

DISCLOSURE SUMMARY PAGE

FORM DR-2 (Rev. 12/2005)	DISCLOSURE REPORT
For Office Use Only	
Comm. # SW	1385
Logged In	
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Computer	
Audited	

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

MCCARTHY FOR STATE REPRESENTATIVE

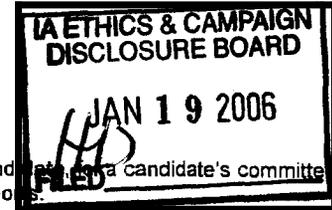
IMPORTANT: Indicate by # type of committee you are reporting for: 1

(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 Bailot Issue

CANDIDATE COMMITTEES ONLY:

Candidate Name KEVIN MCCARTHY Political Party (if applicable) DEMOCRAT

Office Sought STATE REPRESENTATIVE District (if Senate or House) HD 67



Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code section 68B.32A(7) the candidate and the chairperson, for any other type of committee, is the individual responsible for filing timely and accurate reports.

Kevin McCarthy TELEPHONE 515-779-3635 DATE SIGNED 1-19-06

SIGNATURE OF PERSON FILING REPORT

I AM FILING A 1-19-06 REPORT FOR (1) ELECTION //(2) NON-ELECTION YEAR.
 (report date) Indicate by # 2

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.) \$ 6,967.⁶¹

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)..... 7,375.⁰⁰

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 \$ 14,342.⁶¹

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)..... 7,428.²⁷

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)..... \$ 6,914.³⁴

**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)..... \$ _____

CONSULTANT BREAKDOWN (Schedule G Attached?) _____ YES _____ NO

CANDIDATE COMMITTEES ONLY:

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H) \$ 174.⁰²

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

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.

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
1-4-05	ID# CK# 1397	WELL PAC 636 GRAND AVE. DSM, IA 50309		\$ 100. ⁰⁰	<input checked="" type="checkbox"/>
1-4-05	ID# 6069 CK# 2251	I. I. PAC (INDUSTRY) 904 WALNUT, STE 100 DSM, IA 50309		100. ⁰⁰	<input checked="" type="checkbox"/>
1-4-05	ID# 6277 CK# 1254	SHEET METAL CONTRACTORS 1454 30 th ST. STE 201 WDSM, IA 50266		100. ⁰⁰	<input checked="" type="checkbox"/>
1-4-05	ID# 6125 CK# 2464	IOWA REALTORS PAC 1370 NW 114 th ST. STE 100 CLIVE, IA 50325		100. ⁰⁰	<input checked="" type="checkbox"/>
1-4-05	ID# CK# 5959	GARY SLATER 3303 E. UNIVERSITY DSM, IA 50317		100. ⁰⁰	<input checked="" type="checkbox"/>
1-4-05	ID# CK# 1988	SUSAN CAMERON 2202 NW 140 th ST. CLIVE, IA 50325		100. ⁰⁰	<input checked="" type="checkbox"/>
1-4-05	ID# CK# 8020	DAVID PALMER 213 SW FLYNN DR. ANKENY, IA 50021		100. ⁰⁰	<input checked="" type="checkbox"/>
1-4-05	ID# 6404 CK# 2022	IOWA RETAIL PAC 2175 NW 86 th ST. STE 14 CLIVE, IA 50325		100. ⁰⁰	<input checked="" type="checkbox"/>
1-4-05	ID# CK# 3867	JAMES OBRADOVLICH 2418 35 th ST. DSM, IA 50310		20. ⁰⁰	<input checked="" type="checkbox"/>
1-4-05	ID# CK# 1854	MARILYN SPINA 2545 E. OUID AVE. DSM, IA 50317		20. ⁰⁰	<input checked="" type="checkbox"/>
SUB-TOTAL				\$ 840. ⁰⁰	
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
1-4-05	ID# CK# 1859	JEAN TANNAFF 813 N. SNAYVIEW BLVD PLEASANT HILL, IA 50227		\$ 20. ⁰⁰	<input checked="" type="checkbox"/>
1-4-05	ID# CK# 8382	DEAN LERNER 5220 SHRIVER DSM, IA 50312		15. ⁰⁰	<input checked="" type="checkbox"/>
1-4-05	ID# CK# 1917	HEAVY HIGHWAY PAC 2415 INGERSOHL AVE. DSM, IA 50312		250. ⁰⁰	<input checked="" type="checkbox"/>
1-4-05	ID# 6056 CK# 3403	BANKERS UNITE (B.U.L.D) 8800 NW 62 ND AVE. JONSTON IA 50131		250. ⁰⁰	<input checked="" type="checkbox"/>
1-4-05	ID# CK# 1016	MERIDITH EMPLOYEES FUND FOR BETTER GOVT. DOWNTOWN, DSM		250. ⁰⁰	<input checked="" type="checkbox"/>
1-4-05	ID# 6101 CK# 3118	MOTOR CARRIERS PAC P.O. Box 6121 DSM, IA 50309		250. ⁰⁰	<input checked="" type="checkbox"/>
1-4-05	ID# 6051 CK# 1047	PETROLEUM MARKETERS 1307 50 TH WDSM, IA 50266		250. ⁰⁰	<input checked="" type="checkbox"/>
1-4-05	ID# CK# 2211	ELIZABETH KRUIDENIER 3409 SOUTHERN HILLS DRIVE DSM, IA 50321		250. ⁰⁰	<input checked="" type="checkbox"/>
1-4-05	ID# 6096 CK# 1855	MANUFACTURED HOUSING PAC 1400 DEAN AVE DSM, IA 50316		250. ⁰⁰	<input checked="" type="checkbox"/>
1-4-05	ID# CK# 4259	A.G.C. PAC 701 E. COURT AVE. DSM, IA 50309		250. ⁰⁰	<input checked="" type="checkbox"/>

SUB-TOTAL \$ 2,035.⁰⁰

TOTAL (if last page of this schedule) \$

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For instructions, See Back of Form

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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)
MCCARTHY FOR STATE REPRESENTATIVE

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1-4-05	ID# 6237 CK# 1742	ABATE PAC 2118 EASTERN AVE NE CEDAR RAPIDS, IA 52402		\$ 250. ⁰⁰	<input checked="" type="checkbox"/>
1-4-05	ID# CK# 2684	CASEY'S PAC PO Box 3001 ANIKENY, IA 50021		250. ⁰⁰	<input checked="" type="checkbox"/>
1-4-05	ID# 6042 CK# 1195	GROCERS PAC 2894 106 th ST. STE 102 DSM, IA 50322		200. ⁰⁰	<input checked="" type="checkbox"/>
1-4-05	ID# 6160 CK# 2197	IOWA INDEPENDENT BANKERS PAC. 1603 22 nd ST. STE 202 WDSM, IA 50266		200. ⁰⁰	<input checked="" type="checkbox"/>
1-4-05	ID# CK# 1310	BRIAN JOHNSON		100. ⁰⁰	<input checked="" type="checkbox"/>
11-14-05	ID# CK# 2295	PFIZER PAC 235 E. 42 nd ST. NEW YORK, NY 10017		250. ⁰⁰	<input type="checkbox"/>
11-14-05	ID# 6027 CK# 2325	DEERE PAC 666 GRAND AVE STE 1707 DSM, IA 50309		250. ⁰⁰	<input type="checkbox"/>
11-14-05	ID# CK# 10240	CRAIG NEILSEN 8620 TITLEIST CIRCLE LAS VEGAS, NEVADA 89117		300. ⁰⁰	<input type="checkbox"/>
11-14-05	ID# 6098 CK# 3420	IOWA BEVERAGE PAC. 321 E. WALNUT STE 310 DSM, IA 50309		400. ⁰⁰	<input type="checkbox"/>
11-14-05	ID# 6082 CK# 1109	MID AMERICAN PAC. 666 GRAND AVE. 50303 P.O. Box 657, DSM, IA		500. ⁰⁰	<input type="checkbox"/>
SUB-TOTAL				\$ 2,700. ⁰⁰	
TOTAL (if last page of this schedule)				\$	

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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)
MCCARTHY FOR STATE REPRESENTATIVE

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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
12-30-05	ID# CK# 2694	CASEY'S PAC P.O. BOX 3001 ANIMY, IA 50021		\$ 200. ⁰⁰	<input checked="" type="checkbox"/>
12-30-05	ID# CK# 1991	HEAVY HIGHWAY PAC 2415 INVERSOLE AVE. DSM, IA 50312		500. ⁰⁰	<input checked="" type="checkbox"/>
12-30-05	ID# 6089 CK# 325	OPERATING ENGINEERS LOCAL 234 4880 HUBBELL DSM, IA 50317		250. ⁰⁰	<input checked="" type="checkbox"/>
12-30-05	ID# CK# 1570	PRIN PAC 711 HIGH ST. DSM, IA 50392		500. ⁰⁰	<input checked="" type="checkbox"/>
12-30-05	ID# 6067 CK# 3379	IOWA HEALTH PAC 6750 WESTOWN PARKWAY WDSM, IA 50266		200. ⁰⁰	<input checked="" type="checkbox"/>
12-30-05	ID# 6021 CK# 1917	CREDIT UNION PAC P.O. Box 10409 DSM, IA 50366		150. ⁰⁰	<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 \$ 1,800.⁰⁰
TOTAL (if last page of this schedule) \$ 7,375.⁰⁰

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FOR INSTRUCTIONS, SEE BACK OF FORM

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)
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
1-4-05	ID# CK# 1182	JIMMY'S CAFE 8th ST. WASM, IA	FOOD + DRINK FOR FUNDRAISING EVENT	\$ 97.95
2-2-05	ID# CK# 1183	CARTER PRINTING E. GRAND DSM, IA	PAY OFF PRINTING DEBT FROM 04 CAMPAIGN	4,595.45
4-7-05	ID# CK# 1184	KATIE MEARS IOWA CITY, IA	SET UP CONSTITUENT EMAIL DATA BASE	250.00
7-5-05	ID# CK# 1185	WANDRO LAW FIRM 2501 GRAND DSM, IA 50312	REIMBURSEMENT FOR LUNCH FOOD FOR DLC EVENT WITH WILL MARSHALL	104.98
7-13-05	ID# CK# 1186	HOUSE TRUMAN FUND FLEUR DR DSM, IA 50	HOUSE CONTRIBUTION FOR DEMOCRATS	2,000.00
8-28-05	ID# CK# 1187	JOHN SCHMACIKER DSM, IA	RETAINED FOR CAMPAIGN TREASURY WORK AND AUDITING	300.00
JAN - DEC, 2005	ID# CK#	BANIKER'S TRUST, SERVICE MONTHLY FEES, AVERAGING 6.65 PER MONTH	FOR 12 MONTHS FOR A TOTAL OF 79.89 IN MONTHLY SERVICE FEES	79.89
	ID# CK#			

SUB-TOTAL \$ 7,428.21
TOTAL (if last page of this schedule) \$ 7,428.27

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).)

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 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
6-17-04	COMBO FAX/SCANNER COPIER/LASER	*ESTIMATED 200 DOLLARS LAST REPORT	BELOW 100. ⁰⁰ *ESTIMATED 75. ⁰⁰
5-28-04	MONITOR + COMPUTER PRINTER	*ESTIMATED 750. ⁰⁰ ON LAST REPORT	MONITOR NOW BROKEN; ESTIMATED VALUE, NOW 99 DOLLARS (BELOW 100)

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

TOTAL VALUE CAMPAIGN PROPERTY THIS REPORT (TRANSFER TO SUMMARY PAGE) \$ 174.⁰⁰

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

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

(Attach Additional Schedules If Needed)