

File with:
Iowa Ethics and Campaign
Disclosure Board
510 E. 12th, Ste. 1A
Des Moines, Iowa 50319
Fax: 515-281-4073

Reset Form

FOR INSTRUCTIONS, SEE BACK OF FORM
DISCLOSURE SUMMARY PAGE

IA ETHICS AND
CAMPAIGN DISCLOSURE Bd.
Am 7-19
2007 JUL 20 AM 8:56

COMMITTEE NAME (Must be same as on Statement of Organization)
Dawn's List

IMPORTANT: Indicate by # type of committee you are reporting for: (1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party (4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC (11) Local Ballot Issue

CANDIDATE COMMITTEES ONLY:

Candidate Name _____ Political Party (if applicable) _____

Office Sought _____ District (if Senate or House) _____

FORM DR-2
(Rev. 07/2007)

DISCLOSURE REPORT

For Office Use Only

Comm. # 5 4369

Logged In _____

Scanned _____

Computer _____

Audited _____

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a

Murine Huber
SIGNATURE OF PERSON FILING REPORT

641-752-1557 (DAY)
TELEPHONE

7-18-07
DATE SIGNED

I AM FILING A July 19, 2007 REPORT FOR (1) ELECTION //(2) NON-ELECTION YEAR.
(report date) Indicate by # 2

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 DR-3 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. (Total of all funds 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.)	\$	2,283.45
ADD TOTAL MONEY TAKEN IN THIS PERIOD		
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)		6,205.00
Schedule F: Loans Received total (Attach Schedule F)		
Schedule H: Total Sales of Campaign Property (Attach Schedule H)		
<u>(Schedule H applies to Candidates' Committees Only)</u>		
SUB-TOTAL	\$	8,488.45
SUBTRACT TOTAL MONEY SPENT THIS PERIOD		
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)		6,390.22
Schedule F: Loan Repayments total (Attach Schedule F)		
CASH ON HAND at the end of this reporting period (if final report balance must be zero)	\$	2,098.23
**UNPAID BILLS (From Schedule D - Attach Schedule D)	\$	
*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)	\$	
**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)	\$	
CONSULTANT BREAKDOWN (Schedule G Attached?)		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
CANDIDATE COMMITTEES ONLY:		
VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)	\$	
STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.		

For Instructions, See Back of Form

Reset Form

SCHEDULE A (Rev. 07/03)	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)
Dawn's List

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.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), 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
3-19-07	ID# 6369 CK# 8873	Diane Pickel 2025 -39th Street DSM 50310		\$30	<input type="checkbox"/>
3-19-07	ID# CK# 8903	Celia Bingham 985 Applewood Ct #2 Coralville 52241		\$20	<input type="checkbox"/>
3-18-07	ID# CK# 11324	Mary Mascher 40 Gryn Ct Iowa City 52246		\$50	<input type="checkbox"/>
3-17-07	ID# CK# 14717	Leial Carlson 2014 -39th St DSM 50310		\$50	<input type="checkbox"/>
3-20-07	ID# CK# 5722	Johann Noftsger 1301 -68th St DSM 50311		\$10	<input type="checkbox"/>
3-20-07	ID# CK# 4894	Ronald Fuchs 809 Brookridge Ave Ames 50010		\$50	<input type="checkbox"/>
3-21-07	ID# CK# 1323	DC Spriesterbach 2longview Knoll NE Iowa City 52240		\$100	<input type="checkbox"/>
3-19-07	ID# CK# 9176	Elizabeth Garst 1313 Fig Ave Coon Rapids 50058		\$250	<input type="checkbox"/>
3-18-07	ID# CK# 3594	Joan MATHwes 2438 Hamilton Dr Ames 50014		\$100	<input type="checkbox"/>
3-17-07	ID# CK# 3873	Paulee Lipsman 2880 Grand Ave #106 DSM 50312		\$100	<input type="checkbox"/>
SUB-TOTAL				\$ 760	
TOTAL (if last page of this schedule)				\$	

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(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)
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4-8-07	ID# 6369 CK# 335	Marlene Albergo 524 Sixth WDM 50265		\$100	<input type="checkbox"/>
4-20-07	ID# CK# 10608	Shirley McAdon 1305 S 15 Adel 50003		\$100	<input type="checkbox"/>
3-31-07	ID# CK# 2340	Marshal Readhead 1200 Ridgewood Ave Ames 50010		\$50	<input type="checkbox"/>
4-23-07	ID# CK# 2914	Carol Spaziani 409 Crestview Iowa City 52245		\$50	<input type="checkbox"/>
4-19-07	ID# CK# 3220	Barbara HAns 4300 Adams DSM 50310		\$30	<input type="checkbox"/>
4-17-07	ID# CK# 2509	Shami Moore 1712 E Street Iowa City 52240		\$30	<input type="checkbox"/>
4-20-07	ID# CK# 1076	Elizabeth Aldridge 3524 Grand Ave #208 DSM 50318		\$100	<input type="checkbox"/>
4-17-07	ID# CK# 2007	Kay Ahrens 5041 Skycrest Dr Ames 50010		\$50	<input type="checkbox"/>
4-4-07	ID# CK# 4167	Viivi Shirley 704 12th Perry 50220		\$100	<input type="checkbox"/>
4-19-07	ID# CK# 3257	T Engelmann 4552 N Main St Davenport 52086		\$100	<input type="checkbox"/>
SUB-TOTAL				\$ 710	
TOTAL (if last page of this schedule)				\$	

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4-8-07	ID# 6369 CK# 7069	Jeanette Bucklew 4829 Algonquin DSM 50311		\$100	<input type="checkbox"/>
4-1-07	ID# CK# 9926	An Mowery 2456 140th Ave Carlisle 50047		\$200	<input type="checkbox"/>
4-7-07	ID# CK# 9674	Andy McGuire 100-37th St DSM 50312		\$100	<input type="checkbox"/>
3-28-07	ID# CK# 4694	Gail T McLure 1 Brickwood Knoll NE Iowa City 52240		\$20	<input type="checkbox"/>
3-30-07	ID# CK# 365	Virginia Petersen 6012 Terrace Dr Johnston 50131		\$100	<input type="checkbox"/>
3-28-07	ID# CK# 2846	Sara Baird 1202 Arthur St Iowa City 52240		\$25	<input type="checkbox"/>
3-28-07	ID# CK#	Victoria Herring 4331 Greenwood Dr DSM 50312		\$200	<input type="checkbox"/>
3-24-07	ID# CK# 6787	Pam Jochum 2368 Jackson Dubuque 52001		\$100	<input type="checkbox"/>
4-3-07	ID# CK# 5883	JAn Schneider 209S Hazel Ames 50010		\$10	<input type="checkbox"/>
3-31-07	ID# CK# 6097	Jean Basinger 1335 -48th DSM 50311		\$50	<input type="checkbox"/>
SUB-TOTAL				\$ 905	
TOTAL (if last page of this schedule)				\$	

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SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
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(Including candidate's personal funds)

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3-27-07	ID# 6369 CK# 2559	Doris NEwlin 3315 48th PL DSM 50310		\$1000	<input type="checkbox"/>
3-24-07	ID# CK# 2754	Laura Belin 1705 Plaza Circle Windsor Heights 50322		\$100	<input type="checkbox"/>
3-25-07	ID# CK# 1453	Mary Gaskill 509 E4 Ottumwa 52501		\$100	<input type="checkbox"/>
3-24-07	ID# CK# 13985	Barbara Boatwright 2331 East 39th St DSM 50317		\$250	<input type="checkbox"/>
3-20-07	ID# CK# 4060	Josephine Fletchall 1614 Kanto Ave Webster City 50595		\$25	<input type="checkbox"/>
3-21-07	ID# CK# 7506	Fran Fleck 2304 Ridgeweek Dr WDM 50265		\$50	<input type="checkbox"/>
3-17-07	ID# CK# 8468	Shari Hawk 401 NE Crestmoor Pl Ankeny 50021		\$50	<input type="checkbox"/>
3-17-07	ID# CK# 2486	Julie Anderson 2524 Hamilton Ames 50014		\$100	<input type="checkbox"/>
3-20-07	ID# CK# 6371	Chris Jordan 3509 57th DSM 50310		\$50	<input type="checkbox"/>
4-3-07	ID# CK# 1901	Lynn Fawcett 2020 Pinchurst Ames 50010		\$75	<input type="checkbox"/>
SUB-TOTAL				\$ 1800	
TOTAL (if last page of this schedule)				\$	

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(Including candidate's personal funds)

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3-31-07	ID# 6369 CK# 12912	Sally Pederson 5007 Woodlawn DSM 50312		\$100	<input type="checkbox"/>
3-30-07	ID# CK# 145	Ann Bovbjerg 1710 Ridge Road Iowa City 52245		\$100	<input type="checkbox"/>
3-26-07	ID# CK# 15865	Kay S Seery 100 Teg Drive Iowa City 52246		\$50	<input type="checkbox"/>
3-26-07	ID# CK# 8495	Brenda Pearson 2080 Brow Deer Rd Coralville 52241		\$50	<input type="checkbox"/>
3-25-07	ID# CK# 1453	R Kretzschmar 373 Scott Ct #A Iowa City 52245		\$100	<input type="checkbox"/>
3-24-07	ID# CK# 19557	Denise O'Brien 59624 Chicago Rd Atlantic IA 50022		\$25	<input type="checkbox"/>
3-24-07	ID# CK# 3462	Lori D Burras 1103 Kellogg Ames 50010		\$100	<input type="checkbox"/>
3-17-07	ID# CK# 2395	Ruth Swenson 2308 Hamilton Ames 50010		\$100	<input type="checkbox"/>
3-17-07	ID# CK# 2029	Virginia Burmeister 5040 Allison Ave DSM 50310		\$20	<input type="checkbox"/>
5-14-07	ID# CK# 1324	Marisue Hartung PO Box 189 Ames 50010		\$250	<input type="checkbox"/>
SUB-TOTAL				\$ 895	
TOTAL (if last page of this schedule)				\$	

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(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)
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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
3-7-07	ID# 6369 CK# 4157	Ruthanne Harstad 4141 Boyd DM 50317		\$100	<input type="checkbox"/>
4-28-07	ID# CK# 5968	Peggy Smalley 612 E Divison Pl Audobon 50025		\$100	<input type="checkbox"/>
1-30-07	ID# CK# VISA/MC	Marti Anderson 1717 Mar Ella DSM 50310		\$500	<input type="checkbox"/>
2-17-07	ID# CK# 3004	JoAnn Zimmerman 7630 Ashworth WDM 50266		\$100	<input type="checkbox"/>
3-12-07	ID# CK# ATM	Karen Thompson Cumberland IA		\$300	<input type="checkbox"/>
3-17-07	ID# CK# 2317	Shawn Carberey 402 Cresent Ames 50010		\$35	<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				\$ 1135	
TOTAL (if last page of this schedule)				\$ 6205	

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EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

SCHEDULE B (Rev. 07/03)	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)
Dawn's List

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
Monthly Fee	ID# 6360 CK#	Authnet Gateway Billing 915 S 500 Ste 200 American Fort UT 84003	Bank Charges for Credit card processing (Jan - June)	\$ 221.90
Monthly Fee	ID# CK#	Cornerston Merchant Fee 1501 Farm Credit Drive McLean VA 22102	Credit Card fees and annual fee January - June	\$151.30
Monthly Fee	ID# CK#	West Bank PO Box 65020 WDM 50265	Bank Account Charges/Fees January - June	\$60
1-24-07	ID# CK# 1666	Swaelu Media 857-17th DSM 50314	Web Site Managment Quarterly Fee	\$250
3-5-07	ID# CK# 1667	US Postmaster DSM	Bulk Mailing Postage and Fee	\$1068.15
4-20-07	ID# CK# 1668	Swaelu Media 857-17th DSM 50314	Quarterly Fee for Web Site Special Email Alert Changes to Web Site Content	\$495
4-21-07	ID# CK# 1669	Carter Printing 1739 East Grand DSM 50316	Printing, Paper and coordination of Bulk Mailing	\$1608.02
5-19-07	ID# CK# 1670	Melanie Friedman 1 Knollwood Ln Iowa City 52245	Fund Raising Consultant	\$1080
SUB-TOTAL				\$ 4934.37
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 68A.402(3)(i).)

FOR INSTRUCTIONS, SEE BACK OF FORM

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EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

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SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
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COMMITTEE NAME (Must be same as on Statement of Organization)
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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
5-30-07	ID# 6369 CK#NA	Deluxe Checks	Printed Check Charge	\$ 15.85
6-20-07	ID# CK# 1671	Melanie Friedman 1 Knollwood Ln Iowa City 51145	Fund Raising Consultant	\$1440
	ID# CK#			
SUB-TOTAL				\$ 1455.85
TOTAL (if last page of this schedule)				\$ 6390.22

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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 68A.402(3)(i).)

Reset Form

SCHEDULE G (Rev. 02/96)	BREAKDOWN OF MONETARY EXPENDITURES BY CONSULTANT
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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

DAWN's List

PART I - NAME AND ADDRESS OF CONSULTANT

Name of Consultant Melanie Friedman		
Mailing Address 1 Knollwood Ln		
City	State	Zip Code
Iowa City, IA		52245

**TOTAL ANTICIPATED
COMPENSATION FOR
PERFORMANCE**

CONTRACT PERIOD (MM/DD/YR)

From <u>April 1, 2007</u>	\$ <u>2,520.00</u>
To <u>May 30, 2007</u>	

ESTIMATES OF PERFORMANCE

Plan and develop fundraising plan and structure to meet organizations.

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)	\$