

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

Reset Form

FORM DR-2 (Rev. 05/2002)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	1433
Indexed	SW
Audited	12-10-02
Computer	WRS

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

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 Slate of Candidates

CANDIDATE COMMITTEES ONLY:

Candidate Name Martin Duffy Political Party Democrat

Office Sought House of Representatives District (if Senate or House) 71

OCT 21 2002
PM 10-19
8-18-02

[Signature] 515-223-3019
SIGNATURE OF TREASURER (or person filing this report) TELEPHONE

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 8-18-02 10-19-02 REPORT FOR AN/A (1) ELECTION / (2) NON-ELECTION YEAR.
(report date) Indicate one 1

CHECK IF AMENDMENT TO REPORT DATED _____

Local Committees, enter Date of Election _____

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

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.)

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (This is the total of all monies 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.)\$ 672.41

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below) 1725.00

Schedule F: Loans Received total (Attach Schedule F) 7000.00

Schedule H: Total Sales of Campaign Property (Attach Schedule H) None

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL\$ 9,397.41

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below) ... 6,284.67

Schedule F: Loan Repayments total (Attach Schedule F) None

CASH ON HAND at the end of this reporting period (if final report, balance must be zero) (Attach DR-3)\$ 3,112.74

****UNPAID BILLS** (From Schedule D - Attach Schedule D)\$ None

****IN KIND CONTRIBUTIONS** (From Schedule E - Attach Schedule E)\$ 100.00

****OUTSTANDING LOANS** (From Schedule F - Attach Schedule F)\$ 10,000.00

CANDIDATE COMMITTEES ONLY:

CONSULTANT BREAKDOWN (Schedule G Attached?) YES NO

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H) S/B-0 \$ 200.00

For Instructions, See Back of Form

JAN 3 2003

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

FILED PM 1-2

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

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

Friends of Martin Duffy

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
✓ 10/2/02	ID# 6086 CK# 12785	ISEA 777 3rd Street Des Moines, IA 50309	N/A	\$500.00	<input type="checkbox"/>
✓ 10/2/02	ID# 6472-6060 CK# 2162	IFL AFL-CIO Iowa Federation of Labor 2000 Walke Street, Suite A Des Moines, IA 50317-5201	N/A	200.00	<input type="checkbox"/>
8/6/02	ID# CK# 1962	Nathan and Jan Johnson 302 Emery Drive Waverly, IA 50677	In-Laws	500.00	<input type="checkbox"/>
✓ 10/2/02	ID# CK#	Marion County Democrats Pella, IA 50219	N/A	500.00	<input type="checkbox"/>
8/6/02	ID# CK#	Beaula DeZwarte 725 40th Ave Pleasantville, IA 50225	N/A	25.00	<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"/>
SUB-TOTAL				\$1725.00	
TOTAL (if last page of this schedule)				\$1725.00	✓

* 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) (See Page 2 of forms packet.). 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

Reset 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)
Friends of Martin Duffy

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
8-6-02	ID# CK#	<i>Tiffany Vincent 1008 W Gordon Dr. Knoxville, IA 50138</i>	<i>Utilities</i>	<i>\$ 319.07</i>
8-12-02	ID# CK#	<i>OSP Knoxville, IA 50138</i>	<i>Signs</i>	<i>172.20</i>
8-23-02	ID# CK#	<i>Iowa Telecom 115 S 2nd Ave W Newton, IA 50208</i>	<i>Phone</i>	<i>140.99</i>
8-26-02	ID# CK#	<i>Tiffany Vincent 1008 W Gordon Dr. Knoxville, IA 50138</i>	<i>Office Rent</i>	<i>200.00</i>
8-27-02	ID# CK#	<i>OSP Knoxville, IA 50138</i>	<i>Buttons</i>	<i>50.80</i>
8-29-02	ID# CK#	<i>OSP Knoxville, IA 50138</i>	<i>Buttons</i>	<i>23.07</i>
8-30-02	ID# CK#	<i>OSP Knoxville, IA 50138</i>	<i>T-Shirts</i>	<i>577.98</i>
9-4-02	ID# CK#	<i>Tiffany Vincent 1008 W Gordon Dr. Knoxville, IA 50138</i>	<i>Utilities</i>	<i>381.00</i>
SUB-TOTAL				<i>\$ 1885.11</i>
TOTAL (if last page of this schedule)				<i>\$</i>

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).)

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Reset 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)
Friends of Martin Duffy

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
9-20-02	ID# CK#	OSP Knoxville, IA 50138	Buttons	\$ 105.00
9-20-02	ID# CK#	Iowa Telecom 115 S 2nd Ave W Newton, IA 50208	Phone	789.00
9-24-02	ID# CK#	OSP Knoxville, IA 50138	Signs	1084.50
9-25-02	ID# CK#	Iowa Telecom 115 S 2nd Ave W Newton, IA 50208	Phone	160.85
10-1-02	ID# CK#	Iowa Telecom 115 S 2nd Ave W Newton, IA 50208	Phone	160.52
10-3-02	ID# CK#	Sara Goodnight Knoxville, IA 50138	Office Help	200.00
10-7-02	ID# CK#	OSP Knoxville, IA 50138	T-Shirts	1237.16
10-8-02	ID# CK#	Tiffany Vincent 100E W Gordon Dr. Knoxville, IA 50138	Utilities	385.00
SUB-TOTAL				\$4122.03
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 56.6(3)(i).)

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Reset 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)
Friends of Martin Duffy

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
10-9-02	ID# CK#	OSP Knoxville, IA 50138	T-Shirts	\$275.63
	ID# CK#			
SUB-TOTAL				\$275.63
TOTAL (if last page of this schedule) <i>SIB 6282.77</i>				\$6284.67

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).)

FOR INSTRUCTIONS, SEE BACK OF FORM

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

Reset Form

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
✓ 9/24/02	<i>ISEA 777 Third St Des Moines, IA 50309</i>	<i>N/A</i>	<i>Signs</i>	\$ <i>100.00</i>	<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<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 \$ *100.00*

TOTAL (if last page of this schedule) \$ *100.00*

*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Reset Form

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

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

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

TOTAL UNPAID LOANS FROM LAST REPORTING PERIOD \$ 3,000.00

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
8/6/02	Martin Duffy 1314 W Pleasant Knoxville, TN 37918	Self	\$ 4,000.00
10/7/02	Martin Duffy 1314 W Pleasant Knoxville, TN	Self	3,000.00

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) \$ 7,000.00

TOTAL CASH REPAYMENTS (PART II) \$ None
 From Schedule E -- TOTAL LOANS FORGIVEN \$ None
 TOTAL OUTSTANDING LOANS END OF REPORT PERIOD \$ 10,000.00

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THIS FORM IS USED BY CANDIDATES' COMMITTEES ONLY

SCHEDULE H (Rev. 02/96)	CAMPAIGN PROPERTY
ATTACH SCHEDULE H TO EACH REPORT, MAKING CHANGES AS REQUIRED.	
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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

Friends of Martin Duffy

Reset Form

PART I - ONGOING INVENTORY OF CAMPAIGN PROPERTY

PART II - SALES OR TRANSFERS OF CAMPAIGN PROPERTY **

Date Purchased (Schedule B) or Date Received (Schedule E) (MM/DD/YR)	Description of Property	Purchase Price or Est. Value When Acquired*	Current Value at Fair Market This Report
6/2/02	Printer	\$211.99	\$200.00

Date (MM/DD/YR)	Name and Address of Purchaser/Donee	Description of Property	Sold? Y/N	Sale Price	Value of Donation

TOTAL VALUE CAMPAIGN PROPERTY THIS REPORT (TRANSFER TO SUMMARY PAGE) \$ 200.00

** PROPERTY SALES & TRANSFERS TOTAL (TRANSFER TO SUMMARY PAGE) \$ _____ TOTALS \$ _____ \$ _____

* If estimated, show est. beside figure.

S/B-0

(Attach Additional Schedules if Needed)