

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE



FORM DR-2 (Rev. 07/2004)	DISCLOSURE REPORT
For Office Use Only	
Comm. # <u>1269</u>	
Logged In <u>SW</u>	
Scanned _____	
Computer _____	
Audited _____	

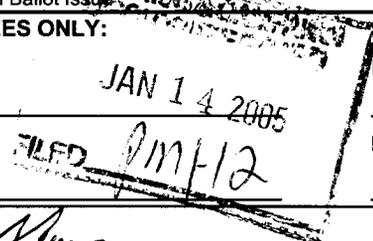
COMMITTEE NAME (Must be same as on Statement of Organization)

McKinley For State Senate

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)City PAC (9)City PAC (10)School Board or Other Political
 Subdivision PAC (11) Local Ballot Issue

CANDIDATE COMMITTEES ONLY:

Candidate Name Paul McKinley Political Party (if applicable) Republican
 Office Sought State Senate District (if Senate or House) 36



Late reports are subject to possible civil and criminal penalties.

Robert D. Shaw
SIGNATURE OF PERSON FILING REPORT

641-774-5222
TELEPHONE

1-11-05
DATE SIGNED

I AM FILING A 10-27-04 to 12-31-04 REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR.
(report date) 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.) \$ 8,862.27

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below) 550.00

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 \$ 9,412.27

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below).... 884.81

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) \$ 8,527.46

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

*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E) \$ 23,228.15

**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)..... \$ 6,000.00

CANDIDATE COMMITTEES ONLY:

CONSULTANT BREAKDOWN (Schedule G Attached?)

YES NO

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

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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)
McKinley For State Senate

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
10/28/04	ID# CK# 5463	David M Stanley 115 Sunset Dr Muscatine, IA 52761		\$200.00	<input checked="" type="checkbox"/>
10/29/04	ID# CK# 5430	Dr David M Blong PO Box 196 Chariton, IA 50049		100.00	<input checked="" type="checkbox"/>
11/24/04	ID# CK# 6046	Dr Steven M Gould 1103 McKimber Dr Knoxville, IA 50138		50.00	<input type="checkbox"/>
12/22/04	ID# 6488 CK# 1212	Iowa Providers PAC 7025 Hickman RD Suite 5 Urbandale, IA 50322		200.00	<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"/>
SUB-TOTAL				\$	
TOTAL (if last page of this schedule)				\$ 550.00	

* 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.

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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)
McKinley For State Senate

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
11/02/04	ID# CK#576	McKinley Inc PO Box 716 Chariton, IA 50049	Doorknob Bags	\$ 66.42
11/02/04	ID# CK#577	Blake Yocom 630 S 8th St Chariton, IA 50049	Campaign Services	500.00
11/02/04	ID# CK#578	Sean McKinley 21884 483rd Lane Chariton, IA 50049	Campaign Services	150.00
12/27/04	ID# CK#579	Chariton Newspapers 815 Braden Ave Chariton, IA 50049	Newspaper Ads	168.39
	ID# CK#			
SUB-TOTAL				\$
TOTAL (if last page of this schedule)				\$ 884.81

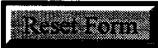
THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

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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COMMITTEE NAME (Must be same as on Statement of Organization)
 McKinley For State Senate



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
10/28/04	Iowa Farm Bureau Federation 5400 University Ave West Des Moines, IA 50266		Campaign Mailer	\$ 2,548.67	<input type="checkbox"/>
10/28/04	Republican Party of Iowa 621 East 9th Des Moines, IA 50309		Printing	412.54	<input type="checkbox"/>
10/28/04	Republican Party of Iowa 621 East 9th Des Moines, IA 50309		Printing	5,381.32	<input type="checkbox"/>
10/18/04	Republican Party of Iowa 621 East 9th Des Moines, IA 50309		Postage	4,087.90	<input type="checkbox"/>
11/11/04	Republican Party of Iowa 621 East 9th Des Moines, IA 50309		Radio Ad	150.00	<input type="checkbox"/>
11/11/04	Republican Party of Iowa 621 East 9th Des Moines, IA 50309		Printing	732.76	<input type="checkbox"/>
11/11/04	Republican Party of Iowa 621 East 9th Des Moines, IA 50309		Radio & TV Ads	150.00	<input type="checkbox"/>
11/15/04	Republican Party of Iowa 621 East 9th Des Moines, IA 50309		Postage	1,526.09	<input type="checkbox"/>
11/15/04	Republican Party of Iowa 621 East 9th Des Moines, IA 50309		Printing	1,958.83	<input type="checkbox"/>
11/15/04	Republican Party of Iowa 621 East 9th Des Moines, IA 50309		Postage	3,788.11	<input type="checkbox"/>
SUB-TOTAL				\$ 20,736.22	
TOTAL (if last page of this schedule)				\$	

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McKinley For State Senate



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
11/15/04	Republican Party of Iowa 621 East 9th Des Moines, IA 50309		Mail Processing	\$ 1,977.54	<input type="checkbox"/>
10/22/04	Republican Party of Iowa 621 East 9th Des Moines, IA 50309		Postage	112.78	<input type="checkbox"/>
10/22/04	Republican Party of Iowa 621 East 9th Des Moines, IA 50309		Mail Processing	291.61	<input type="checkbox"/>
12/07/04	Republican Party of Iowa 621 East 9th Des Moines, IA 50309		Copywriting	110.00	<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				\$ 2,491.93	
TOTAL (if last page of this schedule)				\$ 23,228.15	

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