

FORM DR-2: Disclosure Summary Page

Status: **Amended**

ID #: **1385**

Committee: **McCarthy for State Representative**

Comm Type: **State House**

Date Due: **05/19/2002**

Report Year: **2002**

Treasurer: **Brian J Meyer**

Primary Ph. (515)255-3994 Secondary Ph. (-)

Chair:

County: **NA**

Amended: **4/9/2004**

Statutory Due Date	05/19/2002
Adjusted Due Date	05/20/2002
Received Date	05/20/2002
Postmark Date	/ /
Amended	04/09/2004

Statement of Cash on Hand

Cash on Hand at Start of Period	\$0.00
Schedule A: Cash contributions Total	\$7,020.00
Schedule F: Loans Received Total	\$0.00
Schedule H: Campaign Property Sales	\$0.00
SUB-TOTAL	\$7,020.00
Schedule B: Expenditure Total	\$5,538.49
Schedule F: Cash Loan Repayments	
Cash on Hand At End of Period	1,481.51

Additional Assets and Liabilities

Loans in Place at Start of Period	\$0.00
Schedule D: UnPaid Bills	\$2,000.00
Schedule E: In-Kind Contributions	\$500.00
Schedule F: Forgiven Loans	
Schedule F: Outstanding Loans	\$0.00
Schedule G: Consultant Breakdown?	No
Schedule H: Campaign Property Value	\$0.00

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 06/97)	MONETARY RECEIPTS
<input checked="" type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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

McCarthy for State 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.

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
4-04-02	ID# CK#	Steven P Wandro 2501 Grand Ave Des Moines 50312		\$ 1,000.00	
	ID# CK#				
	ID# CK#				
	ID# CK#				
	ID# CK#		APR 9 2004 h.d.		
	ID# CK#				

SUB-TOTAL

\$
\$

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

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input checked="" 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)
McCarthy for State Rep.

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
4-26-02	ID# CK#1115	Polk County Auditor	voter list	\$ 25.00
5-1	ID# CK#	Bankers Trust	bank analysis service	16.54
5-28	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$ 41.54
TOTAL (if last page of this schedule)				\$

APR - 9 2004
h.d.

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).)

DISCLOSURE SUMMARY PAGE

FORM DR-2 (Rev. 01/2001)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	1385
Indexed	e
Audited	10-29-03 2
Computer	WRS

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

IMPORTANT: Indicate type of committee you are reporting for: 1

(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 KEYIN MCCARTHY Political Party DEMOCRAT

Office Sought STATE REPRESENTATIVE District (if Senate or House) 67

See amended report

SIGNATURE OF TREASURER (or person filing this report) [Signature] TELEPHONE 255-3774 DATE SIGNED MAY 20 2002

FILED *AD 5/20/02*

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

SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE:

I AM FILING A MAY 20, 2002 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.)

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>0</u>
ADD TOTAL MONEY TAKEN IN THIS PERIOD		
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)		<u>\$ 6,020.⁰⁰</u>
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.....\$	<u>\$ 6,020.⁰⁰</u>
SUBTRACT TOTAL MONEY SPENT THIS PERIOD <i>slB 5496.95</i>		
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)		<u>\$ 3,891.²⁵</u>
Schedule F: Loan Repayments total (Attach Schedule F)		<u>\$ 2,128.⁰⁵</u>
CASH ON HAND at the end of this reporting period (if final report, balance must be zero) (Attach DR-3)	\$	<u>2,128.05</u>
**UNPAID BILLS (From Schedule D - Attach Schedule D)	\$	<u>2,000</u>
*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)	\$	<u>500</u>
**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)	\$	
CANDIDATE COMMITTEES ONLY:		
CONSULTANT BREAKDOWN (Schedule G Attached?)		<u>YES X NO</u>
VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)	\$	<u>N/A</u>

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 06/97)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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

MCCARTNY 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.

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
3-1-02	ID# CK#	Bill McCARTNY J201 SE 32 nd DSM, IA 50320	FATHER	\$ 150. ⁰⁰	✓
3-1-02	ID# CK#	LINDA McCARTNY 5201 SE 32 nd DSM, IA 50320	MOTHER	150. ⁰⁰	✓
3-1-02	ID# CK#	RANDY BANKS 3729 SE 21 st CT. DSM, IA 50320	BROTHER- IN LAW	100. ⁰⁰	✓
3-1-02	ID# CK#	KIM BANKS 3729 SE 21 st CT. DSM, IA 50320	SISTER	100. ⁰⁰	✓
3-4-02	ID# CK#	Russ UNDERWOOD 8111 WELINGTON BLVD. JOHNSTON, IA 50131		500. ⁰⁰	✓
3-5-02	ID# CK#	JAMES McCARTNY 1518 EAST COURT AVE. DSM, IA 50317	GRAND- FATHER	500. ⁰⁰	✓
3-10-02	ID# CK#	LINDA COTTINGTON THE HIGHLANDS SEATTLE, WA 98177		1,000. ⁰⁰	✓
3-12-02	ID# CK#	ELIZABETH KRUIDENIER 3409 SOUTHERN HILLS DR. DSM, IA 50321		2,500. ⁰⁰	✓
4-4-02	ID# CK#	ROSEMARY MOODY 5285 E. OAKWOOD DR. PLEASANT HILL, IA 50317		50. ⁰⁰	✓
4-4-02	ID# CK#	LISA TUNKS 2601 E. 39 th ST. DSM, IA 50317		50. ⁰⁰	✓

SUB-TOTAL

\$ 5,100.⁰⁰

TOTAL (if last page of this schedule)

\$

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For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 06/97)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)
MCCARTNY 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-RAISER INCOME
4-22-02	ID# CK#	LINDA MCCARTNY 3201 SE. 32 ND DSM, IA 50320	MOTHER	\$ 200. ⁰⁰	✓
4-22-02	ID# CK#	DALE PATCH 4816 WESTERN HILLS DR. WDSM, IA 50265		200. ⁰⁰	✓
4-22-02	ID# CK#	HARRY SHIPLEY 3139 SE. DIEHL DSM, IA 50320		25. ⁰⁰	✓
4-22-02	ID# CK#	CANDY CLAUSEN 5401 SE. 29 TH ST. DSM, IA 50320		15. ⁰⁰	✓
4-22-02	ID# CK#	MARY MARSHALL 3806 SE. 26 TH ST. DSM, IA 50320		15. ⁰⁰	✓
4-22-02	ID# CK#	LORNA FOGUE 6901 SE. 14 TH NO. 241 DSM, IA 50320		5. ⁰⁰	✓
4-22-02	ID# CK#	LEIGH ANN BAOPHY 3509 SE. 19 TH CT. DSM, IA 50320		25. ⁰⁰	✓
4-22-02	ID# CK#	DETTY AND DANIEL THURMAN 1555 ANDREWS DR. PLEASANT HILL, IA 50327		25. ⁰⁰	✓
4-22-02	ID# CK#	NOEL AND BARB LINK 2323 E. GRAND DSM, IA 50317		25. ⁰⁰	✓
4-22-02	ID# CK#	KEVIN + SUSAN HALL 3170 E. WALL DSM, IA 50320		15. ⁰⁰	✓
SUB-TOTAL				\$ 550. ⁰⁰	✓
TOTAL (if last page of this schedule)				\$	

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For Instructions, See Back of Form.

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 06/97)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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

Mc CARTHY 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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4-22-02	ID# CK#	<i>Forrest Reese 1837 OASANTVIEW CIRCLE DSM, IA 50320</i>		\$ 15. ⁰⁰	✓ ✓
4-22-02	ID# CK#	<i>Robert + MARJORIE BUNTZ 2623 ELBACH AVE DSM, IA 50320</i>		20. ⁰⁰	✓ ✓
4-22-02	ID# CK#	<i>Jerry + JOAN Bulkeley 3507 SE. 19th ST. DSM, IA 50320</i>		15. ⁰⁰	✓ ✓
4-22-02	ID# CK#	<i>William SCHOCKE, III 2120 KING AVE. #29 DSM, IA 50320</i>		15. ⁰⁰	✓ ✓
5-1-02	ID# CK#	<i>Douglas PHILLIPS 3750 WATSONS AVE. DSM, IA 50320</i>		25. ⁰⁰	✓ ✓
5-1-02	ID# CK#	<i>ERIC AND JANET SAGE 3515 EVERGREEN DSM, IA 50320</i>		25. ⁰⁰	✓ ✓
5-1-02	ID# CK#	<i>CRAIG + NANCY ZUBROD 411 SHERRY LYNN BLVD. PLEASANT HILL, IA 50327</i>		25. ⁰⁰	✓ ✓
5-1-02	ID# CK#	<i>DENNIS W. DeJode 2501 E. LEACH AVE. DSM, IA 50320</i>		25. ⁰⁰	✓ ✓
5-1-02	ID# CK#	<i>RAY + Georgia BAKER 2618 Des MOINES ST. DSM, IA 50317</i>		10. ⁰⁰	✓ ✓
5-1-02	ID# CK#	<i>KATHY BELIEU 3505 SE, 19th CT. DSM, IA 50320</i>		20. ⁰⁰	✓ ✓
SUB-TOTAL				\$ 195. ⁰⁰	✓
TOTAL (if last page of this schedule)				\$	

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For Instructions, See Back of Form

CONTRIBUTIONS – MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 06/97)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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

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-RAISER INCOME
5-1-02	ID# CK#	Greg + LARA PFAB 1931 SE ROSE DSM, IA 50320		\$ 15. ⁰⁰	✓
5-1-02	ID# CK#	PATRICIA + DON KNOX 1444 KING AVE DSM, IA 50320		15. ⁰⁰	✓
5-1-02	ID# CK#	JERRY HATCHITT 3260 E. OAKWOOD PLEASANT HILL, IA 50327		15. ⁰⁰	✓
5-1-02	ID# CK#	A.C + BILL HUTCHINGS 5105 SE 32 ND ST. DSM, IA 50320		10. ⁰⁰	✓
5-1-02	ID# CK#	STEVE + CHARLENE McCASLAND 3725 SE. 25 TH DSM, IA 50320		25. ⁰⁰	✓
5-1-02	ID# CK#	DAROLD + CARLA BIERMAN 4920 COPPER CREEK DR. PLEASANT HILL, IA 50327		25. ⁰⁰	✓
5-1-02	ID# CK#	WESTLEY + PENNI HEUERMAN 4998 CYPRESS DR. PLEASANT HILL, IA 50327		25. ⁰⁰	✓
5-1-02	ID# CK#	PAUL KRAVS 908 BENZON DR. IA CITY, IA 50246		20. ⁰⁰	✓
5-11-02	ID# CK#	MARLYN BRUCE 833 WALKER DSM, IA 50316		10. ⁰⁰	✓
5-11-02	ID# CK#	SALVADOR CHIA 1432 SE. PARK AVE DSM, IA 50320		15. ⁰⁰	✓
SUB-TOTAL				\$ 175. ⁰⁰	
TOTAL (if last page of this schedule)				\$ 6,020. ⁰⁰	

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FOR INSTRUCTIONS, SEE BACK OF 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. 09/97)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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

McCarthy For State Rep.

DATE EXPENDED (MM/DD/YY)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
3-28-02	ID# CK# 1002	CARTER PRINTING 1739 GRAND DSM, IA 50317	LETTERHEAD + ENVELOPES	\$ 588. ³⁰ ✓
3-29-02	ID# CK# 1003	MAIL SERVICES E. 9TH + UNIVERSITY DSM, IA 50309	POSTAGE + MAIL PROCESSING FEE FOR MAILING	560. ²¹ ✓
4-4-02	ID# CK# 1004	MAIL SERVICES E. 9TH + UNIVERSITY DSM, IA 50309	POSTAGE + MAIL PROCESSING FEE FOR MAILING	565. ⁸³ ✓
4-16-02	ID# CK# 1111	POSTMASTER 2ND + UNIVERSITY DSM, IA 50309	FOR BRF ACCOUNT	50. ⁰⁰ ✓
4-1-02	ID# CK# 1007	BANKERS TRUST 665 LOCUST DSM, IA 50309	Service Fee	3. ⁹⁰ ✓
4-16-02	ID# CK# WIRED	RT NIELSON COMPANY/ SALT LAKE, UTAH	Service Fee FOR Voter ANALYSIS AND SORTING COMPUTER LISTS.	1,320. ⁶³ ✓ 1320.63
4-19-02	ID# CK# 1112	MAIL SERVICES E. 9TH + UNIVERSITY DSM, IA 50309	POSTAGE + MAIL. PROCESSING FEE FOR MAILING	561. ⁴⁸ ✓
4-22-02	ID# CK# 1113	PAHL'S 6000 14TH ST. DSM, IA 50320	POSTAGE	241. ⁰⁰ ✓
SUB-TOTAL				\$ 3891.95
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 56.6(3)(i).)

FOR INSTRUCTIONS, SEE BACK OF 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)
McCauley For State Rep.

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
4-28-02	ID# CK# 1116	Dorene Stevens 6600 INDIANOLA RD. DSM, IA 50320	Stipend for food + DRINK for VOLUNTEERS	\$ 100. ⁰⁰ ✓
5-3-02	ID# CK# 1117	POLK COUNTY AMITOR R20 2ND AVE DSM, IA 50309	LIST (VOTER)	5. ⁰⁰ ✓
5-3-02	ID# CK# 1118	CARTER PRINTING 1739 E GRAND DSM, IA 50311	PAYMENT ON BILL	1,500. ⁰⁰ ✓
	ID# CK#			

S/B 1605.00 SUB-TOTAL \$ 1,665.⁰⁰
 TOTAL (if last page of this schedule) \$ 3,891.⁰⁰
 S/B 5496.95

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).)

SCHEDULE D (Rev. 08/98)	INCURRED INDEBTEDNESS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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

Mc CALLIN - -

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

**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*
MARCH + APRIL	CARTER PRINTING 1739 E. GRAND DEN, IA 50317	POSTERS	\$ 2,000 ESTIMATE
SUB-TOTAL			\$
TOTAL DEBTS OWED BY COMMITTEE AT THE END OF THIS REPORTING PERIOD			\$ <i>2,000</i>

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

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.

