FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

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FORM **DR-2** (Rev. 12/2005)	DISCLOSURE REPORT

For Office Use Only
Comm. # 1269
Logged In
Scanned
Computer
Audited

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

McKinley For State Senate Paul

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 | Political Party (if applicable)

Office Sought | District (if Senate or House)

IA ETHICS & CAMPAIGN DISCLOSURE BOARD
JAN 20 2006
pm 1-19
FILED

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

Robert D Stam | 641-774-5222 | 1-18-06

SIGNATURE OF PERSON FILING REPORT | **TELEPHONE** | **DATE SIGNED**

I AM FILING A 1-1-05 to 12-31-05 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.) ..... $ 8,527.46

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)..... 4,525.00

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) .....

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)..... $ 13,052.46

****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)..... $ 6,000.00

CONSULTANT BREAKDOWN (Schedule G Attached?) ____ YES ✔ NO

CANDIDATE COMMITTEES ONLY:

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

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

For Instructions, See Back of Form

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SCHEDULE **A** (Rev. 07/03)	MONETARY RECEIPTS
☐ 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
1/6/05	ID# 6052 CK# 2859	Independent Insurance Agents 4000 Westown Pky, Suite 200 West Des Moines, IA 50265		$200.00	
8/4/05	ID# CK# 3191	Hazel Griffin 516 N 7th St Knoxville, IA 50138		200.00	✔
8/4/05	ID# CK# 3192	Hazel Griffin 516 N 7th St Knoxville, IA 50138		500.00	✔
8/4/05	ID# CK# 2983	Steven Ackerson 1634 NW 131st St Clive, IA 50325		100.00	✔
8/4/05	ID# 6067 CK# 3295	Iowa Health PAC 6750 Westown Pky, Suite 100 West Des Moines, IA 50266		200.00	✔
8/4/05	ID# CK# 8568	Shirley A Eivins 606 N 7th St Knoxville, IA 50138		500.00	✔
8/4/05	ID# CK# 4895	Ron or Gail Beal Box 111 Tracy, IA 50256		25.00	✔
11/8/05	ID# 6099 CK# 811	Meredith Corporation Employees Fund 1716 Locust Street Des Moines, IA 50309		100.00	✔
11/8/05	ID# 6033 CK# 1075	EMC Co. PAC 717 Mulberry Street Des Moines, IA 50309		100.00	✔
11/8/05	ID# CK# 1615	Thomas W Cope 8532 Newbury Ct Johnston, IA 50131		50.00	✔
			SUB-TOTAL	$ 1,975.00	
			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.

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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)*

McKinley For State Senate

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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
11/1/05	ID# 6059 CK# 2714	Iowa Committee of Automotive Retailers 1111 Office Park Rd West Des Moines, IA 50265		$250.00	
11/8/05	ID# CK# 334	Stephen W Roberts 2500 Financial Ctr Des Moines, IA 50309		50.00	✔
11/1/05	ID# 6087 CK# 1425	Iowa Telecommunications Industry 2987 100th St Urbandale, IA 50322		150.00	
11/8/05	ID# 6118 CK# 2250	Iowa Optometric Association 1454 30th St, Suite 204 West Des Moines, IA 50266		200.00	✔
11/8/05	ID# 6250 CK# 2299	Iowa Cable PAC 8350 Hickman Rd, Suite 2 Clive, IA 50325		200.00	✔
11/8/05	ID# 6107 CK# 3495	QWest IPAC 925 High Street 9S9 Des Moines, IA 50309		250.00	✔
11/8/05	ID# 6101 CK# 3150	Motor Carriers PAC PO Box 6121, East Des Moines Station Des Moines, IA 50309		200.00	✔
11/2/05	ID# 6237 CK# 1785	Abate PAC 3118 Eastern Ave NE Cedar Rapids, IA 52402		100.00	✔
11/8/05	ID# 6433 CK# 412	Alliant Energy IA/MN Gov't Action Committee 4902 North Biltmore Lane Madison, WI 53703		250.00	✔
11/8/05	ID# 6058 CK# 2707	Iowa Chiropractic Society PAC 1605 N Ankeny Blvd, Suite 100 Ankeny, IA 50021-4159		100.00	✔
			SUB-TOTAL	$ 1,750.00	
			TOTAL ***(if last page of this schedule)***	$	

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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)*

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
11/8/05	ID# 6075 CK# 1603	Iowa Nurses Association PAC 1501 42nd Street, Suite 471 West Des Moines, IA 50266		$50.00	✔
12/15/05	ID# CK# 1410	Linda J Myers Revocable Trust 6600 Westown Pky West Des Moines, IA 50322		250.00	
12/2/05	ID# 6052 CK# 2957	Independent Insurance Agents of Iowa 4000 Westown Pky, Suite 200 West Des Moines, IA 50265		250.00	
12/15/05	ID# CK# 1211	Michael Medved 6600 Westown Pky West Des Moines, IA 50266		250.00	
	ID# CK#				
	ID# CK#				
	ID# CK#				
	ID# CK#				
	ID# CK#				
	ID# CK#				
			SUB-TOTAL	$ 800.00	
			TOTAL ***(if last page of this schedule)***	$ 4525.00	

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SCHEDULE F (Rev. 07/03)	LOANS RECEIVED & REPAID

☐ CHECK THIS BOX IF AMENDING FORM

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

McKinley For State Senate

NOTE: This schedule reports money loaned to the committee which is deposited in the committee account.

TOTAL UNPAID LOANS FROM LAST REPORTING PERIOD $ 6,000.00

PART I - MONETARY LOANS RECEIVED THIS REPORTING PERIOD
(Original source of loan, such as a bank, must be shown if a third party is involved. Include loans from candidate's personal funds.)

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE (If Applicable*)	AMOUNT OF LOAN
			$

TOTAL *(PART I)* $ _____

PART II - MONETARY LOAN REPAYMENTS MADE THIS REPORTING PERIOD
(Loans forgiven must be reported on Schedule E -- In-kind Contributions.)

DATE PAID (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE* (If Applicable)	AMOUNT REPAID
			$

TOTAL CASH REPAYMENTS *(PART II)* $ _____

From Schedule E -- TOTAL LOANS FORGIVEN $ _____

TOTAL OUTSTANDING LOANS END OF REPORT PERIOD $ 6,000.00

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