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JUL 18 2007

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

Reset Form

FOR INSTRUCTIONS, SEE BACK OF FORM
DISCLOSURE SUMMARY PAGE

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

Vote Yes for IC^{CC}

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

Brian A. Leary

SIGNATURE OF PERSON FILING REPORT

515 574-6414

TELEPHONE

07-18-07

DATE SIGNED

I AM FILING A July 19, 2007 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 _____
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.)	\$	10,480.73
ADD TOTAL MONEY TAKEN IN THIS PERIOD		
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)		140.00
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	\$	10,620.73
SUBTRACT TOTAL MONEY SPENT THIS PERIOD		
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)		9,893.24
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)	\$	727.49
**UNPAID BILLS (From Schedule D - Attach Schedule D)	\$	2,058.75
*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)	\$	750.00
**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)	\$	
CONSULTANT BREAKDOWN (Schedule G Attached?)		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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



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)

Vote Yes for ICC

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.

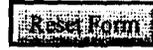
NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

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
06/21/2007	ID# CK#	Cash contributions under \$25	N/A	\$40.00	<input type="checkbox"/>
06/28/2007	ID# CK# 2688	Thomas J. Bencke P.O. Box 683, Manson, IA 50563	N/A	100.00	<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"/>
SUB-TOTAL				\$ 140.00	
TOTAL (if last page of this schedule)				\$ 140.00	

* 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)
Vote Yes for ICC

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
06/21/2007	ID# CK# 107	State of Iowa	Civil penalty for late filing of report	\$ 20.00
06/27/2007	ID# CK# 108	Victory Enterprises 5200 S.W. 30th St. Davenport, IA 52802	Consultant expenses	7,861.36
07/11/2007	ID# CK# 109	Double M Signs 519 1st Avenue S, Fort Dodge, IA 50501	Yard signs	2,011.88
	ID# CK#			
SUB-TOTAL				\$ 9,893.24
TOTAL (if last page of this schedule)				\$ 9,893.24

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).)

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

Vote Yes for ICC

SCHEDULE
G
(Rev. 02/98)

BREAKDOWN
OF MONETARY
EXPENDITURES
BY CONSULTANT

CHECK THIS BOX IF
AMENDING FORM

Reset Form

PART I - NAME AND ADDRESS OF CONSULTANT

Name of Consultant
Victory Enterprises

Mailing Address
5200 S.W. 30th St., Ste

City Davenport, IA 52802

State Zip Code

**TOTAL ANTICIPATED
COMPENSATION FOR
PERFORMANCE**

CONTRACT PERIOD (MM/DD/YR)

From 06/04/07 To 06/09/07

\$ 34,657.52

ESTIMATES OF PERFORMANCE

The consultant provided voter ID calls, print and mail services and a one time consulting fee. All services were performed by their own employees.

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)

\$

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)

 Note Yes for ICC

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/YYR)	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE	AMOUNT EXPENDED
			\$

PART I - NAME AND ADDRESS OF CONSULTANT

Name of Consultant
 Victory Enterprises
Mailing Address
 5200 S.W. 30th St., Ste

City Davenport, IA 52802
State _____ **Zip Code** _____

TOTAL ANTICIPATED COMPENSATION FOR PERFORMANCE

CONTRACT PERIOD (MM/DD/YYR)
 From 06/09/07
 To 07/14/07
 \$ 7,861.36

ESTIMATES OF PERFORMANCE

The consultant provided voter ID calls, print and mail services and a one time consulting fee. All services were performed by their own employees.

SUB-TOTAL \$ _____

TOTAL (If last page of this schedule) \$ _____

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)

 Note Yes for ICC

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
			\$

PART I - NAME AND ADDRESS OF CONSULTANT

Name of Consultant
 Victory Enterprises
Mailing Address
 5200 S.W. 30th St., Ste

City Davenport, IA 52802
State _____ **Zip Code** _____

TOTAL ANTICIPATED COMPENSATION FOR PERFORMANCE

CONTRACT PERIOD (MM/DD/YR)
 From 06/09/07
 To 07/14/07
 \$ 7,861.36

ESTIMATES OF PERFORMANCE

The consultant provided voter ID calls, print and mail services and a one time consulting fee. All services were performed by their own employees.

SUB-TOTAL \$ _____

TOTAL (If last page of this schedule) \$ _____