

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

Reset Form

FORM DR-2 (Rev. 07/2003)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	922
Logged In	<i>[Signature]</i>
Scanned	
Computer	WRS
Audited	

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

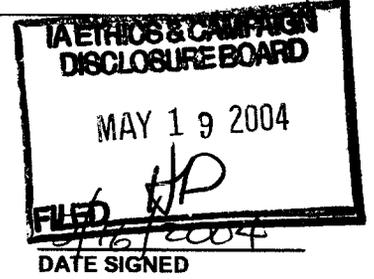
Flaherty for the House

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

CANDIDATE COMMITTEES ONLY:

Candidate Name	Political Party
Daniel L. Flaherty	Democrat
Office Sought	District (if Senate or House)
Representative (House)	68



[Signature]
 SIGNATURE OF TREASURER (or person filing this report)

(515) 266-0625
TELEPHONE

Late filed reports are subject to possible civil and criminal penalties.

SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE:

I AM FILING A May 19, 2004 REPORT FOR AN/A (1) ELECTION /(2)NON-ELECTION YEAR.
(report date) Indicate one

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.)	\$ 389.66
ADD TOTAL MONEY TAKEN IN THIS PERIOD	
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)	1177.15
Schedule F: Loans Received total (Attach Schedule F)	0
Schedule H: Total Sales of Campaign Property (Attach Schedule H)	0
(Schedule H applies to Candidates' Committees Only)	
SUB-TOTAL	\$ 1566.81
SUBTRACT TOTAL MONEY SPENT THIS PERIOD	
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)	842.09
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) (Attach DR-3)	\$ 724.72
**UNPAID BILLS (From Schedule D - Attach Schedule D)	\$ 1060.00
**IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E) <i>S/B 77.91</i>	\$ 61.91
**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)	\$

CANDIDATE COMMITTEES ONLY:

CONSULTANT BREAKDOWN (Schedule G Attached?) YES NO

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H) \$ 0

For Instructions, See Back of Form

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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)
Flaherty for the 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
1/27/2004	ID# CK#	U.S. Bank P. O. Box 1800 St. Paul, MN		\$.08	<input type="checkbox"/>
2/25/2004	ID# CK#	U.S. Bank P. O. Box 1800 St. Paul, MN		.05	<input type="checkbox"/>
3/23/2004	ID# CK#	U.S. Bank P. O. Box 1800 St. Paul, MN		.02	<input type="checkbox"/>
3/8/2004	ID# CK#	Candy Morgan 3100 Grand, No. 7-C Des Moines, IA 50312	None	100.00	<input type="checkbox"/>
3/13/2004	ID# CK#	Jerry & Mary Flaherty 2821 E. 39th Street Des Moines, IA 50317	Parents	100.00	<input type="checkbox"/>
3/16/2004	ID# CK#	Mark Schuling 500 Glenview Dr. Des Moines, IA 50312-2526	None	100.00	<input type="checkbox"/>
3/17/2004	ID# CK#	William & Jeanine Harrington 72 80th St. SE Runnells, IA 50237	In-Laws	100.00	<input type="checkbox"/>
3/25/2004	ID# CK#	JoAnne Johnson 6213 S.W. 13th Des Moines, IA 50317	None	77.00	<input type="checkbox"/>
4/6/2004	ID# CK#	Jean B. Darr 1040 E. Shawnee Des Moines, IA 50313	None	50.00	<input type="checkbox"/>
4/8/2004	ID# CK#	Michael P. Holzworth 5835 Grand Avenue Des Moines, IA 50312	None	150.00	<input type="checkbox"/>
SUB-TOTAL				\$ 677.15	
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). 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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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)

Flaherty for the 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
4/16/2004	ID# CK#	P. A. Henrichsen & Sheila Henrichsen 4429 Palm Des Moines, IA 50310	None	\$25.00	<input type="checkbox"/>
4/21/2004	ID# CK#	Craig & Barbara Campbell 1601 E. 29th St. Des Moines, IA 50317	None	25.00	<input type="checkbox"/>
✓ 4/26/2004	ID# 6248 CK# 1105	AFSME 1868 2nd & Court Ave., Room 100 Des Moines, IA 50309	None	250.00	<input type="checkbox"/>
5/4/2004	ID# CK#	Michael & Margo O'Meara 4621 Fieldstone Dr. West Des Moines, IA 50265	None	100.00	<input type="checkbox"/>
5/6/2004	ID# CK#	Jerry & Mary Flaherty 2821 E. 39th St. Des Moines, IA 50317	Parents	100.00	<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"/>

SUB-TOTAL

\$ 500.00

TOTAL (if last page of this schedule)

\$ 1177.15

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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)
Flaherty for the 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
1/30/2004	ID# CK#	Chet Culver Iowa Secretary of State Lucas Building, 1st Floor	Voter Lists	\$ 48.17
2/25/2004	ID# CK#	U.S. Bank P. O. Box 1800 St. Paul, MN 55101-0800	Maintenance Fee	5.00
2/25/2004	ID# CK#	Carter Printing 1739 E. Grand Ave. Des Moines, IA 50316	Campaign Cards & Stickers	160.00
3/8/2004	ID# CK#	Carter Printing 1739 E. Grand Ave. Des Moines, IA 50316	Campaign Cards	176.02
3/19/2004	ID# CK#	Carter Printing 1739 E. Grand Ave. Des Moines, IA 50316	Post Cards	100.70
3/23/2004	ID# CK#	U.S. Bank P. O. Box 1800 St. Paul, MN 55101-0800	Maintenance Fee	5.00
4/14/2004	ID# CK#	Carter Printing 1739 E. Grand Ave. Des Moines, IA 50316	Campaign Cards	247.03
5/4/2004	ID# CK#	Postmaster General	Postage	23.00
SUB-TOTAL				\$ 764.92
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).)

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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)
Flaherty for the 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
05042004	ID# CK#	ETC Graphics, Inc. 150 First Street Box 598 CANTON, IA 50007	Sign stencil	\$ 77.17
	ID# CK#			
SUB-TOTAL				\$ 77.17
TOTAL (if last page of this schedule)				\$ 842.09

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

COMMITTEE NAME (Must be same as on Statement of Organization)
 Flaherty for the House

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SCHEDULE E (Rev. 06/97)	IN KIND CONTRIBUTIONS
<input type="checkbox"/> 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
3/5/2004	Daniel L. Flaherty 3924 Richmond Avenue Des Moines, Iowa 50317	Same	BiWeekly voter lists	\$ 13.00	<input type="checkbox"/>
3/12/2004	Daniel L. Flaherty 3924 Richmond Avenue Des Moines, Iowa 50317	Same	tablecloth	1.91	<input type="checkbox"/>
3/25/2004	JoAnne Johnson 6213 S.W. 13th Street Des Moines, Iowa	None	Stamps	23.00	<input type="checkbox"/>
3/29/2004	Daniel L. Flaherty 3924 Richmond Avenue Des Moines, Iowa 50317	Same	BiWeekly voter lists	8.00	<input type="checkbox"/>
3/29/2004	Daniel L. Flaherty 3924 Richmond Avenue Des Moines, Iowa 50317	Same	BiWeekly voter lists	8.00	<input type="checkbox"/>
4/22/2004	Daniel L. Flaherty 3924 Richmond Avenue Des Moines, Iowa 50317	Same	BiWeekly voter lists	8.00	<input type="checkbox"/>
5/11/2004	Daniel L. Flaherty 3924 Richmond Avenue Des Moines, Iowa 50317	Same	BiWeekly voter lists	8.00	<input type="checkbox"/>
5/11/2004	Daniel L. Flaherty 3924 Richmond Avenue Des Moines, Iowa 50317	Same	BiWeekly voter lists	8.00	<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
SUB-TOTAL				\$ 77.91	
TOTAL (if last page of this schedule)				\$ 77.91	

*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.