

FORM DR-2: Disclosure Summary Page

Status: **Filed**
 ID #: **1385**

Committee: **McCarthy for State Representative**

Comm Type: **State House**

Date Due: **06/04/2004**

Report Year: **2004**

Treasurer: **Brian J Meyer**

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

Chair:

County: **NA**

Amended: **4/26/2005**

Statutory Due Date	06/04/2004
Adjusted Due Date	06/04/2004
Received Date	06/04/2004
Postmark Date	/ /
Amended	04/26/2005

Statement of Cash on Hand

Cash on Hand at Start of Period	\$13,584.52
Schedule A: Cash contributions Total	\$15,145.00
Schedule F: Loans Received Total	\$0.00
Schedule H: Campaign Property Sales	\$0.00
SUB-TOTAL	\$28,729.52
Schedule B: Expenditure Total	\$13,741.92
Schedule F: Cash Loan Repayments	
Cash on Hand At End of Period	14,987.60

Additional Assets and Liabilities

Loans in Place at Start of Period	\$0.00
Schedule D: UnPaid Bills	\$4,017.40
Schedule E: In-Kind Contributions	\$0.00
Schedule F: Forgiven Loans	
Schedule F: Outstanding Loans	\$0.00
Schedule G: Consultant Breakdown?	No
Schedule H: Campaign Property Value	\$1,500.00

OR INSTRUCTIONS, SEE BACK OF FORM

Reset 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 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
6-1-04	ID# CK# 1125	MAILS SERVICES URBANALE, IA	POSTAGE + Sorting FOR MAILINGS	\$2,764. ¹⁹ ✓
6-1-04	ID# CK# 1151	LARRY + Duane Stevens 6000 INDIANOLA RD DSM, IA 50320	MISC. CAMPAIGN WORK	250. ⁰⁰ ✓
Period	ID# CK#	Bank charges	Jan 5.18 Apr. 7.16 Feb 7.15 May 7.19 March 7.7 (est.)	34.45
5-18-04	ID# CK# WIRE	Clinton Group	Voter ID sweep + GOTV	3058.00
	ID# CK#			

6106.64 SUB-TOTAL \$ 3,014. ¹⁹
 TOTAL (if last page of this schedule) \$ 10,649. ⁴⁷ ✓
 13,741.92

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).)

June 1

THIS FORM IS USED BY CANDIDATES' COMMITTEES ONLY

SCHEDULE H (Rev. 07/03)	CAMPAIGN PROPERTY
ATTACH SCHEDULE H TO EACH REPORT, MAKING CHANGES AS REQUIRED.	
<input checked="" type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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

McCarthy for State Representative

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
5-28-04	monitor, computer & printer (1/2 value)	1,500	1,500

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

APR 26 2005

TOTAL VALUE CAMPAIGN PROPERTY THIS REPORT (TRANSFER TO SUMMARY PAGE) \$ 1,500

** 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

Reset Form

FORM DR-2 (Rev. 07/2003)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	1385
Logged In	<i>[Signature]</i>
Scanned	
Computer	WFS
Audited	9-20-04 <i>[Signature]</i>

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

**IAEHRIO & CAMERON
DISCLOSURE BOARD**

JUN - 4 2004
HD

FILED

6-4-04

Kevin McCarthy 779-3635 6-4-04
SIGNATURE OF TREASURER (or person filing this report) TELEPHONE 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 JUNE 1, 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.)	\$	<u>13,584.⁵²</u>
ADD TOTAL MONEY TAKEN IN THIS PERIOD		
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)		<u>15,145.⁰⁰</u>
Schedule F: Loans Received total (Attach Schedule F)		
Schedule H: Total Sales of Campaign Property (Attach Schedule H)		
<u>(Schedule H applies to Candidates' Committees Only)</u>		
SUB-TOTAL	\$	<u>28,729.⁵²</u>
SUBTRACT TOTAL MONEY SPENT THIS PERIOD		
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)....		<u>10,649.⁴⁷</u>
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)	\$	<u>18,080.⁰⁵</u>

**UNPAID BILLS (From Schedule D - Attach Schedule D)	\$	<u>4,017.⁴⁰</u>
**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

Reset Form

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)
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
5-20-04	ID# CK#	MARK ACKELSON 5525 SCHWEIKER DR. PLEASANT HILL, IA 50327		\$ 100. ⁰⁰	<input type="checkbox"/>
5-20-04	ID# CK#	BETTY THURMAN 5165 WATERFRONT CT. PLEASANT HILL, IA 50327		100. ⁰⁰	<input type="checkbox"/>
✓ 5-20-04	ID# 6109 CK# 3094	WELLS FARGO STATE PAC. 666 WALNUT ST. DES MOINES, IA 50304		300. ⁰⁰	<input type="checkbox"/>
✓ 5-20-04	ID# 8364 CK# 2267	R.O.C. PAC 607 14 th ST. N.W. STE. 800 WASHINGTON D.C. 20005		5,000. ⁰⁰	<input type="checkbox"/>
✓ 5-20-04	ID# 8077 CK# 000722	HEARTLAND REGIONAL COUNCIL OF CARPENTERS, 201 E 3 rd ST. STERLING, IL 61081		1,000. ⁰⁰	<input type="checkbox"/>
✓ 5-20-04	ID# 6101 CK# 2387	MOTOR CARRIERS PAC. P.O. Box 6121 E. DSM ST. DES MOINES, IA 50309		500. ⁰⁰	<input type="checkbox"/>
✓ 5-20-04	ID# 6485 CK# 1030	KRAUSE GENTLE PAC. 6400 WESTOWN PKY. WEST DSM, IA 50266		500. ⁰⁰	<input type="checkbox"/>
✓ 5-20-04	ID# 6072 CK# 1036	I FA PAC - IOWA 431 E. LOCUST ST. ST 4300 DSM, IA 50309		300. ⁰⁰	<input type="checkbox"/>
5-18-04	ID# CK#	KARL SCHILLING 3120 E. TITUS AV. DSM, IA 50320		100. ⁰⁰	<input type="checkbox"/>
5-18-04	ID# CK#	MARK ACKELSON 5525 SCHWEIKER DR. PLEASANT HILL, IA 50327		25. ⁰⁰	<input type="checkbox"/>
SUB-TOTAL				\$ 7,925. ⁰⁰	<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

SCHEDULE A (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.

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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
5-20-04	ID# CK#	PHIL HILDEBRAND 300 EDGEWOOD LN. PLEASANT HILL, IA 50227		\$ 25. ⁰⁰	<input type="checkbox"/>
5-20-04	ID# CK#	KATHY BELIEU 3505 SE. 19 TH CT. DSM, IA 50320		20. ⁰⁰	<input type="checkbox"/>
5-20-04	ID# CK#	JUEL SCHUTTE 5033 CYPRESS DR. PLEASANT HILL, IA 50227		5. ⁰⁰	<input type="checkbox"/>
5-20-04	ID# CK#	FORREST REESE 1879 E. PLEASANTVIEW CIR. DSM, IA 50320		15. ⁰⁰	<input type="checkbox"/>
5-20-04	ID# CK#	VICTOR CAMPOS 1606 SE WATSONS DSM, IA 50220		30. ⁰⁰	<input type="checkbox"/>
5-20-04	ID# CK#	ANNETTE WALLER DSM, IA		10. ⁰⁰	<input type="checkbox"/>
5-20-04	ID# CK#	BOUAPHATH SIHOM 1907 E MAISA AVE. DSM, IA 50320		15. ⁰⁰	<input type="checkbox"/>
5-21-04	ID# CK#	JERRY HATCHITT 5260 E. OAKWOOD PLEASANT HILL, IA 50227		15. ⁰⁰	<input type="checkbox"/>
✓ 5-31-04	ID# 9653 CK#	NEW DEMOCRAT NETWORK 777 N. CAPITOL ST. STE. 410 WASHINGTON D.C. 20002		5,000. ⁰⁰	<input type="checkbox"/>
✓ 5-26-04	ID# 6056 CK#	BANKERS UNITE IN LFG. DECISIONS 8800 N.W. 62 ND AVE. JOHNSTON, IA 50131		500. ⁰⁰	<input type="checkbox"/>
SUB-TOTAL				\$ 5,635	
TOTAL (if last page of this schedule)				\$	

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Reset Form

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)
MCCARTHY FOR STATE REPRESENTATIVE

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5-31-04	ID# CK#	CRAWFORD LAW FIRM 1701 RUAN CENTER DSM, IA 50309		\$ 250. ⁰⁰	<input type="checkbox"/>
5-31-04	ID# CK#	ROBERT BRADLEY SKINNER 1810 ANDREWS DR. PLEASANT HILL, IA 50327		250. ⁰⁰	<input type="checkbox"/>
5-31-04	ID# CK#	JACIE HATCH 1623 WOODLAND AVE. DSM, IA 50309		150. ⁰⁰	<input type="checkbox"/>
5-31-04	ID# 6148 CK# 1546	HOME BUILDERS ASSOC. PAC DSM, IA		100. ⁰⁰	<input type="checkbox"/>
5-31-04	ID# CK# 11129	DON AVENSON 30 MAPLEWOOD DR. OELWEIN, IA 50662		100. ⁰⁰	<input type="checkbox"/>
5-31-04	ID# CK#	GREG CROSS 3701 SE 18 th ST. DSM, IA 50220		25. ⁰⁰	<input type="checkbox"/>
5-31-04	ID# CK#	DOUGLAS PHILLIPS 3750 E WATROUS AVE. DSM, IA 50220		25. ⁰⁰	<input type="checkbox"/>
5-31-04	ID# CK#	JAN CORDERMAN 281 CHRISTY LANE PLEASANT HILL, IA 50317		25. ⁰⁰	<input type="checkbox"/>
5-31-04	ID# CK#	ELENE BELIEU 3141 SE 22 nd ST. DSM, IA 50220		10. ⁰⁰	<input type="checkbox"/>
6-1-04	ID# 6351 CK# 1010	PETROLEUM MARKETERS PAC 1303 50 th WDSM, IA 50266		500. ⁰⁰	<input type="checkbox"/>
SUB-TOTAL				\$ 1,435. ⁰⁰	<input checked="" type="checkbox"/>
TOTAL (if last page of this schedule)				\$	

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For Instructions, See Back of Form

Reset Form

SCHEDULE A (Rev. 07/03)	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)
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.

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5-31-04	ID# CK#	MARGARET KING 1701 EVERGREEN DSM, IA 50320		\$ 25. ⁰⁰	<input type="checkbox"/>
5-31-04	ID# CK#	CANDY CLAUSEN 5401 SE 29 TH ST. DSM, IA 50320		15. ⁰⁰	<input type="checkbox"/>
5-31-04	ID# CK#	RAY + GEORGIA BAICER 2618 DES MOWES ST. DSM, IA 50317		10. ⁰⁰	<input type="checkbox"/>
6-1-04	ID# CK#	JEAN TANNATT 813 N SHADYVIEW DR PLEASANT HILL, IA 50327		25. ⁰⁰	<input type="checkbox"/>
6-1-04	ID# CK#	GAIL ORCUTT 402 CHRISTIE LANE PLEASANT HILL, IA 50327		25. ⁰⁰	<input type="checkbox"/>
6-1-04	ID# CK#	HAROLD YOUNG 1843 EVERGREEN DSM, IA 50320		50. ⁰⁰	<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				\$ 150. ⁰⁰	<input checked="" type="checkbox"/>
TOTAL (if last page of this schedule)				\$ 15,145.00	

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FOR INSTRUCTIONS, SEE BACK OF FORM

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EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
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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
5-17-04	ID# CK# 1145	LARRY + ROSEMARY STEVENS 6000 INDIANNA DSM, IA 50320	SIGN STORAGE	\$ 250. ⁰⁰ ✓
5-17-04	ID# CK# 1146	MAC RONALD LETTER SERVICES 16 TH OHIO DSM, IA	POSTAGE + LETTER SERVICES	2,173. ⁸⁰ ✓
5-17-04	ID# CK# 1147	OFFICE MAX SE 14 TH DSM, IA 50320	LABELS	61. ⁴⁷ ✓
5-18-04	ID# CK# 1148	POSTMASTER 2 ND + UNIVERSITY DSM, IA	BRE ACCOUNT	50. ⁰⁰ ✓
5-18-04	ID# CK# 1149	POSTMASTER " "	STAMPS	460. ⁰⁰ ✓
5-18-04	ID# CK# 1150	LARRY + ROSEMARY STEVENS 6000 INDIANNA DSM, IA 50320	SECRETARIAL WORK	250. ⁰⁰ ✓
5-25-04	ID# CK# 1115	MAC RONALD LETTER SERVICES 16 TH OHIO DSM, IA	MAIL SAMPLES + POSTAGE	1,179. ⁸³ ✓
5-25-04	ID# CK# 1116	POLK COUNTY AMERICAN 120 2 ND AVE DSM, IA	ACTIVITY REPORT	5. ⁰⁰ ✓
SUB-TOTAL				\$ 4,430. ¹⁰
TOTAL (if last page of this schedule)				\$ 4,430. ¹⁰

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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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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
5-26-04	ID# CK# 1117	POLICE COUNTY AUDITOR 120 2 ND AVE DSM, IA	ACTIVITY REPORT	\$ 5. ⁰⁰
5-27-04	ID# CK# 1118	OFFICE MAX SE 14 TH DSM, IA	MARKERS	12.22
5-27-04	ID# CK# 1119	POLICE COUNTY AUDITOR 120 2 ND AVE DSM, IA	ACTIVITY REPORT	5. ⁰⁰
5-27-04	ID# CK# 1120	BRIAN MEYER 5417 SE 29 TH ST. DSM, IA 50320	REIM. FOR FEED + DRINK FOR VOLUNTEERS	100. ⁰⁰
5-28-04	ID# CK# 1121	POLICE COUNTY AUDITOR 120 2 ND AVE DSM, IA	ACTIVITY REPORT	5. ⁰⁰
5-28-04	ID# CK# 1122	MARCY MCCARTHY 5220 SE 31 ST CT. DSM, IA 50320	PER. CONVERSATION WITH IOWA ETHICS. REIMBURSEMENT FOR 1/2 VALUE OF MONITOR	1,500. ⁰⁰
5-28-04	ID# CK# 1123	RAMMY BANILL E. TITUS DSM, IA 50320	COMPUTER + PRINTER MISC. CAMPAIGN WORK	100. ⁰⁰
5-29-04	ID# CK# 1124	MAC DONALD LETTER SERVICES 1614 TCHLW DSM, IA	POSTAGE + STAMPING	1,477. ⁹⁶
SUB-TOTAL				\$ 3,205. ¹⁸
TOTAL (if last page of this schedule)				\$

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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
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6-1-04	ID# CK# 1151	LARRY + Dorene Stevens 6000 INDIANOLA RD DSM, IA 50320	MISC. CAMPAIGN WORK	250.
	ID# CK#			

19 ✓

20 ✓

19
47 ✓

SUB-TOTAL \$ 3,014.
TOTAL (if last page of this schedule) \$ 10,649.

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FOR INSTRUCTIONS, SEE BACK OF FORM

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 CARTHY FOR STATE REPRESENTATIVE

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

Reset Form

**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*
5-28-04	CARTER PRINTING E. GRAND DSM, IA	MAILING/ PRINTING	\$ 4,017. ⁴⁰ -
SUB-TOTAL			\$ 4,017. ⁴⁰
TOTAL DEBTS OWED BY COMMITTEE AT THE END OF THIS REPORTING PERIOD			\$ 4,017. ⁴⁰

*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.