanned _____	Computer _____
Audited _____	

CANDIDATE COMMITTEES ONLY:

Candidate Name Kathryn Reed-Maxfield Political Party (if applicable) _____

Office Sought School Board Member District (if Senate or House) _____

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

Kathryn Reed-Maxfield or cell 563 419 3486
SIGNATURE OF PERSON FILING REPORT 563 387-0262 **TELEPHONE** 1/22/08 **DATE SIGNED**

I AM FILING A final REPORT FOR (1) **ELECTION** (2) **NON-ELECTION YEAR**.
(report date) Indicate by #

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
Sept. 11 '07
County & Local Committees, enter County in which Election is held
Winnebago

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.) \$ 268.72

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (**also see in-kind below) 690.00

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 \$ 958.72

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below) 958.72

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) \$ 0

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

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

**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

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)
Kathryn Reed-Maxfield for School Board

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.

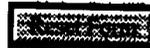
NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(5), 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/YYR)	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
9/4	ID# CK#	David Judisch 52101 814 5 th Ave. Decorah, Ia.		\$ 100.00	<input type="checkbox"/>
9/4	ID# CK#	Steve McCargar Decorah, Ia. 2749 Hidden Falls Rd. 52101		10.00	<input type="checkbox"/>
9/4	ID# CK#	Lana Oylor 722 Day St. Decorah, Ia. 52101		20.00	<input type="checkbox"/>
9/4	ID# CK#	Other Dreaming 2658 River Rd. Decorah, Ia. 52101		50.00	<input type="checkbox"/>
9/4	ID# CK#	Kathy Bakken 301 Grove St. Decorah, Ia. 52101		100.00	<input type="checkbox"/>
9/6	ID# CK#	Matt & Randi Spencer-Berg 407 W. Main St. Decorah, Ia. 52101		50.00	<input type="checkbox"/>
9/6	ID# CK#	Andy Johnson 2689 Lannon Hill Rd. Decorah, Ia. 52101		100.00	<input type="checkbox"/>
9/4	ID# CK# 4777	Kim Blanchard 3765 Highlandville Rd. Decorah, Ia. 52101		100.00	<input type="checkbox"/>
9/10	ID# CK#	Krisen Underwood 605 River St. Decorah, Ia. 52101		50.00	<input type="checkbox"/>
9/12	ID# CK#	Barb Dale Decorah, Ia. 909 Vernon St. 52101		20.00	<input type="checkbox"/>
SUB-TOTAL				\$ 600	
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



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 type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)
Kathryn Reed-Mansfield for School Board

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
9/3	ID# CK#	KDEC	advertising	\$ 357.90
9/6	ID# CK#	Annundsons	printing	86.57
9/7	ID# CK#	KDEC	advertising	200.70
9/12	ID# CK#	Decorah Newspapers	thank you ad	30.75
1/21	ID# CK#	Kyrl Henderson * see schedule 6	consultant-design services for brochure & yard signs	282.80
	ID# CK#			
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$
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)(d).)

Page _____ of _____

(for Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM

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

Kathryn Reed-Maxfield & Scherl Brand

PART I - NAME AND ADDRESS OF CONSULTANT

Name of Consultant: *Kyrl Henderson*
 Mailing Address: *905 Vernon*
 City: *Deborah, IA* State: _____ Zip Code: *52101*

CONTRACT PERIOD (MM/DD/YYR)

From: *8/22/07* To: *9/10/07*
 TOTAL ANTICIPATED COMPENSATION FOR PERFORMANCE: *\$ 282.80*

ESTIMATES OF PERFORMANCE

*Designed comparison brochure,
 took photographs,
 designed yard signs.*

PART B - 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/YYR)	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE	AMOUNT EXPENDED
	<i>None</i>		\$

SUB-TOTAL

\$ *282.80*

TOTAL (if last page of this schedule)



SCHEDULE **G** BREAKDOWN OF MONETARY EXPENDITURES BY CONSULTANT (Rev. 02/98)
 CHECK THIS BOX IF AMENDING FORM