

FOR INSTRUCTIONS, SEE BACK OF FORM
DISCLOSURE SUMMARY PAGE

IA ETHICS AND
 CAMPAIGN DISCLOSURE BOARD

2010 MAY 18 AM 10:19

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

Effective January 1, 2010, all statements and reports filed by new committees for state office must be filed electronically and effective January 1, 2012, all statements and reports filed by all committees for state office must be filed electronically.
 Effective May 1, 2010, all statements and reports for State PACs and State Parties must be filed electronically.

Reset Form

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

MURPAL FOR STATE REPRESENTATIVES ID# 564

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

FORM DR-2 (Rev. 12/2009)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	564
Logged In	S
Scanned	
Computer	
Audited	

CANDIDATE COMMITTEES ONLY:

Candidate Name: PATRICK J. MURPHY Political Party (if applicable): DEMOCRAT
 Office Sought: HOUSE OF REPRESENTATIVES District (if Senate or House): HOUSE #28

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 candidate's committee, and the chairperson, for any other type of committee, is the individual responsible for filing timely and accurate reports.

Signature: Patrick J. Murphy Telephone: 563-582-5922 Date Signed: 5/15/10
 SIGNATURE OF PERSON FILING REPORT TELEPHONE DATE SIGNED

I AM FILING A MAY 15TH REPORT FOR (1) ELECTION (2) NON-ELECTION YEAR.
 (report date) Indicate by # 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 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.)	\$	54,642.79
ADD TOTAL MONEY TAKEN IN THIS PERIOD		
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)		46,015.00
Schedule F: Loans Received total (Attach Schedule F)		0
Schedule H: Total Sales of Campaign Property (Attach Schedule H)		0
<u>(Schedule H applies to Candidates' Committees Only)</u>		
SUB-TOTAL	\$	100,657.79
SUBTRACT TOTAL MONEY SPENT THIS PERIOD		
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)		97,305.45
Schedule F: Loan Repayments total (Attach Schedule F)		0
CASH ON HAND at the end of this reporting period (if final report balance must be zero)	\$	3352.34
**UNPAID BILLS (From Schedule D - Attach Schedule D)	\$	0
*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)	\$	706.92
**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)	\$	0
CONSULTANT BREAKDOWN (Schedule G Attached?)	YES	NO
		✓
CANDIDATE COMMITTEES ONLY:		
VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)	\$	0

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)
MURPHY FOR STATE REPRESENTATIVE

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.

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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-RAISE/ INCOME
1/2/10	ID# 6237 CK# 2134	ABATE PAC 3118 EASTERN AVE NE CEDAR RAPIDS IOWA 52402		\$ 1000	<input type="checkbox"/>
1/2/10	ID# CK#	PENNY WILLO 2396 SHAB PARK LANE DECORAH, IOWA 52101		25	<input type="checkbox"/>
1/6/10	ID# CK#	ANDREW BAUMERT 5068 CONCH LIGHT DR. WEST DES MOINES 50265		100	<input checked="" type="checkbox"/>
1/6/10	ID# 6113 CK# 4172	AFSCME CO. 61 4330 N.W. 3RD AVE DES MOINES IA 50313		1000	<input checked="" type="checkbox"/>
1/6/10	ID# CK#	BEN NORMAN 8727 NW OARWOOD ANKENY IA 50023		100	<input checked="" type="checkbox"/>
1/6/10	ID# 6058 CK# 4659	IOWA CHAM SOC, PAC 100 E. GRAND STE 240 D.M. IA 50309		200	<input checked="" type="checkbox"/>
1/6/10	ID# CK#	JOHN CACCIAIORE 1700 CASADY DR. A.M. IA. 50315		100	<input checked="" type="checkbox"/>
1/6/10	ID# 6070 CK# 3912	IOWA LAW PAC 625 E COURT D.M. IA 50309		250	<input checked="" type="checkbox"/>
1/6/10	ID# 6488 CK# 1836	IOWA TELECOM 403 W 4TH ST. P.O. BOX 1046 NEWTON IOWA 50308		150	<input checked="" type="checkbox"/>
1/6/10	ID# 6046 CK# 4626	JUSTICE FOR ALL 218 6TH AVE ST 525 A.M. IA 50309		500	<input checked="" type="checkbox"/>
SUB-TOTAL				\$3425	
TOTAL (if last page of this schedule)				\$	

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(Including candidate's personal funds)

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MURPHY FOR STATE REPRESENTATIVE

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1/6/10	ID# 6052 CK# 3444	IND. IOWA HB OF IAPAC 4000 WESTOWN PKY STE 200 WPAI IA 50265		\$ 500	<input checked="" type="checkbox"/>
1/6/10	ID# CK#	SUSAN CHAIERON 600 BREATWOOD WAUKEE IA 50263		200	<input checked="" type="checkbox"/>
1/6/10	ID# 6096 CK# 2172	MANUFACTURED HOUSING 1400 DEAN AVE D.M. IA 50316		500	<input checked="" type="checkbox"/>
1/6/10	ID# 6077 CK# 2092	IOWA PHARMACY PAC 8515 DOUGLAS STE 16 D.M. IA 50322		750	<input checked="" type="checkbox"/>
1/6/10	ID# 6351 CK# 1590	PMCI 10430 NEW YORK ST EF URBANDALE IA 50322		250	<input checked="" type="checkbox"/>
1/6/10	ID# CK#	WES EHRECKE 13350 CEDAR WOOD CLIVE		100	<input checked="" type="checkbox"/>
1/6/10	ID# 6087 CK# 1669	IOWA TREE COM. INC. PAC 2987 100TH AVE URBANDALE IA 50322		500	<input checked="" type="checkbox"/>
1/6/10	ID# 6064 CK# 3022	IOWA F.O.R.E. PAC 8525 DOUGLAS STE 48 D.M. IA. 50322		1000	<input checked="" type="checkbox"/>
1/6/10	ID# 9774 CK# 143	PENNSOLA SANDS PAC P.O. BOX 1750 AUBURNE IA 52004		5000	<input checked="" type="checkbox"/>
1/6/10	ID# 6323 CK# 3295	MB OF IA PAC 221 PARK PO BOX 695 D.M. IA. 50306		2500	<input checked="" type="checkbox"/>
SUB-TOTAL				\$12,800	
TOTAL (if last page of this schedule)				\$	

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CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

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COMMITTEE NAME (Must be same as on Statement of Organization)
MURPHY FOR STATE REPRESENTATIVE

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1/6/10	ID# 6059 CK# 3400	I CAR 1111 OFFICE PARK RA. WDM IA 50265		\$ 1000	<input checked="" type="checkbox"/>
1/6/10	ID# 6004 CK# 4932	ASS. GEN. CONT. PAC 701 E COURT D.M. IA 50309		1000	<input checked="" type="checkbox"/>
1/6/10	ID# CK#	CAROL STEWART P.O. BOX 205 FOLLY BEACH S.C. 29409		4000	<input checked="" type="checkbox"/>
1/6/10	ID# 6125 CK# 1028	IA REACTORS PAC 1370 NW 114TH #100 CLTVE IA 50395		5000	<input checked="" type="checkbox"/>
1/6/10	ID# 6118 CK# 5004	IA OPTO. ASS. PAC 6150 WILLAGE VIEW 105 WDM IA 50266		1000	<input checked="" type="checkbox"/>
1/6/10	ID# 6082 CK# 1476	MADAM. EN. CO. GOV. COM. 666 GRAND P.O. BOX 657 D.M. IA. 50303		1000	<input checked="" type="checkbox"/>
1/6/10	ID# 6067 CK# 4179	IA. HEALTH PAC 6750 WESTOWN HWY WDM IA 50266		1000	<input checked="" type="checkbox"/>
1/9/10	ID# CK#	DAVID DAVIS 7755 MONTGOMERY RD STE 400 CINCINNATI OHIO 45236		3000	<input type="checkbox"/>
1/9/10	ID# 6073 CK# 1339	IOW MED. PAC 1001 GRAND AVE WDM IA 50265		500	<input type="checkbox"/>
1/9/10	ID# 6378 CK# 2162	I-JET PAC 1605 N ANKENY STE 110 ANKENY IA 50021		1000	<input checked="" type="checkbox"/>
SUB-TOTAL				\$ 18,500	
TOTAL (if last page of this schedule)				\$	

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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)
MURPHY FOR STATE REPRESENTATIVE

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1/9/10	ID# 8531 CK# 1035	WESTERN IA LLC PAC P.O. BOX 399 WALL LAKE IA 51466		\$ 500	<input type="checkbox"/>
1/10/10	ID# 6049 CK# 0063	IA POD. MED SOC PAC 525 W 5TH ST STE A D.M. IA 50309		150	<input type="checkbox"/>
1/10/10	ID# CK#	JAMES FELLER 334 E GILLET PRESTON IA		250	<input type="checkbox"/>
1/10/10	ID# CK#	BOB RIDER 5626 23rd AVE TR. WEAVER IA 52349		25	<input type="checkbox"/>
1/10/10	ID# CK#	DAVE UNBS 22397 ASBURY RD HOLY CROSS IA 50053		500	<input type="checkbox"/>
1/10/10	ID# CK#	THREASE MARANO 1908 79TH ST. WINDSOR HGTS IA 50334		100	<input type="checkbox"/>
1/10/10	ID# CK#	JENNIFER SCHULTE 1184 140TH ST. NW AMHUR IA 52303		50	<input type="checkbox"/>
1/10/10	ID# CK#	KYLE L. FRETTE 3300 SE GREENSTONE #1 GRIMES IA 50111		100	<input type="checkbox"/>
1/10/10	ID# 9575 CK# 1129	OAAI PAC P.O. BOX 7255 D.M. IA 50309		250	<input type="checkbox"/>
1/10/10	ID# CK#	JOCIE SMITH 8131 WELLINGTON BLVD JOHNSTON IA 50131		250	<input type="checkbox"/>
SUB-TOTAL				2175	
TOTAL (if last page of this schedule)				\$	

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1/10/10	ID# 6264 CK# 1049	IA RECYCLERS PAC 33 WEST 32ND ST NBO IA 52001		\$ 250	
1/10/10	ID# 6250 CK# 2478	IA CARE PAC 1211 WINE ST STE 210 WDM IA 50265		250	
1/10/10	ID# 6488 CK# 3001	IA PROVIDERS PAC 7025 HICKMAN STS D.M. IA 50322		1000	
1/10/10	ID# 6101 CK# 3599	TRUCK PAC IA P.O. BOX 6131 D.M. IA 50309		1000	
1/10/10	ID# 6485 CK# 1018	R/S CORR PAC 6400 WESTOWN PKB WDM IA 50266		1100	
1/10/10	ID# CK#	KYLE RAUSE 30375 NAPA RANCH WAUKEE IA 50263		1400	
1/10/10	ID# 6086 CK# 13801	ISEA PAC 777 BRANT ST. D.M. IA 50309		1000	
1/10/10	ID# 6001 CK# 4570000398	NATIONWIDE PAC 1100 E. CUBERT D.M. IA 50391		1500	
1/10/10	ID# 6433 CK# 590	ALLIANT GOVT. ACCT. CO P.O. BOX 77007 MADISON WISC, 53703		1000	
3/13/10	ID# CK#	PATRICK MULLER 480 IOWA ST. HELLS IA 52235		10	
SUB-TOTAL				\$ 8510	
TOTAL (if last page of this schedule)				\$	

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(Including candidate's personal funds)

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3/13/10	ID# CK#	DARVL TETTERTON 732 BROOKVIEW SQ DBQ IA 52003		\$ 25	<input checked="" type="checkbox"/>
3/13/10	ID# CK#	MARY LURSEN 732 BROOKVIEW SQ DBQ IA 52003		25	<input checked="" type="checkbox"/>
3/13/10	ID# CK#	CHUCK ESENHART P.O. BOX 3353 DBQ IA 52004		75	<input checked="" type="checkbox"/>
3/13/10	ID# CK#	ALONA HARLEY 1004 DUNHAM DBQ IA 52001		25	<input checked="" type="checkbox"/>
3/13/10	ID# CK#	ROSE FLYNN 1180 MT LORRETTA DBQ IA 52003		25	<input checked="" type="checkbox"/>
3/13/10	ID# CK#	TERRY MYERS 2441 ROOSEVELT DBQ IA 52001		25	<input checked="" type="checkbox"/>
3/13/10	ID# CK#	FRANK BELCASTRO 285 N. GRANDVIEW DBQ IA 52001		25	<input checked="" type="checkbox"/>
3/13/10	ID# CK#	JERRY LYNCH 3502 LYNCH LANE BERNARD IA 52002		25	<input checked="" type="checkbox"/>
3/13/10	ID# CK#	RIC JONES 1270 DONLISSETH CT DBQ IA 52003		25	<input checked="" type="checkbox"/>
3/13/10	ID# CK#	SHEILA BROWN 2965 WILDWOOD DBQ IA 52001		25	<input checked="" type="checkbox"/>
SUB-TOTAL				\$ 250	
TOTAL (if last page of this schedule)				\$	

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CONTRIBUTIONS -- MONEY TAKEN IN
(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)
MURPHY FOR ST. REP.

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3/13/10	ID# CK#	ROBERT VOGL 1155 MT. LORETTA DBQ IA 52003		\$ 25	<input checked="" type="checkbox"/>
3/13/10	ID# CK#	WILLIAM HICKEY 314 6TH AVE SW INDEPENDENCE IA 50644		25	<input checked="" type="checkbox"/>
3/13/10	ID# CK#	JUDY SCHMIDT 460 SUMMIT DBQ IA 52001		25	<input checked="" type="checkbox"/>
3/13/10	ID# CK#	DON VIROTSOS 2521 WHEATLAND DBQ IA 52001		25	<input checked="" type="checkbox"/>
3/13/10	ID# CK#	SHARI JAEGER 3095 HARBOR HILLS DBQ IA 52001		25	<input checked="" type="checkbox"/>
3/13/10	ID# CK#	DONNA SMITH 1827 KEYWAY DBQ IA		25	<input checked="" type="checkbox"/>
3/13/10	ID# CK#	SHIRLEY McCULLOUGH 2743 SHETLAND CT. DBQ IA 52001		25	<input checked="" type="checkbox"/>
3/13/10	ID# CK#	DENISE DOGAN 2836 MEADOW CT. DBQ IA 52001		25	<input checked="" type="checkbox"/>
3/13/10	ID# CK#	LUCIE CHERRY 1100 S. GRANDVIEW DBQ IA 52003		25	<input checked="" type="checkbox"/>
3/13/10	ID# CK#	TERRYL STEWART 460 SUMMIT DBQ IA 52001		30	<input checked="" type="checkbox"/>
SUB-TOTAL				\$255	
TOTAL (if last page of this schedule)				\$	

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(Including candidate's personal funds)

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3/13/10	ID# CK#	RON HEALY 15068 THEILLEN NORANBO IA 52039		\$ 50	<input checked="" type="checkbox"/>
3/13/10	ID# CK#	HOWARD HUGH 1772 GLEN WOOD CT DBQ IA 52002		50	<input checked="" type="checkbox"/>
3/13/10	ID# CK#	BOB CARA 2030 DEBORAH DBQ IA 52001		50	<input checked="" type="checkbox"/>
3/13/10	ID# CK#	ERIC MANTERNACH 109 HATHUR ST CASCADE IA 52033		50	<input checked="" type="checkbox"/>
3/13/10	ID# CK#	MIRE COYLE 1305 HOELZLE DBQ IA 52003		50	<input checked="" type="checkbox"/>
3/13/10	ID# CK#	TOM BIESDORF 2083 LINCOLN DBQ IA 52001		50	<input checked="" type="checkbox"/>
3/13/10	ID# CK#	NICK LUCY 783 FENLOW DR DBQ IA 52001		50	<input checked="" type="checkbox"/>
3/13/10	ID# CK#	KATHY KEMP 6389 OLDE MAN. RD. LA MOTTE IA 52034		100	<input checked="" type="checkbox"/>
3/13/10	ID# CK#	JOAN GUNTA 2397 MATTHEW JOHN DBQ IA 52006		100	<input checked="" type="checkbox"/>
3/13/10	ID# CK#	VICKI KRUG 3617 CRESCENT RPK DBQ IA 52003		125	<input checked="" type="checkbox"/>
SUB-TOTAL				\$675	
TOTAL (if last page of this schedule)				\$	

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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)
MURPHY FOR ST. REP

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
3/13/10	ID# CK#	PAT MURPHY 153 N GRANVILLE DBQ IA 52001	CANDIDATE	\$ 200	<input checked="" type="checkbox"/>
3/13/10	ID# CK#	JONATHAN SWAN 37443 208TH ST BELLEVUE IA 52031		200	<input checked="" type="checkbox"/>
3/13/10	ID# CK#	DAN ERNST 599 MT CARMEL DBQ IA 52003		100	<input checked="" type="checkbox"/>
3/13/10	ID# CK#	JOHN RITZER 1343 LOCUST DBQ IA 52001		10	<input checked="" type="checkbox"/>
3/13/10	ID# CK#	LYNN COSLEY 2/85 BUNKER HILL DBQ IA 52001		10	<input checked="" type="checkbox"/>
3/13/10	ID# CK#	DAVE MURPHY 2380 CHANEY #3 DBQ IA 52001	RESTRICTED	25	<input checked="" type="checkbox"/>
3/13/10	ID# CK#	FRANCIS BOGGES 3009 45TH ST DBQ IA 52001		40	<input checked="" type="checkbox"/>
3/13/10	ID# CK#	UNIDENTIFIED		40	<input checked="" type="checkbox"/>
3/21/10	ID# CK#	PAUL LOCHUM 2368 JACKSON DBQ IA 52001		25	<input checked="" type="checkbox"/>
3/21/10	ID# CK#	SHARLEY STRUB 2691 RAVEN CANS #101 DBQ IA 52001		20	<input checked="" type="checkbox"/>
SUB-TOTAL				\$670	
TOTAL (if last page of this schedule)				\$	

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For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)
 MURPHY FOR ST. REP.

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.

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DATE RECEIVED (MM/DD/YYR)	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
3/21/10	ID# CK#	JOHN HARVEY 488 AUGERLA DBQ IA 52001		\$ 25	<input checked="" type="checkbox"/>
3/21/10	ID# CK#	RAY WILSON 8881 CORA DBQ IA 52002		75	<input checked="" type="checkbox"/>
3/21/10	ID# CK#	JIM WALLER 2617 NEW HAVEN DBQ IA 52001		75	<input checked="" type="checkbox"/>
3/19/10	ID# CK#	FRED CHERRY 1100 S. GRANVIEW DBQ IA 52001		25	<input checked="" type="checkbox"/>
3/19/10	ID# CK#	RICH RUNNING 2478 BEACON HILL DBQ IA 52003		50	<input checked="" type="checkbox"/>
4/20/10	ID# CK#	WILLIAM HICKBY 314 6TH AVE SW IND. IA 50644		25	<input type="checkbox"/>
4/20/10	ID# CK#	JAMES CAMP 5349 SUN VALLEY DBQ IA 52002		30	<input type="checkbox"/>
4/20/10	ID# CK#	TOM REILLY 2765 HICKORY HILL DBQ IA 52001		50	<input type="checkbox"/>
5/12/10	ID# 6237 CK# 2147	ABATE PAC 318 EASTERN AVE NE C.R. IA. 52402		500	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
SUB-TOTAL				\$ 755	
TOTAL (if last page of this schedule)				\$ 46015	

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FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

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)
MURPHY FOR STATE REPRESENTATIVE

DATE EXPENDED (MM/DD/YYR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
1/5/10	ID# CK# 1127	TRUMAN FUND 5661 FLUER DR D.M. IA 50321	CONTRIBUTION	\$ 50,000.00
1/6/10	ID# CK# 1128	ROS RIOS 316 COURT L.M.IA 50309	FINDER EXP.	550.00
1/10/10	ID# CK# 1129	TRUMAN FUND 5661 FLUER D.M. IA 50321	CONTRIBUTION	25,000.00
1/19/10	ID# CK# 1130	TRUMAN FUND 5661 FLUER DM IA 50321	CONTRIBUTION	250.00
1/22/10	ID# CK# 1131	IDP 5661 FLUER DR, D.M. IA 50321	CONTRIBUTION	400.00
1/28/10	ID# CK# 1132	IDP 5661 FLUER D.M. IA 50321	CONTRIBUTION	350.00
2/12/10	ID# CK# 1133	AMMP 507 N. SYLVANIA FORT WORTH TEXAS - 76111	ROBO CALLS FOR CRACKER BARREL	120.95
2/21/10	ID# CK# 1135	DUB LEADER 1577 CENTRAL DRB IA 52001	ADVERTISEMENT	70.00
SUB-TOTAL				\$ 76,740.95
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)(f).)

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset 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.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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

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
3/24/10	ID# CK# 1134	IDP 5661 FLOWER DR P.M. IA 50321	VAN PAYMENT	\$ 15,000.00
4/5/10	ID# CK# 1137	ADAM PHOENIX 5661 FLOWER P.M. IA 50321	RE-IMP FOR MAILING	176.00
4/9/10	ID# CK# 1138	STRATEGIC MEDIA P.O. BOX 2817 WATERLOO IA 50704	WEB SITE FEE	239.40
5/5/10	ID# CK# 1140	IDP 5661 FLOWER DR P.M. IA 50321	CONTRIBUTION	5000.00
5/6/10	ID# CK# 1141	DUB LEADER 1587 CENTRAL ABB IA 52001	ADVERTISEMENT	150.00
	ID# CK#			
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$ 20,565.40
TOTAL (if last page of this schedule)				\$ 77,305.45

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

SCHEDULE E (Rev. 06/97)	IN-KIND CONTRIBUTIONS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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

MURPHY FOR ST. REP.

Reset 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
3/12/10	SANDY MEIER 1845 CANNON DBQ IA 52003		CARE FOR FINPR	\$ 10	<input checked="" type="checkbox"/>
3/12/10	BOB & NAN SMITH 17716 H 52 N DURANGO, IA 52039		WINE	60	<input checked="" type="checkbox"/>
3/12/10	PAVEY BEERY MURPHY 2360 CHADWY #3 DBQ IA 52001		DIP & CAKE	40	<input checked="" type="checkbox"/>
3/12/10	CARRIE TENDOR 804 W 3RD ST DBQ IA 52001		FOOD	150	<input checked="" type="checkbox"/>
3/12/10	DONNA & VICKI KRUG 3617 CRESCENT AVE DBQ IA 52003		FOOD	44.92	<input checked="" type="checkbox"/>
3/12/10	PAT & TERT MURPHY 155 N. GRANDEEN DBQ IA 52001		FOOD & BEVERAGES	350	<input checked="" type="checkbox"/>
3/12/10	ANN ERNST 899 HT CARMER DBQ IA 52003		FOOD	12	<input checked="" type="checkbox"/>
3/12/10	JOE MURPHY 155 N. GRANDEEN DBQ IA 52001		BEVERAGES	40	<input checked="" type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

SUB-TOTAL

\$ 706.92

TOTAL (if last page of this schedule)

\$

706.92

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(for Schedule E)