

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

Reset Form

FORM DR-2 (Rev. 05/2002)	DISCLOSURE REPORT
For Office Use Only	
Comm. # <u>703</u>	
Indexed <u>g</u> <u>e</u>	
Audited _____	
Computer _____	

COMMITTEE NAME (Must be same as on Statement of Organization)
Committee to Elect Matt McCoy

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 State of Candidates

CANDIDATE COMMITTEES ONLY:

Candidate Name <u>Matt McCoy</u>	Political Party <u>Democrat</u>
Office Sought <u>State Senate</u>	District (if Senate or House) <u>31</u>

DISCLOSURE BOARD

NOV - 1 2002

FILED HD

11/30/02

DATE SIGNED

Sara Schroener
 SIGNATURE OF TREASURER (or person filing this report)

288-1180
 TELEPHONE

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 November 1, 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.)\$ 13,751.92

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below) 12,813.00

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.....\$ 26,564.92

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)... 7,411.40

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) (Attach DR-3)\$ 19,153.52

****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).....\$ 14,000.00

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

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)
Committee to Elect Matt McLay

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
10/15/02	ID# CK# 2094	Simon Casady 1333 Loomis DM, IA 50315		\$ 500 ⁰⁰	
10/15	ID# CK# 3977	Dory Brites 350) SW 33rd St DM, IA 50321		52 ⁰⁰	
10/16/02	ID# CK# 2135	Tom Whitney 666 Grand, Ste 1400 DM, IA 50309		250 ⁰⁰	
10/16	ID# CK# 1922	Mike Coppola 4521 Fleur Dr, Ste C DM, IA 50321		1,000 ⁰⁰	
10/16	ID# 6066 CK# 2067	IFDA PAC 2400 96th St, Ste 22 Urbandale, IA 50322		200 ⁰⁰	
10/16	ID# CK# 1070	Lisa + Joe Emmons 1113 50th St W DM, IA 50266		50 ⁰⁰	
10/16	ID# 6107 CK# 3269	Quest PAC 925 High St, 959 DM, IA 50309		1,000 ⁰⁰	
10/16	ID# CK# 6684	Richard Stark PO Box 898 Ft. Dodge, IA 50501		1,000 ⁰⁰	
10/16	ID# CK# 2645	Pat + Fran Tentinger 5718 NE 6th St DM, IA 50313		52 ⁰⁰	
10/16	ID# CK# 7180	Tracy Levine 2410 Terrace Rd DM, IA 50312		52 ⁰⁰	
SUB-TOTAL				\$ 4156 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.

For Instructions, See Back of Form

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SCHEDULE A (Rev. 06/97)	MONETARY RECEIPTS
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CONTRIBUTIONS – MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)
Committee to Elect Matt McJay

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10/16/02	ID# CK# 1997	Pam + Tracy Conner 2715 E. 40th St DM, IA 50317		\$ 30 ⁰⁰	<input type="checkbox"/>
10/17/02	ID# CK# 2610	Casey's PAC 10 Box 3001 Ankeny, IA 50021		250 ⁰⁰	<input type="checkbox"/>
10/17	ID# CK# 1491	Engineers PAC 1000 Walnut, #102 DM, IA 50309		1000 ⁰⁰	<input type="checkbox"/>
10/17	ID# CK# 6617	David Scott 5106 Welker Ave DM, IA 50312		300 ⁰⁰	<input type="checkbox"/>
10/17	ID# CK# 9367	James Wengert 4024 42nd St DM, IA 50310		25 ⁰⁰	<input type="checkbox"/>
10/17	ID# CK# 2758	AFFSME Council 61 4320 NW 2nd Ave DM, IA 50313		500 ⁰⁰	<input type="checkbox"/>
10/17	ID# CK# 1564	IA Society of Anesthesiologists 321 43rd St DM, IA 50312		250 ⁰⁰	<input type="checkbox"/>
10/17	ID# CK# 6231	James Koelhof + Deborah Shoring 909 56th St WDM, IA 50266		125 ⁰⁰	<input type="checkbox"/>
10/17	ID# CK# 7166	Michael + Elynn Knapp 5935 SW McKinley Ave DM, IA 50321		125 ⁰⁰	<input type="checkbox"/>
10/17	ID# CK# 1357	William + Pamela Kline 1114 22nd St WDM, IA 50265		125 ⁰⁰	<input type="checkbox"/>
SUB-TOTAL				\$ 2730 ⁰⁰	
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)
Committee to Elect Matt McLeay

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
10/17/02	ID# CK# 1010	John Kline 2171 Grand Ave WDM, IA 50265		\$ 250 ⁰⁰	<input type="checkbox"/>
10/17	ID# CK# 1568	Randal Walters PO Box 71094 Clive, IA 50325		250 ⁰⁰	<input type="checkbox"/>
10/17	ID# CK# 5829	Roxanne Conlin 600 Griffin Bldg, 319 7th St DM, IA 50309		200 ⁰⁰	<input type="checkbox"/>
10/18/02	ID# CK# 3918	Gary Palmer 7070 NE 64th Altama, IA 50209		1000 ⁰⁰	<input type="checkbox"/>
10/21/02	ID# CK# 5191	Mary Ann + Bill McLeay 3127 SW 6th St DM, IA 50315	Mother + Father	52 ⁰⁰	<input type="checkbox"/>
10/22/02	ID# CK# 552	CWA 3612 610 9th St DM, IA 50315		200 ⁰⁰	<input type="checkbox"/>
10/22	ID# CK# 8871	Dan + Deanne Carnelison 2681 360th St Van Meter, IA 50261		125 ⁰⁰	<input type="checkbox"/>
10/22	ID# CK# 6131	David + Dianne Swireskouski 122 Foster Dr DM, IA 50312		50 ⁰⁰	<input type="checkbox"/>
10/23	ID# 6070 CK# 2859	IA Law PAC 521 E. Laurel St, 3rd Floor DM, IA 50309		500 ⁰⁰	<input type="checkbox"/>
10/24	ID# CK# 1891	Robert Mulqueen 2305 Glenwood Dr DM, IA 50321		100 ⁰⁰	<input type="checkbox"/>
SUB-TOTAL				\$ 2727 ⁰⁰	
TOTAL (if last page of this schedule)				\$	

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SCHEDULE A (Rev. 06/97)	MONETARY RECEIPTS
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CONTRIBUTIONS – MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)
Committee to Elect Matt McCoy

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
10/24/02	ID# CK# 185	Barbara Gentry 1517 SW Pleasantview Dr DM, IA 50315		\$ 50 ⁰⁰	<input type="checkbox"/>
10/25	ID# 6058 CK# 2194	ICS 1605 N. Ankeny Blvd, Ste 100 Ankeny, IA 50021		100 ⁰⁰	<input type="checkbox"/>
10/25	ID# CK# 1224	Wells Fargo Fin. Services 206 8th St DM, IA 50309		100 ⁰⁰	<input type="checkbox"/>
10/25	ID# 6139 CK# 2145	United Steel Workers 125 NW Broadway DM, IA 50313		100 ⁰⁰	<input type="checkbox"/>
10/25	ID# CK# 8850	Don + Diane Averson 30 Maplewood Dr Oelwein, IA 50662		200 ⁰⁰	<input type="checkbox"/>
10/28	ID# CK# 16654	Jerry Crawford 1700 Ruan Center DM, IA 50309		500 ⁰⁰	<input type="checkbox"/>
10/28	ID# 6077 CK# 1640	IA Pharmacy PAC 8515 Douglas, Ste 6 DM, IA 50322		200 ⁰⁰	<input type="checkbox"/>
10/28	ID# CK# 4564	CitiGroup PAC 399 Park Ave NY, NY 10043		200 ⁰⁰	<input type="checkbox"/>
10/28	ID# 6272 CK# 220	State Police Officers Council PAC 1206 E. Franklin Indianola IA 50126		50 ⁰⁰	<input type="checkbox"/>
10/28	ID# 6046 CK# 3614	Justice For All PAC 218 6th Ave, Ste 526 DM, IA 50309		750 ⁰⁰	<input type="checkbox"/>
SUB-TOTAL				\$ 2250 ⁰⁰	
TOTAL (if last page of this schedule)				\$	

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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)
Committee to Elect Matt McLary

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
10/28/02	ID# 6084 CK# 682	UAW 2700 S River Rd, Ste 200 Des Moines, IA 50318		\$ 300 ⁰⁰	<input type="checkbox"/>
10/28	ID# 6098 CK# 3213	IA Beer PAC 310 NW Bldg, 321 E. Walnut St DM, IA 50309		400 ⁰⁰	<input type="checkbox"/>
10/29	ID# CK# 2661	Thomas Slaughter 120 35th St DM, IA 50312		250 ⁰⁰	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<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

\$ 950⁰⁰
 \$ 12,813⁰⁰

TOTAL (if last page of this schedule)

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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)
Committee to Elect Matt McCoy

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
10/15/02	ID# CK# 2488	Sara Throener 1328 40th St Des Moines, IA 50311	wages	\$ 968 ³⁸
10/16/02	ID# CK# 2489	Sara Throener 1328 40th St Des Moines, IA 50311	wages	2500 ⁰⁰
10/18/02	ID# CK# 2490	Travis Scott 506 Welker Ave DM, IA 50312	camp. work	318 ⁰⁰
10/18	ID# CK# 2491	Office Max 5020 SW 14th St DM, IA 50315	printer cartridges	56 ¹⁷
10/21	ID# CK# 2492	Postmaster SW McKinley DM, IA 50315	stamps	148 ⁰⁰
10/22	ID# CK# 2493	Postmaster SW McKinley DM, IA 50315	stamps	185 ⁰⁰
10/22	ID# CK# 2494	Curt Kruger 3416 Fleur Dr DM, IA 50321	reimbursement for fundraising expenses	1000 ⁰⁰
10/23	ID# CK# 2495	Qwest PO Box 1307 Minneapolis, MN 55403	phone + DSL	165 ⁷⁷
SUB-TOTAL				\$ 5341.32
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)
 Committee to Elect Matt McLoy

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
10/23/02	ID# CK# 2496	Earthblue, Inc. 211 West Meadow Lane Marshalltown, IA 50558	web site Domain name	\$ 160 ⁰⁰
10/23	ID# CK# 2497	Bill McLoy 31276W 6th St DM, IA 50315	rent	1000 ⁰⁰
10/23	ID# CK# 2498	Treasurer - state of IA PO Box 10411 DM, IA 50306	taxes	118 ⁰⁰
10/25	ID# CK# 2499	Des Moines Register 715 Locust St DM, IA 50309	Inserts	578 ²⁰
10/25	ID# CK# 2500	Trautz Scott 5106 Welker DM, IA 50312	Campaign work	150 ⁰⁰
10/29	ID# CK# 2501	AT&T Wireless PO Box 8228 Aurora, IL 60572	cell phone	63 ⁸⁸
	ID# CK#			
	ID# CK#			

SUB-TOTAL \$ 2070.08
TOTAL (if last page of this schedule) \$ 7,411.40

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 F (Rev. 08/96)	LOANS RECEIVED & REPAID
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)
Committee to Elect Matt McLeay

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

TOTAL UNPAID LOANS FROM LAST REPORTING PERIOD \$ 14,000

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
			\$

TOTAL CASH REPAYMENTS (PART II) \$ _____

From Schedule E -- TOTAL LOANS FORGIVEN \$ _____

TOTAL OUTSTANDING LOANS END OF REPORT PERIOD \$ 14,000.00

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