FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

FORM DR-2 (Rev. 01/98)	DISCLOSURE REPORT

For Office Use Only
Comm. # 1401
Indexed SW
Audited
Computer

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

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

Edward L. Stachowski (319) 277-4476 — 01/03/03
SIGNATURE OF TREASURER (or person filing this report) **TELEPHONE** **DATE SIGNED**

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

JAN 7 2003 pm 1-6

SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE:

I AM FILING A _____ 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.)
Committee ID No. 1401

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.) ..... $ 2,610.46

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) 5,220.00
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.....$ 7,830.46

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) 6,940.05
Schedule F: Loan Repayments total (Attach Schedule F) 890.41

CASH ON HAND at the end of this reporting period (if final report, balance must be zero) (Attach DR-3) ..... $ 0

UNPAID BILLS (From Schedule D - Attach Schedule D) ..... $ 0
IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E) ..... $ 28,872.59
OUTSTANDING LOANS (From Schedule F - Attach Schedule F) ..... $ 0

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
☐ 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
10/30/02	ID# CK#	SREENIVAS CHARI 2208 CRESCENT DRIVE CEDAR FALLS, IA 50613		$ 20.00	
11/01/02	ID# 8026 CK#	IBEW ELECTRICAL COMM. 1125 15TH ST, NW WASHINGTON, DC 20005		100.00	
11/01/02	ID# 6109 CK#	WELLS FARGO STATE PAC 666 WALNUT ST. DES MOINES, IA 50304		100.00	
11/01/02	ID# 9098 CK#	IOWA DEMOCRATIC PARTY 5661 FLUER DR DES MOINES, IA 50321		5,000.00	
	ID# CK#				
	ID# CK#				
	ID# CK#				
	ID# CK#				
	ID# CK#				
	ID# CK#				

SUB-TOTAL $~~5,000.00~~

TOTAL ***(if last page of this schedule)*** $5220.00

* 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

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)*

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
10/30/02	ID# CK#	SIGNS & DESIGNS 5600 NORDIC DRIVE CEDAR FALLS, IA 50613	250 22X14 YARD SIGNS 30 2X4' YARD SIGNS	1,812.05 $
11/01/02	ID# CK#	THE MUOD GROUP 6919 CHANCELLOR DR CEDAR FALLS, IA 50613	RADIO ADS	5,000.00
11/01/02	ID# CK#	PAT MURPHY 155 GRANDVIEW AVE DUBUQUE, IA 52001	LEASE OF (20) YARD SIGNS	1.00
11/05/02	ID# CK#	DAVID LORENZEN 921 COLUMBIA CEDAR FALLS, IA 50613	500 23¢ STAMPS FOR MAILINGS	115.00
10/31/02	ID# CK#	COMMUNITY NAT'L BANK BOX 1288 WATERLOO, IA 50704	SERVICE CHARGE FOR CHECK NUMBER RESEARCH	12.00
	ID# CK#			
	ID# CK#			
	ID# CK#			
			SUB-TOTAL	$
			TOTAL ***(if last page of this schedule)***	$6940.05

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)*

MURPHY FOR HOUSE

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
10/30/02	IOWA DEMOCRATIC PARTY 5661 FLUER DRIVE DESMOINES, IA 50613		PRODUCTION & POSTAGE FOR DIRECT MAIL PIECES	$ 26,694	
11/05/02	CATHY LIVINGSTON 39 RIVER RIDGE LANE CEDAR FALLS, IA 50613		(6) MAILINGS ENVELOPES, PAPER, STAMPS FOR MAILING	69.00	
02/21/02	BOB MURPHY 1706 TIMBERLEDGE DR CEDAR FALLS, IA 50613	SELF	PAYMENT OF LOAN (PARTIAL)	109.59	

SUB-TOTAL $

TOTAL (if last page of this schedule) $ 28,872.59

*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 INST' TIONS, SEE BACK OF 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)*

MURPHY FOR HOUSE

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

TOTAL UNPAID LOANS FROM LAST REPORTING PERIOD $ 1,000.00

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
			$

TOTAL *(PART I)* $ _____

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
01/03/03	BOB MURPHY 1706 TIMBERLEDGE DR. CEDAR FALLS, IA 50613	SELF	$ 890.41

TOTAL CASH REPAYMENTS *(PART II)* $ 890.41

From Schedule E -- TOTAL LOANS FORGIVEN $ 109.59

TOTAL OUTSTANDING LOANS END OF REPORT PERIOD $ -0-

*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.

Notice of Dissolution

Every Notice of Dissolution shall be accompanied by a completed Disclosure Report Form current to the date of dissolution.

COMMITTEE NAME

Official Name of Committee

MURPHY FOR HOUSE

Street

3504 MINNETONKA DRIVE

City, State, Zip Code

CEDAR FALLS, IA 50613

Area Code Telephone

(319) 277-4476

JAN 7 2003 pm 1-6 FILED

Effective date of dissolution:

01/03/03, 2003

Edward L Stachowicz

Signature of Treasurer

01/03/03

Date Signed

Committee ID No. 1401

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:
I, the candidate, certify that my candidate committee's cash balance is zero, all debts, obligations and loans have been paid or satisfied in accordance with law as shown on my committee's final report and all campaign property and leftover funds have been distributed in accordance with Iowa Code section 56.42 and rule 351 IAC 4.42.

Robert J Murphy — Signature of Candidate - Required for Candidate's Committee

01/03/03 — Date signed

WHEN TO FILE:

The Notice of Dissolution must be filed within thirty (30) days of the committee's dissolution, with a copy of the final bank statement attached. The final bank statement may be sent in later if it is not available at the time the Notice of Dissolution is filed.

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

FORM (Rev. 02/02)

DR-3
NOTICE OF DISSOLUTION

For Office Use Only

Comm. # 1401
Indexed 9
Audited
Computer
Certified Date of Dissolution