

FOR INSTRUCTIONS, SEE BACK OF FORM

# DISCLOSURE SUMMARY PAGE

Reset Form

<b>FORM DR-2</b> (Rev. 07/2003)	DISCLOSURE REPORT
<b>For Office Use Only</b>	
Comm. #	1385
Logged In	SW-Fractal
Scanned	
Computer	
Audited	

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

MCCARTHY FOR STATE REPRESENTATIVE

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

KEVIN MCCARTHY

Political Party

DEMOCRAT

Office Sought

STATE REPRESENTATIVE

District (if Senate or House)

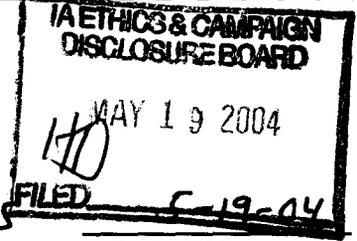
HD 67

Kevin McCarthy

SIGNATURE OF TREASURER (or person filing this report)

779-3635  
TELEPHONE

5-19-04  
DATE SIGNED



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 14<sup>th</sup> 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.)

9,217.<sup>12</sup>

#### ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (\*also see in-kind below) .....  
Schedule F: Loans Received total (Attach Schedule F) .....  
Schedule H: Total Sales of Campaign Property (Attach Schedule H) .....

12,145.<sup>00</sup>  
-  
-

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL .... \$

21,362.<sup>12</sup>

#### SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (\*\*also see debts and loans below)....  
Schedule F: Loan Repayments total (Attach Schedule F).....

7,777.<sup>60</sup>

CASH ON HAND at the end of this reporting period (if final report, balance must be zero) (Attach DR-3)

13,584.<sup>52</sup>

\*\*UNPAID BILLS (From Schedule D - Attach Schedule D)..... \$

\*\*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E) ..... \$

500.<sup>00</sup>

\*\*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) \$

For Instructions, See Back of Form

Reset Form

SCHEDULE <b>A</b> (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)  
**MCCARTHY 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
1-06-04	ID# CK# 2919	AFSCME COUNCIL 61 4320 N.W. 2 <sup>ND</sup> AVE DSM, IA 50313		\$ 250. <sup>00</sup>	<input checked="" type="checkbox"/>
1-06-04	ID# CK# 688	HEARTLAND REGIONAL COUNCIL OF CARPENTERS 201 E 3 <sup>RD</sup> STERLING, IL 61081		250. <sup>00</sup>	<input checked="" type="checkbox"/>
1-06-04	ID# 6082 CK# 923	MID-AMERICAN EFFECTIVE GOVT COMMITTEE 666 GRAND DSM, IA 50303		150. <sup>00</sup>	<input checked="" type="checkbox"/>
1-06-04	ID# CK# 1205	PRINPAL 711 HIGH ST. DSM, IA 50392		150. <sup>00</sup>	<input checked="" type="checkbox"/>
1-06-04	ID# CK# 1158	RIVER PAC 400 E. 3 <sup>RD</sup> ST. DUBUQUE, IA 52001		100. <sup>00</sup>	<input checked="" type="checkbox"/>
1-06-04	ID# CK# 9456	DON AVENSON 30 MAPLE WOOD DR. OBLWEIN, IA 50662		100. <sup>00</sup>	<input checked="" type="checkbox"/>
1-06-04	ID# CK#	JACK HATCH 1623 WOODLAND DSM, IA 50309		50. <sup>00</sup>	<input checked="" type="checkbox"/>
1-06-04	ID# CK#	JULIE POTORFF 1090 45 <sup>TH</sup> ST. DSM, IA 50311		50. <sup>00</sup>	<input checked="" type="checkbox"/>
3-01-04	ID# CK#	ADAM RAMSEY 15212 CALATICO LN DALE CITY, VA 22193		500. <sup>00</sup>	<input checked="" type="checkbox"/>
3-01-04	ID# CK#	BILL + LINDA MCCARTHY 5201 SE 32 <sup>ND</sup> DSM, IA 50320	PARENTS	300. <sup>00</sup>	<input checked="" type="checkbox"/>
SUB-TOTAL				\$ 1,900. <sup>00</sup>	
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

Reset Form

SCHEDULE <b>A</b> (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)  
**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
3-01-04	ID# CK#	KARL SCHILLING 3120 E. TITUS DES MOINES, IA 50320		\$ 100. <sup>00</sup>	<input checked="" type="checkbox"/>
3-01-04	ID# CK#	TOM HENDERSON 6239 N. WINWOOD DR. JOHNSTON, IA 50131		100. <sup>00</sup>	<input checked="" type="checkbox"/>
3-01-04	ID# CK#	KOMBIZ LAVASANY 12560 SUMMIT MANOR FAIRFAX, VA 22033		50. <sup>00</sup>	<input checked="" type="checkbox"/>
3-01-04	ID# CK#	KELLEN MCINTYRE 5270 S. LINDER AVE CHICAGO, IL 60638		50. <sup>00</sup>	<input checked="" type="checkbox"/>
3-01-04	ID# CK#	ANNA H YATT - CRUIZAR 1614 E. 8 <sup>TH</sup> DSM, IA 50316		25. <sup>00</sup>	<input checked="" type="checkbox"/>
3-01-04	ID# CK#	CHARLES FARR 740 16 <sup>TH</sup> ST. DSM, IA 50314		25. <sup>00</sup>	<input checked="" type="checkbox"/>
3-01-04	ID# CK#	MARY BRAUN 1083 66 <sup>TH</sup> ST. DSM, IA 50311		25. <sup>00</sup>	<input checked="" type="checkbox"/>
3-01-04	ID# CK#	DICK DEARDEN 3113 KENYON AVE DSM, IA 50317		25. <sup>00</sup>	<input checked="" type="checkbox"/>
3-01-04	ID# CK#	SOM BACCAM 4007 SE. 27 <sup>TH</sup> ST. DSM, IA 50320		25. <sup>00</sup>	<input checked="" type="checkbox"/>
5-13-04	ID# CK#	MERLE FLEMING 2835 SE 20 <sup>TH</sup> ST. DSM, IA 50320		25. <sup>00</sup>	<input checked="" type="checkbox"/>
SUB-TOTAL				\$ 450. <sup>00</sup>	
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

Reset Form

SCHEDULE <b>A</b> (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)  
**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
5-13-04	ID# CK#	Russ Underwood 8111 WELINGTON BLVD JOHNSON IA 50131		\$ 500. <sup>00</sup>	<input checked="" type="checkbox"/>
5-13-04	ID# CK#	LIZ KRUIDENIER 3409 SOUTHERN HILLS DR. DSM, IA 50321		500. <sup>00</sup>	<input checked="" type="checkbox"/>
5-13-04	ID# 6082 CK# 944	MID AMERICAN - EFFECTIVE GOVT. 666 GRAND AVE. DSM, IA 50303		500. <sup>00</sup>	<input checked="" type="checkbox"/>
5-13-04	ID# CK# 1803	HEAVY HIGHWAY PAC. 2415 INGERSOLL DSM, IA 50312		250. <sup>00</sup>	<input checked="" type="checkbox"/>
5-13-04	ID# CK# 4108	A. G. C. 701 E COURT AVE. DSM, IA 50309		2,000. <sup>00</sup>	<input checked="" type="checkbox"/>
5-13-04	ID# CK# 1806	HEAVY HIGHWAY P.A.C. 2415 INGERSOLL AV. DSM, IA 50312		2,000. <sup>00</sup>	<input checked="" type="checkbox"/>
5-13-04	ID# 6046 CK# 3754	JUSTICE FOR ALL PAC. DSM, IA 50309 218 6 <sup>TH</sup> AVE		500. <sup>00</sup>	<input checked="" type="checkbox"/>
5-13-04	ID# 6059 CK# 2442	IA COMM. OF AUTOMOTIVE RETAILERS 1111 OFFICE PARK RD WEST DSM, IA 50265		500. <sup>00</sup>	<input checked="" type="checkbox"/>
5-13-04	ID# CK# 1212	WELL PAC 636 GRAND DSM, IA 50309		250. <sup>00</sup>	<input checked="" type="checkbox"/>
5-13-04	ID# 6060 CK# 2287	IA COMM. ON POLITICAL EDUCATION 2000 WALKER STG A DSM, IA 50317		200. <sup>00</sup>	<input checked="" type="checkbox"/>
SUB-TOTAL				\$ 7,200. <sup>00</sup>	
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

Reset Form

SCHEDULE <b>A</b> (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)  
**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
5-13-04	ID# 6096 CK# 1788	MANUFACTURED HOUSING PAC. 1400 DEAN DSM, IA 50316		\$ 200. <sup>00</sup>	<input checked="" type="checkbox"/>
5-13-04	ID# CK#	Bill + LINDA MCCARTHY/ 5201 SE 32 <sup>ND</sup> ST. DSM, IA 50220		200. <sup>00</sup>	<input checked="" type="checkbox"/>
5-13-04	ID# CK#	MONA BOND 2818 W. 13 <sup>TH</sup> ST. AMIRY, IA 50021		100. <sup>00</sup>	<input checked="" type="checkbox"/>
5-13-04	ID# 6400 CK# 284	IA HOSPITALITY ASSOC. 3900 MERCE HAY RD DSM, IA 50310		100. <sup>00</sup>	<input checked="" type="checkbox"/>
5-13-04	ID# CK#	JAMES CBRADOVICH 2418 35 <sup>TH</sup> ST. DSM, IA 50310		25. <sup>00</sup>	<input checked="" type="checkbox"/>
5-13-04	ID# CK#	CHRIS COLEMAN 3512 48 <sup>TH</sup> PL. DSM, IA 50310		100. <sup>00</sup>	<input checked="" type="checkbox"/>
5-13-04	ID# 6107 CK# 3389	QUEST FPAC 925 HILH DSM, IA 50309		100. <sup>00</sup>	<input checked="" type="checkbox"/>
5-13-04	ID# CK#	JULIE PUTTORFF 1090 45 <sup>TH</sup> ST. DSM, IA 50311		100. <sup>00</sup>	<input checked="" type="checkbox"/>
5-13-04	ID# CK#	RAY BLASE 913 N.E. 34 <sup>TH</sup> ST. AMIRY, IA 50021		100. <sup>00</sup>	<input checked="" type="checkbox"/>
5-13-04	ID# 6237 CK# 1603	ABATE PAC 3118 EASTERN AVENUE E. CEDAR RAPIDS, IA 52402		100. <sup>00</sup>	<input checked="" type="checkbox"/>
SUB-TOTAL				\$ 1,125. <sup>00</sup>	
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

Reset Form

SCHEDULE <b>A</b> (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)  
**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
5-13-04	ID# CK#	Bill Bwress 211 INDIANA DR. PLEASANTVILLE, IA 50225		\$ 100. <sup>00</sup>	<input checked="" type="checkbox"/>
5-13-04	ID# CK#	PAULIE LIPS MAN 2880 GRAM #106 DSM, IA 50312		100. <sup>00</sup>	<input checked="" type="checkbox"/>
5-13-04	ID# 6058 CK# 2371	IA CHIRODONTIC Society 1605 N. ANIKAY BLVD. ANIKAY, IA 50211		100. <sup>00</sup>	<input checked="" type="checkbox"/>
5-13-04	ID# 6077 CK# 1689	IA PHARMACY PAC 8515 DOUGLAS STE. 16 DSM, IA 50322		100. <sup>00</sup>	<input checked="" type="checkbox"/>
5-13-04	ID# 6069 CK# 2098	II PAC 904 WALNUT, STE 100 DSM, IA 50309		100. <sup>00</sup>	<input checked="" type="checkbox"/>
5-13-04	ID# CK#	DONN STANLEY 9725 ANKWA MC URBANDALE, 50322		50. <sup>00</sup>	<input checked="" type="checkbox"/>
5-13-04	ID# CK#	MARY BRAUN 1093 66th ST. DSM, IA 50311		50. <sup>00</sup>	<input checked="" type="checkbox"/>
5-13-04	ID# CK#	HAROLD BUZZ 1500 41st PL. DSM, IA 50311		50. <sup>00</sup>	<input checked="" type="checkbox"/>
5-13-04	ID# CK#	DARLENE CLARK 1500 41 PL. DSM, IA 50311		50. <sup>00</sup>	<input checked="" type="checkbox"/>
5-13-04	ID# CK#	MARGERET Borgen 2504 Forest Dr DSM, IA 50312		50. <sup>00</sup>	<input checked="" type="checkbox"/>
SUB-TOTAL				\$ 750. <sup>00</sup>	100
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

Reset Form

SCHEDULE <b>A</b> (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)

*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
5-13-04	ID# CK#	ANNA KINGERY 1622 N.W. 4th ST. AMES, IA 50201		\$ 50. <sup>00</sup>	<input checked="" type="checkbox"/>
5-13-04	ID# CK#	ERIC TADON 1619 THORNWOOD WEST DESM, IA 50265		50. <sup>00</sup>	<input checked="" type="checkbox"/>
5-13-04	ID# CK#	HAROLD + MARGUERITE McNABB 1232 WISCONSIN AVE AMES, IA 50014		25. <sup>00</sup>	<input checked="" type="checkbox"/>
5-13-04	ID# CK#	JODI TOMLANOVIC 1245 4th ST. DSM, IA 50311		35. <sup>00</sup>	<input checked="" type="checkbox"/>
5-13-04	ID# CK#	TOM PATTERSON 6550 CENTRAL ST. DSM, IA 50312		60. <sup>00</sup>	<input checked="" type="checkbox"/>
5-13-04	ID# CK#	S.E.F.U PAC		500. <sup>00</sup>	<input checked="" type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
SUB-TOTAL				\$ 720. <sup>00</sup>	<input type="checkbox"/>
TOTAL (if last page of this schedule)				\$	<input type="checkbox"/>

\* 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

Reset Form

**EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT**

SCHEDULE <b>B</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)  
**McCrainy 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
1-2-04	ID# CK# 1131	KIM BANKS 3124 E. TITUS DSM, IA 50320	CAMPAIGN CONSTITUENCY WORK/ SECRETARIAL HELP	\$ 200. <sup>00</sup>
1-17-04	ID# CK# 1132	KIM BANKS 3124 E. TITUS DSM, IA 50320	" "	200. <sup>00</sup>
1-29-04	ID# CK# 1133	KIM BANKS 3124 E. TITUS DSM, IA 50320	" "	200. <sup>00</sup>
2-13-04	ID# CK# 1134	KIM BANKS 314 E. TITUS DSM, IA 50320	" "	200. <sup>00</sup>
2-17-04	ID# CK# 1135	HOUSE TRUMAN FUND DEMOCRATIC PARTY DSM, IA 50304	CONTRIBUTION	2,000. <sup>00</sup>
3-4-04	ID# CK# 1136	KIM BANKS 3124 E. TITUS DSM, IA 50320	CAMPAIGN WORK/ SECRETARIAL HELP	200. <sup>00</sup>
4-12-04	ID# CK# 1137	POUL COUNTY AUDITOR 120 2ND AVE DSM, IA 50309	VOTER FILE	44. <sup>00</sup>
4-12-04	ID# CK# 1138	D. L. C. WASHINGTON DC	MEMBERSHIP DUES	50. <sup>00</sup>
SUB-TOTAL				\$ 3,094. <sup>00</sup>
TOTAL (if last page of this schedule)				\$ 3,094. <sup>00</sup>

**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

Reset Form

**EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT**

SCHEDULE <b>B</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)  
**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
4-22-04	ID# CK# 1139	CARTER PRINTING E. GRAND DSM, IA 50317	ENVELOPES + LETTERHEAD	\$ 1,335. <sup>00</sup>
4-26-04	ID# CK# 1140	POLK COUNTY AUDITOR 120 2ND DSM, IA	MAPS	8. <sup>00</sup>
4-29-04	ID# CK# 1141	" "	ACTIVITY REPORT	25. <sup>00</sup>
4-29-04	ID# CK# 1142	POSTMASTER 2ND AVE + UNI DSM, IA	STAMPS	740. <sup>00</sup>
5-12-04	ID# CK# 1143	MAIL SERVICES URBANME, IA	TO SET UP ACCOUNT TO MAN DOWN ON FOR MAIL PROCESSING	2,000. <sup>00</sup>
4-14-04	ID# CK# 1144	POSTMASTER 2ND + UNI DSM, IA	STAMPS	575. <sup>00</sup>
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$ 4,687. <sup>00</sup>
TOTAL (if last page of this schedule)				\$ 7,777. <sup>60</sup>

**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)

McCarthy For State Rep.

Reset Form

SCHEDULE  
**E**  
(Rev. 06/97) IN KIND  
CONTRIBUTIONS

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
1-15-04	Kevin McCarthy 5220 SE 31st Ct. 054, PA 54720	Self	STAMPS	\$ 500. <sup>00</sup>	<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

SUB-TOTAL \$ 500.<sup>00</sup>

TOTAL (if last page of this schedule) \$ 500.<sup>00</sup>

\*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.