*FOR INSTRUCTIONS, SEE BACK OF FORM*

# DISCLOSURE SUMMARY PAGE

Reset Form

| FORM **DR-2** (Rev. 01/2003) | DISCLOSURE REPORT |
|---|---|

**For Office Use Only** 1433
Comm. # 1433
Indexed SN
Audited
Computer

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

**IMPORTANT: Indicate type of committee you are reporting for:**

( 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

JAN 21 2003 pm 1:18 FILED

**SIGNATURE OF TREASURER (or person filing this report)** — **TELEPHONE** 515-223-3019 — **DATE SIGNED** 1-16-03

**Late filed reports are subject to possible civil and criminal penalties.**

**SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE:**

I AM FILING A 1-19-03 (report date) REPORT FOR AN/A (1) **ELECTION** /(2)**NON-ELECTION** YEAR. 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 _____

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. (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.) ..... $ 3,112.74

**ADD TOTAL MONEY TAKEN IN THIS PERIOD**

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below) ..... 535.00
Schedule F: Loans Received total (Attach Schedule F) ..... 500.00
Schedule H: Total Sales of Campaign Property (Attach Schedule H) ..... 200.00

**(Schedule H applies to Candidates' Committees Only)**

**SUB-TOTAL** ..... $ 4,347.74

**SUBTRACT TOTAL MONEY SPENT THIS PERIOD**

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below).... 3,998.42
Schedule F: Loan Repayments total (Attach Schedule F)..... 359.32

**CASH ON HAND** at the end of this reporting period (if final report, balance must be zero) (Attach DR-3) ..... $ None

****UNPAID BILLS** (From Schedule D - Attach Schedule D)..... $ None
***IN KIND CONTRIBUTIONS** (From Schedule E - Attach Schedule E) ..... $ None
****OUTSTANDING LOANS** (From Schedule F - Attach Schedule F)..... $ 10,140.68

**CANDIDATE COMMITTEES ONLY:**

**CONSULTANT BREAKDOWN** (Schedule G Attached?) ☐ YES ☒ NO

**VALUE OF CAMPAIGN PROPERTY** (From Schedule H - Attach Schedule H) $ None

**For Instructions, See Back of Form**

Reset Form

| SCHEDULE **A** (Rev. 06/97) | MONETARY RECEIPTS |
|---|---|
| ☐ 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)*

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 |
|---|---|---|---|---|---|
| 10/24/02 | ID#<br>CK# | William W. Hordin<br>109 E Competine<br>Knoxville, IA 50138 | N/A | $25 | ✓ |
| 10/24/02 | ID#<br>CK# | Tom Grimm<br>110 W Laura Lane<br>Knoxville, IA 50138 | N/A | 20 | ✓ |
| 10/24/02 | ID#<br>CK# | Randy Flack<br>1702 W Grandview St<br>Knoxville, IA 50138 | N/A | 5 | ✓ |
| 10/24/02 | ID#<br>CK# | Dennis Vogel<br>202 S 7th St<br>Knoxville, IA 50138 | N/A | 25 | ✓ |
| 10/24/02 | ID#<br>CK# | Terry Tribolet<br>1014 S 5th St<br>Knoxville, IA 50138 | N/A | 25 | ✓ |
| 10/24/02 | ID#<br>CK# | Pat Nichols<br>1210 N Depot<br>Knoxville, IA 50138 | N/A | 20 | ✓ |
| 10/24/02 | ID#<br>CK# | Mary Ann Emerick<br>117 Timber Ridge Dr.<br>Pella, IA 50219 | N/A | 25 | ✓ |
| 10/24/02 | ID#<br>CK# | Carol Hauput<br>812 E Woodlawn<br>Ottumwa, IA | N/A | 50 | ✓ |
| 10/24/02 | ID#<br>CK# | Kay Jensen<br>1414 Hobart<br>Knoxville, IA 50138 | N/A | 25 | ✓ |
| 10/24/02 | ID#<br>CK# | Chris Born<br>321 E Marion<br>Knoxville, IA 50138 | N/A | 20 | ✓ |

SUB-TOTAL $240

**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) (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

| SCHEDULE **A** (Rev. 06/97) | MONETARY RECEIPTS |
|---|---|
| ☐ 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)*
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 |
|---|---|---|---|---|---|
| 10/24/02 | ID#<br>CK# | Steven Coon<br>714 E Montgomery<br>Knoxville, IA 50138 | N/A | $ 50 | ✓ |
| 10/24/02 | ID#<br>CK# | Dave Schroder<br>169 140th Ave<br>Monroe, IA | N/A | 50 | ✓ |
| 10/24/02 | ID#<br>CK# | Kurt Wallace<br>206 W Montgomery St<br>Knoxville, IA 50138 | N/A | 25 | ✓ |
| 10/24/02 | ID#<br>CK# | Paul Emerick<br>117 Timber Ridge Dr<br>Pella, IA 50219 | N/A | 20 | ✓ |
| 12/20/02 | ID#<br>CK# | Marion County Democrats<br>Pella, IA 50219 | N/A | 150 | |
| | ID#<br>CK# | | | | |
| | ID#<br>CK# | | | | |
| | ID#<br>CK# | | | | |
| | ID#<br>CK# | | | | |
| | ID#<br>CK# | | | | |

SUB-TOTAL $ 295

**TOTAL** ***(if last page of this schedule)*** $ 535

* 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

| SCHEDULE **B** (Rev. 09/97) | MONETARY EXPENDITURES |
|---|---|
| ☐ CHECK THIS BOX IF AMENDING 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.

**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 |
|---|---|---|---|---|
| 10/15/02 | ID# CK# | Sara Goodnight Knoxville, IA 50138 | Office Help | $100.00 |
| 10/15/02 | ID# CK# | Iowa Telecom 115 S 2nd Ave W Newton, IA 50208 | Phone | 111.00 |
| 10/15/02 | ID# CK# | KRLS FM Radio 1610 N Lincoln Knoxville, IA 50138 | Radio Advertising | 1650.00 |
| 10/17/02 | ID# CK# | Walmart 814 W Bell Ave Knoxville, IA 50138 | Office Supplies | 31.47 |
| 10/21/02 | ID# CK# | Walmart 814 W Bell Ave Knoxville, IA 50138 | Office Supplies | 78.51 |
| 10/22/02 | ID# CK# | OSP Knoxville, IA 50138 | T-Shirts | 368.00 |
| 10/22/02 | ID# CK# | OSP Knoxville, IA 50138 | T-Shirts | 211.00 |
| 10/25/02 | ID# CK# | Walmart 814 W Bell Ave Knoxville, IA 50138 | Office Supplies | 83.00 |
| | | | SUB-TOTAL | $2,632.98 |
| | | | **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).)



(for Schedule B)

*FOR INSTRUCTIONS, SEE BACK OF FORM*

Reset Form

| SCHEDULE **B** (Rev. 09/97) | MONETARY EXPENDITURES |
|---|---|
| ☐ CHECK THIS BOX IF AMENDING 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.

**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 |
|---|---|---|---|---|
| 10/25/02 | ID# CK# | Iowa Telecom 115 S 2nd Ave W Newton, IA 50208 | Phone | $192.94 |
| 10/25/02 | ID# CK# | Walmart 814 W Bell Ave Knoxville, IA 50138 | Office Supplies | 21.00 |
| 11/5/02 | ID# CK# | OSP Knoxville, IA 50138 | T-Shirts | 262.50 |
| 11/6/02 | ID# CK# | Sara Goodnight Knoxville, IA 50138 | Office Help | 200.00 |
| 11/7/02 | ID# CK# | Walmart 814 W Bell Ave Knoxville, IA 50138 | Office Supplies | 50.00 |
| 11/8/02 | ID# CK# | Tiffany Vincent 1008 W Gordon Dr Knoxville, IA 50138 | Rent | 214.00 |
| 11/13/02 | ID# CK# | Iowa State Savings Bank 222 E Robinson St Knoxville, IA 50138 | Bank Fees | 25.00 |
| 11/26/02 | ID# CK# | Sara Goodnight Knoxville, IA 50138 | Office Help | 200.00 |
| | | | SUB-TOTAL | $1,165.44 |
| | | | **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).)



(for Schedule B)

*FOR INSTRUCTIONS, SEE BACK OF FORM*

Reset Form

| SCHEDULE **B** (Rev. 09/97) | MONETARY EXPENDITURES |
|---|---|
| ☐ CHECK THIS BOX IF AMENDING 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.

**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 |
|---|---|---|---|---|
| 11/27/02 | ID#<br>CK# | Sara Goodnight<br>Knoxville, IA 50138 | Office Help | $ 200.00 |
| | ID#<br>CK# | | | |
| | ID#<br>CK# | | | |
| | ID#<br>CK# | | | |
| | ID#<br>CK# | | | |
| | ID#<br>CK# | | | |
| | ID#<br>CK# | | | |
| | ID#<br>CK# | | | |
| | | | SUB-TOTAL | $ 200.00 |
| | | | **TOTAL** ***(if last page of this schedule)*** | $ 3,998.42 |

**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 Schedule B)

*FOR INSTRUCTIONS, SEE BACK OF FORM*

| SCHEDULE **D** (Rev. 08/98) | INCURRED INDEBTEDNESS |
|---|---|
| ☐ CHECK THIS BOX IF AMENDING FORM | |

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

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

Reset 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 | $ |
| | | **TOTAL DEBTS OWED BY COMMITTEE AT THE END OF THIS REPORTING PERIOD** | $ None |

*If actual figure is unknown, show "estimated" beside the figure.

Page 1 of 1 (for Schedule D)

**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*

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

Reset Form

| SCHEDULE **E** (Rev. 06/97) | IN KIND CONTRIBUTIONS |
|---|---|

☐ 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 |
|---|---|---|---|---|---|
| | | | | $ | ☐ |
| | | | | | ☐ |
| | | | | | ☐ |
| | | | | | ☐ |
| | | | | | ☐ |
| | | | | | ☐ |
| | | | | | ☐ |
| | | | | | ☐ |
| | | | | | ☐ |
| | | | | | ☐ |
| | | | SUB-TOTAL | $ | |
| | | | **TOTAL (if last page of this schedule)** | $ None | |

*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.

*FOR INSTRUCTIONS, SEE BACK OF FORM*

Reset Form

| SCHEDULE F (Rev. 08/96) | LOANS RECEIVED & REPAID |
|---|---|

☐ 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** $ 10,000.00

**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.)*

| DATE RECEIVED (MM/DD/YR) | NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable) | RELATIONSHIP TO CANDIDATE (If Applicable*) | AMOUNT OF LOAN |
|---|---|---|---|
| 11/6/02 | Martin Duffy<br>1314 W Pleasant<br>Knoxville, IA 50138 | Self | $ 500 |
| | | | |
| | | | |
| | | | |

TOTAL *(PART I)* $ 500.00

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

| DATE PAID (MM/DD/YR) | NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable) | RELATIONSHIP TO CANDIDATE* (If Applicable) | AMOUNT REPAID |
|---|---|---|---|
| 11/17/03 | Martin Duffy<br>1314 W Pleasant<br>Knoxville, IA 50138 | Self | $ 159.32 |
| 11/17/03 | Martin Duffy<br>1314 W Pleasant<br>Knoxville, IA 50138 | Self | 200.00 |
| | | | |
| | | | |

TOTAL CASH REPAYMENTS *(PART II)* $ 359.32

From Schedule E -- TOTAL LOANS FORGIVEN $ None

TOTAL OUTSTANDING LOANS END OF REPORT PERIOD $ 10,140.68

*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 when it applies.

*FOR INSTRUCTIONS, SEE BACK OF FORM*

**THIS FORM IS USED BY CANDIDATES' COMMITTEES ONLY**

| SCHEDULE **G** (Rev. 02/96) | BREAKDOWN OF MONETARY EXPENDITURES BY CONSULTANT |
|---|---|

☐ CHECK THIS BOX IF AMENDING FORM

Reset Form

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

Friends of Martin Duffy

**PART I - NAME AND ADDRESS OF CONSULTANT**

| | | |
|---|---|---|
| **Name of Consultant** | | |
| **Mailing Address** | | |
| **City** | **State** | **Zip Code** |

| **CONTRACT PERIOD (MM/DD/YR)** | **TOTAL ANTICIPATED COMPENSATION FOR PERFORMANCE** |
|---|---|
| **From** _____ | |
| **To** _____ | **$** _____ |

**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)** $ None

**Page** 1 **of** 1
**(for Schedule G)**

FOR INSTRUCTIONS, SEE BACK OF FORM

**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.**

☐ CHECK THIS BOX IF AMENDING FORM

Reset Form

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

**PART I - ONGOING INVENTORY 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 |
| | | | |
| | | | |
| | | | |
| | | | |

**PART II - SALES OR TRANSFERS OF CAMPAIGN PROPERTY ****

| Date (MM/DD/YR) | Name and Address of Purchaser/Donee | Description of Property | Sold? Y/N | Sale Price | Value of Donation |
|---|---|---|---|---|---|
| 1/17/03 | Martin Duffy<br>1314 W Pleasant<br>Knoxville, IA 50138 | Printer | Y | $200 | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

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

** PROPERTY SALES & TRANSFERS TOTAL (TRANSFER TO SUMMARY PAGE) $ 200.00

TOTALS $ 200 $ _____

* If estimated, show ***est.*** beside figure.

(Attach Additional Schedules if Needed)

Page 1 of 1 Pages
(For Schedule H)

# Notice of Dissolution

Reset Form

FILED JAN 21 2003 pm 1-18

FORM (Rev. 07/02)

**DR-3**
**NOTICE OF DISSOLUTION**

**For Office Use Only**

Comm. # 1433
Indexed
Audited
Computer
Certified Date of Dissolution

**COMMITTEE NAME**

Friends of Martin Duffy
Official Name of Committee

1314 W Pleasant
Street

Knoxville, IA 50138
City, State, Zip Code

(641) 828-7558
Area Code Telephone

**WHEN TO FILE:**

The Notice of Dissolution must be filed within thirty (30) days of completion of all the following:

1. All debts, loans and obligations have been paid or transferred;
2. All campaign funds have been spent;
3. All campaign property sold or transferred (candidates only); and
4. A final report disclosing all transactions closing the committee.

For state candidates and state PACs, a final bank statement must be filed with the Notice of Dissolution or as soon as possible if the bank statement is not available at the time the Notice of Dissolution is filed.

Signature of Candidate or Treasurer (if candidate's committee)/Signature of Chair or Treasurer (if PAC)

1-17-03
Date Signed

**FOR INSTRUCTIONS, SEE BACK OF FORM**
**This form is not applicable to statutory political committees.**