

FOR INSTRUCTIONS, SEE BACK OF FORM

Patrick

DISCLOSURE SUMMARY PAGE

Reset Form

FORM DR-2 (Rev. 01/2003)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	5LH
Indexed	5N
Audited	
Computer	

COMMITTEE NAME (Must be same as on Statement of Organization)
Murphy for State Representative 10 # 5204

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 State of Candidates

CANDIDATE COMMITTEES ONLY:

Candidate Name <u>Pat Murphy</u>	Political Party <u>Democrat</u>
Office Sought <u>House of Representatives</u>	District (if Senate or House) <u>28</u>

SIGNATURE OF TREASURER (or person filing this report)
Ueki Krug

TELEPHONE
563/557-9199

FILED
JAN 21 2003
January 20, 2003

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

SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE:

I AM FILING A January 19, 2003 REPORT FOR AN/A (1) ELECTION /(2) NON-ELECTION YEAR.
(report date) Indicate one

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.)	\$	<u>1,572.14</u>
ADD TOTAL MONEY TAKEN IN THIS PERIOD		
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)		<u>3,451.00</u>
Schedule F: Loans Received total (Attach Schedule F)		<u>0.00</u>
Schedule H: Total Sales of Campaign Property (Attach Schedule H)		<u>0.00</u>
<u>(Schedule H applies to Candidates' Committees Only)</u>		
SUB-TOTAL	\$	<u>5,023.14</u>
SUBTRACT TOTAL MONEY SPENT THIS PERIOD		
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)		<u>1,047.91</u>
Schedule F: Loan Repayments total (Attach Schedule F)		<u>0.00</u>
CASH ON HAND at the end of this reporting period (if final report, balance must be zero) (Attach DR-3)	\$	<u>3,975.23</u>
**UNPAID BILLS (From Schedule D - Attach Schedule D)	\$	<u>0.00</u>
*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)	\$	<u>0.00</u>
**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)	\$	<u>0.00</u>
CANDIDATE COMMITTEES ONLY:		
CONSULTANT BREAKDOWN (Schedule G Attached?)		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)	\$	<u>0.00</u>

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SCHEDULE A (Rev. 06/97)	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)
Murphy for State Representative ID #564

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
10/30/02	ID# 6478 CK# 1098	IANA. PAC Iowa Association of Nurse Anesthetists 303 Louast Des Moines Iowa 50309	---	\$ 200.00	<input type="checkbox"/>
10/30/02	ID# 6107 CK# 3313	Qwest PAC 925 High Street 959 Des Moines Iowa 50309	---	1,000.00	<input type="checkbox"/>
10/30/02	ID# 6433 CK# 288	Alliant Energy 4902 North Biltmore Lane Madison, WI 53703	---	200.00	<input type="checkbox"/>
11/1/02	ID# CK#	Gary Mohr 4755 School House Road Bettendorf, Iowa 52722	---	100.00	<input type="checkbox"/>
11/2/02	ID# 6351 CK# 1109	Petroleum Marketers of Iowa 1303-50th West Des Moines Iowa 50266	---	200.00	<input type="checkbox"/>
11/2/02	ID# 6400 CK# 215	Iowa Hospitality Association 3800 Merle Hay Road, Suite 604 Des Moines Iowa 50310	---	100.00	<input type="checkbox"/>
11/21/02	ID# CK# 604-007603	Drive - International Brotherhood of Teamsters 25 Louisiana Av. NW Washington, DC 20001	---	1,500.00	<input type="checkbox"/>
11/21/02	ID# CK#	R. Gene Gardner 430-46th Street Place West Des Moines, Iowa 50265	---	50.00	<input type="checkbox"/>
* 11/21/02	ID# CK#	Murphy for House 2504 Myntomka Drive Cedar Falls, Iowa 50613	amount for use of 20 yd signs	1.00	<input type="checkbox"/>
11/21/02	ID# 6488 CK# 1114	Iowa Providers PAC 7025 Hickman Road Urbandale Iowa 50322	---	100.00	<input type="checkbox"/>

* Contacted and approved by IECDB.

SUB-TOTAL

\$
\$3,451.00

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.

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)
 Murphy for State Representative ID # 564

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
11/1/02	ID# CK# 737	U.S. Postmaster 350 W. 6th Street Dubuque, Iowa 52001	Postage to mail supplemental report	\$ 4.65
11/2/02	ID# CK# 738	Iowa Democratic Party 5661 Fleiss Drive Des Moines, Iowa 50321	Contribution to state party	1,000.00
11/2/02	ID# CK# 739	U.S. Postmaster 350 W. 6th Street Dubuque, Iowa 52001	Postage to mail Contribution to state party	13.65
11/13/02	ID# CK# 740	Target 3508 Dodge Street Dubuque, Iowa 52003	purchase of frames for certificates of recognition	29.61
	ID# CK#			
SUB-TOTAL				\$
TOTAL (if last page of this schedule)				\$ 1,047.91

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).)