

**FORM DR-2: Disclosure Summary Page**Status: **Amended**ID #: **1385**Committee: **McCarthy for State Representative**Comm Type: **State House**Date Due: **10/19/2004**Report Year: **2004**Treasurer: **Brian J Meyer**

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

Chair:

County: **NA**Amended: **4/26/2005**

Statutory Due Date	10/19/2004
Adjusted Due Date	/ /
Received Date	10/19/2004
Postmark Date	/ /
Amended	04/26/2005

**Statement of Cash on Hand**

Cash on Hand at Start of Period	<b>\$3,955.60</b>
Schedule A: Cash contributions Total	<b>\$20,465.00</b>
Schedule F: Loans Received Total	<b>\$0.00</b>
Schedule H: Campaign Property Sales	<b>\$0.00</b>
<b>SUB-TOTAL</b>	<b>\$24,420.60</b>
Schedule B: Expenditure Total	<b>\$9,718.48</b>
Schedule F: Cash Loan Repayments	
Cash on Hand At End of Period	<b>14,702.12</b>

**Additional Assets and Liabilities**

Loans in Place at Start of Period	<b>\$0.00</b>
Schedule D: UnPaid Bills	<b>\$8,502.26</b>
Schedule E: In-Kind Contributions	<b>\$0.00</b>
Schedule F: Forgiven Loans	
Schedule F: Outstanding Loans	<b>\$0.00</b>
Schedule G: Consultant Breakdown?	<b>No</b>
Schedule H: Campaign Property Value	<b>\$1,300.00</b>

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

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

SCHEDULE <b>B</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 Representative**

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
9-10-04	ID# 9098 CK# 1168	HOUSE TRUMAN FUND IA DEMOCRATIC PARTY OSM, IA 50301	CONTRIBUTION	\$ 1,000. <sup>00</sup>
10-11-04	ID# 9098 CK# 1169	HOUSE TRUMAN FUND " "	" "	5,500. <sup>00</sup>
Period	ID# CK#	Bank charges	July 20.95 Aug. 7.30 Sept. 7.28	35.53
9-24-04	ID# CK#	The Clinton Group	VOTER ID SWEEP	505.00
	ID# CK#			

7040.53 SUB-TOTAL \$ 6,500.<sup>00</sup>  
 TOTAL (if last page of this schedule) \$ 9,177.<sup>00</sup>  
 9718.48

**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).)

Oct 19

**THIS FORM IS USED BY CANDIDATES' COMMITTEES ONLY**

SCHEDULE **H**  
(Rev. 07/03) CAMPAIGN PROPERTY

COMMITTEE NAME (Must be same as on Statement of Organization)  
*McCarthy For State Rep.*

Reset Form

ATTACH SCHEDULE H TO EACH REPORT, MAKING CHANGES AS REQUIRED.  
 CHECK THIS BOX IF AMENDING FORM

**PART I - ONGOING INVENTORY OF CAMPAIGN PROPERTY**

**PART II - SALES OR TRANSFERS OF CAMPAIGN PROPERTY \*\***

Date Purchased (Schedule B) or Date Received (Schedule E) (MM/DD/YR)	Description of Property	Purchase Price or Est. Value When Acquired*	Current Value at Fair Market This Report
6-17-04	FAX/SCANNER copier LASER	500. <sup>00</sup>	300. <sup>00</sup>
5-28-04	Monitor, computer + printer (1/2 value)	1500.00	1,000.

Date (MM/DD/YR)	Name and Address of Purchaser/Donee	Description of Property	Sold? Y/N	Sale Price	Value of Donation

TOTAL VALUE CAMPAIGN PROPERTY THIS REPORT (TRANSFER TO SUMMARY PAGE) \$

*100.<sup>00</sup> 1300.00*

\*\* PROPERTY SALES & TRANSFERS TOTAL (TRANSFER TO SUMMARY PAGE) \$

TOTALS \$ \_\_\_\_\_ \$ \_\_\_\_\_

\* If estimated, show *est.* beside figure.

(Attach Additional Schedules if Needed)

FOR INSTRUCTIONS, SEE BACK OF FORM



# DISCLOSURE SUMMARY PAGE

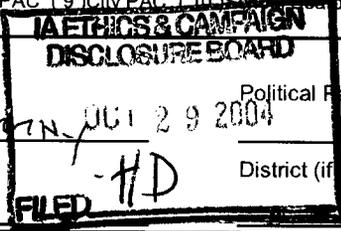
<b>FORM DR-2</b> (Rev. 07/2004)	DISCLOSURE REPORT
<b>For Office Use Only</b>	
Comm. #	1385
Logged In	
Scanned	
Computer	WRS
Audited	12-1-04

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

Mc CARTHY FOR STATE REPRESENTATIVE

IMPORTANT: Indicate by # type of committee you are reporting for: 1  
 ( 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

CANDIDATE COMMITTEES ONLY:



Candidate Name KEVIN Mc CARTHY Political Party (if applicable) DEM.  
 Office Sought STATE REP. FILED - HD District (if Senate or House) 67

Late reports are subject to possible civil and criminal penalties.

SIGNATURE OF PERSON FILING REPORT

TELEPHONE

DATE SIGNED

[Signature]

779-3635

10-28-04

I AM FILING A 1079-04 REPORT FOR (1) ELECTION //(2)NON-ELECTION YEAR.  
 (report date) Indicate by # 1

CHECK IF AMENDMENT TO REPORT DATED 10-19-04

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.) ..... \$ 7069.04

**ADD TOTAL MONEY TAKEN IN THIS PERIOD**

Schedule A: Cash Contributions total (Attach Schedule A) (\*also see in-kind below) ..... \$ 20,465.00

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** ..... \$

**SUBTRACT TOTAL MONEY SPENT THIS PERIOD**

Schedule B: Expenditures total (Attach Schedule B) (\*\*also see debts and loans below).... \$ 9177.95

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) ..... \$ 18,356.09

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**\*\*UNPAID BILLS** (From Schedule D - Attach Schedule D) ..... \$ 8,502.25

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

**\*\*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

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

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

**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*
10-17-04	CARTER PRINTING E GRAND DSM, IA	MAILINGS/ PRINTING	\$ 4,484. <sup>86</sup>
5-28-04 <del>10-17-04</del>	" "	MAILINGS/ PRINTING	4,017. <sup>40</sup>
SUB-TOTAL			\$ 8,502. <sup>26</sup>
<b>TOTAL DEBTS OWED BY COMMITTEE AT THE END OF THIS REPORTING PERIOD</b>			\$ 8,502. <sup>26</sup>

\*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.

DISCLOSURE SUMMARY PAGE



<b>FORM DR-2</b> (Rev. 07/2004)	DISCLOSURE REPORT
<b>For Office Use Only</b>	
Comm. #	1385
Logged In	SW
Scanned	
Computer	
Audited	

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

MCCARTHY FOR STATE REPRESENTATIVE

IMPORTANT: Indicate by # type of committee you are reporting for: 1 (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

CANDIDATE COMMITTEES ONLY:

Candidate Name

KEVIN MCCARTHY DEMOCRAT

Office Sought

STATE REPRESENTATIVE 67

Late reports are subject to possible civil and criminal penalties.

SIGNATURE OF PERSON FILING REPORT

Kevin McCarthy

TELEPHONE 779-3635

DATE SIGNED 10-19-04

I AM FILING A Oct. 19th, 2004 REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR. 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.)	\$ 7,069.04
<b>ADD TOTAL MONEY TAKEN IN THIS PERIOD</b>	
Schedule A: Cash Contributions total (Attach Schedule A) (**also see in-kind below)	20,465.00
Schedule F: Loans Received total (Attach Schedule F)	
Schedule H: Total Sales of Campaign Property (Attach Schedule H)	
<b>(Schedule H applies to Candidates' Committees Only)</b>	
<b>SUB-TOTAL</b>	\$ 27,534.04
<b>SUBTRACT TOTAL MONEY SPENT THIS PERIOD</b>	
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)	9,177.95
Schedule F: Loan Repayments total (Attach Schedule F)	
<b>CASH ON HAND at the end of this reporting period (if final report balance must be zero) (Attach DR-3)</b>	\$ 18,356.09

\*\*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) \$

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

Rese Form

<b>SCHEDULE</b> <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 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.

**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
✓ 7-30-04	ID# 9657 9659 CK# 1289	Fed of IA Insurers PAC PO Box 1756 Des Moines IA 50306-1756		\$ 250 <sup>00</sup>	<input type="checkbox"/>
✓ 7-30-04	ID# 6084 CK# 743	IA State UAW PAC 2700 S. River Road Ste 200 Des Moines IA 50318		250 <sup>00</sup>	<input type="checkbox"/>
7-30-04	ID# CK#	Laverne Schroeder 3708 SW 34th St Des Moines IA 50321		25 <sup>00</sup>	<input type="checkbox"/>
✓ 7-30-04	ID# 6356 CK# 1243	Freedom Fund PAC 851-19th St Des Moines IA 50314		100 <sup>00</sup>	<input type="checkbox"/>
✓ 7-30-04	ID# 6116 CK# 1288	Iowa Dealers PAC PO Box 65840 West Des Moines IA 50365		100 <sup>00</sup>	<input type="checkbox"/>
✓ 8-20-04	ID# 6046 CK# 3845	Justice For All PAC 218 6th Ave Ste. 526 Des Moines IA 50309		250 <sup>00</sup>	<input type="checkbox"/>
✓ 8-20-04	ID# 8140 CK# 1499	Pfizer PAC 235 East 42nd St New York NY 10017		300 <sup>00</sup>	<input type="checkbox"/>
9-9-04	ID# CK#	Elizabeth Kruidenier 3409 Southern Hills Drive Des Moines IA 50321		150 <sup>00</sup>	<input type="checkbox"/>
9-9-04	ID# CK#	Paulke Lipsman 2880 Grand Ave #106 Des Moines IA 50312		50 <sup>00</sup>	<input type="checkbox"/>
9-9-04	ID# CK#	Kent Sovern 1534 Germania Drive Des Moines IA 50311		50 <sup>00</sup>	<input type="checkbox"/>
SUB-TOTAL				\$ 1,525. <sup>00</sup>	<input checked="" type="checkbox"/>
<b>TOTAL (if last page of this schedule)</b>				\$	

\* 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)

*McCAIN 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.

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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
9-9-04	ID# CK#	Somphong Baccam 4607 SE 27th St Des Moines IA 50320		\$ 25 <sup>00</sup>	<input type="checkbox"/>
✓ 9-9-04	ID# 6056 CK# 3299	B.U.I.L.D. PAC 8800 NW 62nd Ave Johnston IA 50131-6200		500 <sup>00</sup>	<input type="checkbox"/>
✓ 9-9-04	ID# 8357 CK# 4543	Microsoft Corp. PAC 16011 NE 36th Way Box 97017 Redmond WA 98073-9717		500 <sup>00</sup>	<input type="checkbox"/>
9-9-04	ID# CK#	Thomas Jochem 1137 36th St. Des Moines IA 50311		500 <sup>00</sup>	<input type="checkbox"/>
9-9-04	ID# CK#	Ned Chiedo 2913 Southern Hills Circle Des Moines IA 50321		250 <sup>00</sup>	<input type="checkbox"/>
9-9-04	ID# CK#	James Conlin 319 7th St. Des Moines IA 50309		250 <sup>00</sup>	<input type="checkbox"/>
✓ 9-9-04	ID# 6118 CK# 2101	IA Optometric Assn. PAC 1454 - 30th St. Ste. 204 West Des Moines IA 50266		200 <sup>00</sup>	<input type="checkbox"/>
✓ 9-9-04	ID# 6052 CK# 2793	Independent Insurance Agents of IA 4000 Westtown Parkway Ste. 200 West Des Moines IA 50265		200 <sup>00</sup>	<input type="checkbox"/>
9-9-04	ID# CK#	Frank Chiedo 2913 Southern Hills Circle Des Moines IA 50321-1458		200 <sup>00</sup>	<input type="checkbox"/>
✓ 9-9-04	ID# 6404 CK# 2016	IA Retail PAC 2175 NW 86th St Ste 14 Clive IA 50325		100 <sup>00</sup>	<input type="checkbox"/>
SUB-TOTAL				\$ 2,725 <sup>00</sup>	<input checked="" type="checkbox"/>
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

<b>SCHEDULE</b> <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 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.

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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
9-9-04	ID# CK#	Linda Nelson 231 Midland Drive Council Bluffs IA 51503		\$ 100 <sup>00</sup>	<input type="checkbox"/>
9-9-04	ID# CK#	Margaret Borgeh 2504 forest drive Des Moines IA 50312-5410		100 <sup>00</sup>	<input type="checkbox"/>
9-9-04	ID# 6237 CK# 1633	ABATE PAC 3118 Eastern Ave NE Cedar Rapids IA 52402		100 <sup>00</sup>	<input type="checkbox"/>
9-9-04	ID# CK#	Susan Cameron 2202 NW 140th St Clive IA 50325		100 <sup>00</sup>	<input type="checkbox"/>
9-24-04	ID# 9663 CK#	Citizens for Preservation for Racing 1 Prairie Meadows Drive Attnora IA 50009		500 <sup>00</sup>	<input type="checkbox"/>
9-24-04	ID# 6234 CK# 3929	IA Farm Bureau PAC 5400 University Ave West Des Moines IA 50266-5997		750 <sup>00</sup>	<input type="checkbox"/>
9-24-04	ID# 6498 CK# 1270	Well PAC 636 Grand Ave Des Moines IA 50309		250 <sup>00</sup>	<input type="checkbox"/>
9-24-04	ID# 6101 CK# 3039	Motor Carriers PAC PO Box 6121 Des Moines IA 50309		500 <sup>00</sup>	<input type="checkbox"/>
9-24-04	ID# 8251 CK# 1351	Prin PAC 7th + High Des Moines IA 50309		250 <sup>00</sup>	<input type="checkbox"/>
9-24-04	ID# 6062 CK# 184	IA Certified Public Accts. PAC 950 Office Park Road Ste. 300 West Des Moines IA 50265-2548		200 <sup>00</sup>	<input type="checkbox"/>
SUB-TOTAL				\$ 2,850. <sup>00</sup>	<input checked="" type="checkbox"/>
TOTAL (if last page of this schedule)				\$	

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For Instructions, See Back of 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.

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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
✓ 9-24-04	ID# 6098 CK# 3353	IA BEV PAC 310 NORTHWESTERN BLDG. DSM, IA 50309		\$ 200. <sup>00</sup>	<input type="checkbox"/>
9-24-04	ID# CK#	CARLOS JAYNE 3523 SW 37 <sup>th</sup> ST. DSM, IA 50321		25. <sup>00</sup>	<input type="checkbox"/>
✓ 9-24-04	ID# 6067 CK# 3205	IA HEALTH PAC 6750 WESTOWN PARKWAY #100 W DSM, IA 50266		200. <sup>00</sup>	<input type="checkbox"/>
✓ 9-24-04	ID# 6019 CK# 591	CWA LOCAL 7102 3612 SW 9 <sup>th</sup> ST. DSM, IA 50315		100. <sup>00</sup>	<input type="checkbox"/>
9-24-04	ID# CK#	GERARD NEUGENT 5000 WESTOWN PARKWAY S100 W DSM, IA 50266		50. <sup>00</sup>	<input type="checkbox"/>
9-24-04	ID# CK#	CHUCK FARR 740 16 <sup>th</sup> ST. DSM, IA 50314		25. <sup>00</sup>	<input type="checkbox"/>
✓ 10-12-04	ID# 6085 CK# 798	IA ST. BUILDING + CONSTRUCTION 110 10 <sup>th</sup> AVE N.W. ALTOONA, IA 50009		1,000. <sup>00</sup>	<input type="checkbox"/>
✓ 10-12-04	ID# 6112 CK# 1471	PAC EG P.O. Box 855 DSM, IA 50304		500. <sup>00</sup>	<input type="checkbox"/>
✓ 10-12-04	ID# 6159 CK# 1090	AMERUS GROUP PAC. 611 5 <sup>th</sup> Ave. DSM, IA 50309		500. <sup>00</sup>	<input type="checkbox"/>
✓ 10-12-04	ID# 6107 CK# 3437	QUEST PAC 925 HIGH ST. DSM, IA 50309		500. <sup>00</sup>	<input type="checkbox"/>
SUB-TOTAL 3100.				\$ 3,100. <sup>00</sup>	<input checked="" type="checkbox"/>
TOTAL (if last page of this schedule)				\$	

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For Instructions, See Back of Form

Reuse 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.

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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
✓ 10-12-04	ID# 6017 CK# 3132	Central IA Building + Const. Trades Council PO Box 7310 Des Moines IA 50309-7310		\$ 500 <sup>00</sup>	<input type="checkbox"/>
10-12-04	ID# CK#	Robert Kehl 9001 Lincoln Road Fulton IL 61252		500 <sup>00</sup>	<input type="checkbox"/>
✓ 10-12-04	ID# 6086 CK# 13208	ISEA PAC 777 3rd Street Des Moines Ia 50309		250 <sup>00</sup>	<input type="checkbox"/>
✓ 10-12-04	ID# 6291 CK# 2343	IHA PAC 100 E. Grand St 100 Des Moines IA 50309		250 <sup>00</sup>	<input type="checkbox"/>
✓ 10-12-04	ID# 6058 CK# 2520	IA Chiropractic Society 1605 N. Ankeny Blvd Ste 100 Ankeny IA 50021		600 <sup>00</sup>	<input type="checkbox"/>
✓ 10-12-04	ID# 9659 CK# 1317	Fed of IA Insurers PAC PO Box 1756 Des Moines IA 50306-1756		250 <sup>00</sup>	<input type="checkbox"/>
✓ 10-12-04	ID# 6073 CK# 744	IA Medical PAC 1001 Grand Ave West Des Moines IA 50265-3502		150 <sup>00</sup>	<input type="checkbox"/>
Duplication 10-14-04	ID# CK#	<del>Sue Shoemaker 4970 SE 24th Ct Des Moines IA 50320</del>		<del>15<sup>00</sup></del>	<input type="checkbox"/>
✓ 10-14-04	ID# 6323 CK# 2923	MBI-PAC Master Builders PO Box 695 Des Moines IA 50303		1000 <sup>00</sup>	<input type="checkbox"/>
✓ 10-14-04	ID# 6125 CK# 2372	IA Realtors PAC 1370 NW 114th St Ste 100 Clive IA 50325		3000 <sup>00</sup>	<input type="checkbox"/>
SUB-TOTAL				\$ 6,575. <sup>00</sup>	<input checked="" type="checkbox"/>
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.

\* Per candidate 3.28.05

For Instructions, See Back of Form

Rese Form

**CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

SCHEDULE <b>A</b> (Rev. 07/03)	MONETARY RECEIPTS
<input 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
✓ 10-14-04	ID# 6070 CK# 3087	IA LawPAC 521 E. Locust St FL 3 <sup>rd</sup> Des Moines IA 50309		\$ 500 <sup>00</sup>	<input type="checkbox"/>
✓ 10-14-04	ID# 6044 CK# 3896	Justice for All PAC 218-6th Ave Ste 526 Des Moines IA 50309-4091		1500 <sup>00</sup>	<input type="checkbox"/>
✓ 10-14-04	ID# 6021 CK# 1815	Credit Union PAC 3737 Westown Pkwy West Des Moines IA 50266		200 <sup>00</sup>	<input type="checkbox"/>
0 10-14-04	ID# CK#	Craig Neilsen 8620 Titleist Circle Las Vegas NV 89117		250 <sup>00</sup>	<input type="checkbox"/>
✓ 10-14-04	ID# 6042 CK# 1129	Grocers PAC 2540 106th St Ste 102 Des Moines IA 50322		250 <sup>00</sup>	<input type="checkbox"/>
✓ 10-14-04	ID# 6082 CK# 1038	Mid Am Effective Govt Committee 666 Grand Ave Des Moines IA 50303-0657		500 <sup>00</sup>	<input type="checkbox"/>
✓ 10-14-04	ID# 6072 CK# 1090	IFAPAC - IA 431 E. Locust St. Ste 300 Des Moines IA 50309		300 <sup>00</sup>	<input type="checkbox"/>
✓ USR OK 10-14-04	ID# 8251 CK# 1383	PrinPAC 711 High Street Des Moines IA 50392		250 <sup>00</sup>	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

\$ 3,750<sup>00</sup>

TOTAL (if last page of this schedule)

\$ 20,465<sup>00</sup>

\* 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

Basic 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 REPRESENTATIVE**

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
8-11-04	ID# CK# 1163	OFFICE MAX INGERSOLL, DSM 5032	FILES, FOLDERS, HANDING FOLDERS, PAPER + PENS	\$ 82. <sup>95</sup> ✓
8-19-04	ID# CK# 1164	IA TRIAL ASSOCIATION FLEMING BLDG. DSM, IA 50309	MEMBERSHIP + LISTS OF MEMBERS	250. <sup>00</sup> ✓
9-8-04	ID# CK# 1165	LINDA MCCARTHY 5201 SE 32ND DSM, IA 50320	- MOTHER IS MY LEG. AID. DURING SESSION - OUT OF SESSION SHE IS HANDLING	
	ID# CK#	CONT...	MY CAMPAIGN ACTIVITIES: MISC. WORK (LABELING, STUFFING ENVELOPES, +	
	ID# CK#	CONT. ...	HANDLING CORRESPONDENCE (1 MONTH 3 DAYS OF WORK)	550. <sup>00</sup> ✓
9-9-04	ID# CK# 1166	BILL + LINDA MCCARTHY 5201 SE. 32ND ST. DSM, IA 50320	REIMBURSEMENT FOR PURCHASE OF 3,500 .37 CENT STAMPS FOR	
	ID# CK#		MAILING	1,295. <sup>00</sup> ✓
9-10-04	ID# 9098 CK# 1167	HOUSE TRUMAN FUND IA DEMOCRATIC PARTY DSM, IA 50309	CONTRIBUTION TO PARTY	500. <sup>00</sup> ✓
SUB-TOTAL				\$ 2,677. <sup>95</sup> ✓
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).)

FOR INSTRUCTIONS, SEE BACK OF FORM

Revis 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 Representative**

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
✓ 9-10-04	ID# 9098 CK# 1168	HOUSE TRUMAN FUND IA DEMOCRATIC PARTY DSM, IA 50309	CONTRIBUTION	\$ 1,000. <sup>00</sup> ✓
✓ 10-11-04	ID# 9098 CK# 1169	HOUSE TRUMAN FUND " "	" "	5,500. <sup>00</sup> ✓
	ID# CK#			

*See amended page*

SUB-TOTAL \$ 6,500.<sup>00</sup> ✓  
TOTAL (if last page of this schedule) \$ 9,177.<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).)