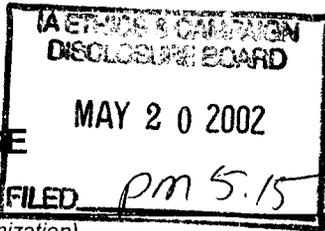


FOR INSTRUCTIONS, SEE BACK OF FORM



DISCLOSURE SUMMARY PAGE

FORM DR-2 (Rev. 01/98) DISCLOSURE REPORT. For Office Use Only: Comm. # 1401, Indexed, Audited, Computer W.

COMMITTEE NAME (Must be same as on Statement of Organization) MURPHY FOR HOUSE. IMPORTANT: Indicate type of committee you are reporting for: 1. (1) Statewide/Legislative Candidate, (2) Statewide PAC, (3) State Party, (4) County/Local Candidate, (5) County PAC, (6) Ballot Issue/Franchise Committee, (7) County/City Central Committee, (8) Support State of Candidates.

Edward J. Szaferman (319) 277-4476. SIGNATURE OF TREASURER (or person filing this report) TELEPHONE

15 May 02. DATE SIGNED

Routine Penalties Due For Late Filed Reports Range from \$20 to \$800

SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE:

I AM FILING A 15 MAY 02 REPORT FOR AN/A (1) ELECTION /(2) NON-ELECTION YEAR. (report date) Indicate one 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 Notice of Dissolution is filed.)

Local Committees, enter Date of Election 5 NOV 02. County & Local Committees, enter County in which Election is held

Committee ID No. 1401

STATEMENT OF CASH ON HAND

Table with columns for description and amount. Rows include: CASH ON HAND at the beginning of the reporting period (\$ -0-), ADD TOTAL MONEY TAKEN IN THIS PERIOD (Schedule A: 6,685.00, Schedule F: 1,000.00, Schedule H: 0), SUB-TOTAL (\$ 7,685.00), SUBTRACT TOTAL MONEY SPENT THIS PERIOD (Schedule B: 528.20, Schedule F: 0), CASH ON HAND at the end of this reporting period (\$ 7,156.80).

Table with columns for description and amount. Rows include: UNPAID BILLS (\$), IN KIND CONTRIBUTIONS (\$), OUTSTANDING LOANS (\$ 1,000.00).

CANDIDATE COMMITTEES ONLY: CONSULTANT BREAKDOWN (Schedule G Attached?) YES NO. VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H) \$

For Instructions, See Back of Form

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

SCHEDULE A (Rev. 06/97)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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

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.

CAUTION: Section 68B.32A(6), Iowa Code, 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
02/21/02	ID# CK#	ROBERT MURPHY 1706 TIMBERLEDGE DRIVE CEDAR FALLS, IA 50613	SELF	\$1,000.00	
03/01/02	ID# CK#	ED STACHOVIC 2504 MINNETONKA DRIVE CEDAR FALLS, IA 50613		150.00	
03/11/02	ID# CK#	JON CREWS 416 W 10TH CEDAR FALLS, IA 50613		50.00	
03/12/02	ID# CK#	DAVID & MARCIA SHORT 1708 MAPLEWOOD DR CEDAR FALLS, IA 50613		100.00	
3/20/02	ID# CK#	JON WELCHER 1028 OAK PARK BLVD CEDAR FALLS, IA 50613		50.00	
3/18/02	ID# CK#	PAM TAYLOR 220 HIGHLAND CEDAR FALLS, IA 50613		25.00	
3/15/02	ID# CK#	KENT GRABG 3017 UNIVERSITY AVE WATERLOO, IA 50701		25.00	
3/13/02	ID# CK#	TOM HAGARTY 809 FRANKLIN CEDAR FALLS, IA 50613		200.00	
3/12/02	ID# CK#	ELDON HAYES 811 MAUKER RD CEDAR FALLS, IA 50613		100.00	
3/08/02	ID# CK#	MIKE OATES 127 KASPEND PL CEDAR FALLS, IA 50613		50.00	

SUB-TOTAL **750.00**
~~\$1,750~~
\$

TOTAL (if last page of this schedule)

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SEE SCHEDULE E

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 06/97)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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

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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
3/11/02	ID# CK#	SHERRY PADAVICHI 1128 WARWICK DR CEDAR FALLS, IA 50613		\$30.00	
3/12/02	ID# CK#	DICK WITT 3619 CARLTON DRIVE CEDAR FALLS, IA 50613		25.00	
3/12/02	ID# CK#	BILL TEAFORD 3913 CARLTON DRIVE CEDAR FALLS, IA 50613		100.00	
3/11/02	ID# CK#	WILLIAM MURPHY PO BOX 48 FONDA, IA 50540	FATHER	250.00	
3/12/02	ID# CK#	MARVIN HAUGEBAK 2516 ASHLAND AVE CEDAR FALL, IA 50613		50.00	
3/10/02	ID# CK#	DENNIS HAGEN 1609 JEPSEN ROAD CEDAR FALLS, IA 50613		200.00	
3/11/02	ID# CK#	JOHN RUNCHEY 920 COLUMBINE DR CEDAR FALLS, IA 50613		100.00	
3/14/02	ID# CK#	SARA DUNBAR 4631 QUIESADA AVE CEDAR FALLS, IA 50613		50.00	
3/15/02	ID# CK#	ED HOOD 702 MAIN CEDAR FALLS, IA 50613		100.00	
3/15/02	ID# CK#	MARY JO FISCUS 1608 W 4TH CEDAR FALLS, IA 50613		100.00	
SUB-TOTAL				\$1,005	
TOTAL (if last page of this schedule)				\$	

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For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 06/97)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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

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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
3/15/02	ID# CK#	SAM RUNYAN 4010 W 1ST ST CEDAR FALLS, IA 50613		\$ 100.00	
3/13/02	ID# CK#	FRANK NELSON 1022 W RIDGEWAY WATERLOO, IA 50701		50.00	
3/14/02	ID# CK#	JAMES KRIEG 1311 GRAND BLVD CEDAR FALLS, IA 50613		100.00	
3/13/02	ID# CK#	DENNIS HOOD 218 SUNSET BLVD MANKATO, MN 56001	BROTHER- IN-LAW	250.00	
✓ 3/13/02	ID# CK#	JOE TURNER 1315 MAIN CEDAR FALLS, IA 50613		300.00	
✓ 3/20/02	ID# CK#	MARY WALL JOLLEY, IA	AUNT	10.00	
3/20/02	ID# CK#	WAYNE JACOBSON 91 RIVER RIDGE RD CEDAR FALLS, IA 50613		100.00	
3/20/02	ID# CK#	WILLIAM STAEBEL 144 OAKWOOD DR EVANSDALE, IA 50707		100.00	
3/16/02	ID# CK#	PAT HOOP 33950 N. 57TH PLACE SCOTTSDALE, AZ 85262	SISTER- IN-LAW	100.00	
3/23/02	ID# CK#	JOHN JORDAN 2619 M'CLAIN CEDAR FALLS, IA 50613		50.00	
SUB-TOTAL				\$ 1,160.00	
TOTAL (if last page of this schedule)				\$	

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For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 06/97)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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

MURPHY FOR HOUSE

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
04/03/02	ID# CK#	DON ZELENAK PO BOX 6341 SCOTTSDALE, AZ 85261	BROTHER-IN-LAW	\$250.00	
04/03/02	ID# CK#	DEAN PIERCE 33182 HICKORY AVE SIOUX CITY, IA 51108	BROTHER-IN-LAW	100.00	
04/03/02	ID# CK#	DICK SVOBODNY 217 MARYHILL DR CEDAR FALLS, IA 50613		25.00	
04/03/02	ID# CK#	BOB HOGAN 113 CEDAR CREST DR CEDAR FALLS, IA 50613		50.00	
04/03/02	ID# CK#	LARRY GREGORY 3903 HERITAGE RD CEDAR FALLS, IA 50613		100.00	
04/03/02	ID# CK#	JIM HANDORF 1822 CRESCENT DR CEDAR FALLS, IA 50613		50.00	
04/03/02	ID# CK#	RAY TREIBER 3027 A PHEASANT DR CEDAR FALLS, IA 50613		100.00	
04/03/02	ID# CK#	VERN LUHRING 7514 12TH ST CEDAR FALLS, IA 50613		100.00	
04/03/02	ID# CK#	BUDD CURTTRIGHT 3909 MONTEREY DR WATERLOO, IA 50613		50.00	
04/03/02	ID# CK#	JUDITH HARRINGTON 3714 EASTPARK RD CEDAR FALLS, IA 50613		35.00	
SUB-TOTAL				\$860.00	
TOTAL (if last page of this schedule)				\$	

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For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 06/97)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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

MURPHY FOR HOUSE

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
04/03/02	ID# CK#	DAN KRAUSE 3925 STURGIS DR CEDAR FALLS, IA 50613		\$ 50.00	
04/16/02	ID# CK#	CARROLL POTTER 1431 STARBECK CIR CEDAR FALLS, IA 50613		100.00	
04/16/02	ID# CK#	CECELIA MUDD 3949 BEAVER RIDGE TRAIL CEDAR FALLS, IA 50613		500.00	
04/16/02	ID# CK#	ORLYN WATHIER 2503 TREMONT CEDAR FALLS, IA 50613		100.00	
04/16/02	ID# CK#	KURT OLSON 3707 S. MAIN CEDAR FALLS, IA 50613		100.00	
04/16/02	ID# CK#	GWEN LOWE 2318 MINNETONKA DR CEDAR FALLS, IA 50613		25.00	
04/16/02	ID# CK#	GARTH HUFFMAN 1005 OAK PARK CEDAR FALLS, IA 50613		30.00	
04/16/02	ID# CK#	PETE EVERS 1015 W 9TH CEDAR FALLS, IA 50613		20.00	
04/26/02	ID# CK#	RAYMOND NICHOLS 2013 MINNETONKA DR CEDAR FALLS, IA 50613		25.00	
04/26/02	ID# CK#	DAVID LORENSEN 921 COLUMBIA DRIVE CEDAR FALLS, IA 50613		100.00	
SUB-TOTAL				\$ 6050.00	
TOTAL (if last page of this schedule)				\$	

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For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 06/97)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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

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
04/26/02	ID# CK#	NORMENT WRIGHT 4121 STERLING LANE CEDAR FALLS, IA 50613		\$ 25.00	
04/26/02	ID# CK#	DAVID WALKER 2321 GREENWOOD AVE CEDAR FALLS, IA 50613		50.00	
04/26/02	ID# CK#	CATHERINE GALLAGHER 800 PROSPECT BLVD WATERLOO, IA 50701		50.00	
04/26/02	ID# CK#	JIM MURPHY 1408 200TH ST JOLLEY, IA 50551	BROTHER	100.00	
04/26/02	ID# CK#	KAREN MCALISTER 1510 W 3RD ST CEDAR FALLS, IA 50613		50.00	
04/26/02	ID# CK#	LARRY HILL 511 OAK PARK BLVD CEDAR FALLS, IA 50613		100.00	
04/26/02	ID# CK#	JOHN DEERY, SR 4219 EAST PARK CEDAR FALLS, IA		1000.00	
04/28/02	ID# CK#	ANN SULLIVAN 2363 JOHNSON AVE FORT DODGE, IA 50501	AUNT	35.00	
04/28/02	ID# CK# 2023	IA COMM. FOR POLITICAL EDUCATION AFL-CIO 2000 WALKER SUITE A DES MOINES, IA 50307		200.00	
05/11/02	ID# CK#	ROGER WHITE 2303 GREENWOOD AVE CEDAR FALLS, IA 50613		100.00	

SUB-TOTAL \$ 1710.00

TOTAL (if last page of this schedule)

\$

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For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 06/97)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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

MURPHY FOR HOUSE

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
05/11/02	ID# CK#	DON SCHMITS 1903 W 4TH CEDAR FALLS, IA 50613		\$ 150.00	
	ID# CK#				

SUB-TOTAL

\$150.00

TOTAL (if last page of this schedule)

\$6,685.00

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FOR INSTRUCTIONS, SEE BACK OF FORM

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

SCHEDULE B (Rev. 09/97)	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)
MURPHY FOR HOUSE

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
3/20/02	ID# CK#	BOB MURPHY 1706 TIMBERLEGE CEDAR FALLS, IA 50613	BUMPER STICKERS, STAMPS, ENVELOPES, PRINTING, VOTER ROSTER, PAPER (Chk 1026)	\$528.20
	ID# CK#			

SUB-TOTAL \$
TOTAL (if last page of this schedule) **\$528.20**

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 56.6(3)(i).)

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

SCHEDULE F (Rev. 08/96)	LOANS RECEIVED & REPAID
	<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM

NOTE: This schedule reports money loaned to the committee which is deposited in the committee account.

TOTAL UNPAID LOANS FROM LAST REPORTING PERIOD \$ - 0 -

PART I - MONETARY LOANS RECEIVED THIS REPORTING PERIOD
 (Original source of loan, such as a bank, must be shown if a third party is involved. Include loans from candidate's personal funds.)

PART II - MONETARY LOAN REPAYMENTS MADE THIS REPORTING PERIOD
 (Loans forgiven must be reported on Schedule E -- In-kind Contributions.)

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE (If Applicable*)	AMOUNT OF LOAN
02/21/02	ROBERT MURPHY 1706 TIMBERLEDGE CEDAR FALLS, IA 50613	SELF	\$ 1,000.00

DATE PAID (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE* (If Applicable)	AMOUNT REPAID
			\$

TOTAL (PART I) \$ 1,000.00

TOTAL CASH REPAYMENTS (PART II) \$ 0

From Schedule E -- TOTAL LOANS FORGIVEN \$ 0

TOTAL OUTSTANDING LOANS END OF REPORT PERIOD \$ 1,000.00

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