Chickasaw

FOR INSTRUCTIONS, SEE BACK OF FORM
This form is not applicable to statutory political committees.

Notice of Dissolution

Every Notice of Dissolution shall be accompanied by a completed Disclosure Report Form current to the date of dissolution.

FORM (Rev. 02/96)

DR-3
NOTICE OF DISSOLUTION

For Office Use Only

Comm. # 17107
Indexed SW
Audited
Computer
Certified Date of Dissolution

JAN 9 2003

COMMITTEE NAME

Official Name of Committee
Boge for Supervisor 02

Street
2160 Amherst Place, Ionia, Ia. 50645

City, State, Zip Code

641 -435 -2048
Area Code Telephone

(641) 228 4936

03 JAN -8 AM 10:42

Effective date of dissolution:

12 - 16 - 02, 19

Allen Pope
Signature of Treasurer

12 -16 - 02
Date Signed

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:
I, the candidate, certify that my candidate committee's cash balance is zero, all debts, obligations and loans have been paid or satisfied in accordance with law as shown on my committee's final report and all campaign property and leftover funds have been distributed in accordance with my committee's last filed Statement of Organization.

Arnold J Boge
Signature of Candidate - Required for Candidate's Committee

12- 6 - 02
Date signed

WHEN TO FILE:
The Notice of Dissolution must be filed within thirty (30) days of the committee's dissolution, with a copy of the final bank statement attached.

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

JAN 9 2003

FORM DR-2 (Rev. 01/98)	DISCLOSURE REPORT

For Office Use Only
Comm. # 17107
Indexed SW
Audited
Computer

COMMITTEE NAME *(Must be same as on Statement of Organization)*
Boge for Supervisor 2002

IMPORTANT: Indicate type of committee you are reporting for: [4]

(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
(8)Support Slate of Candidates

Alan Pope — 641-435-2048 — 12/16/02

SIGNATURE OF TREASURER (or person filing this report) **TELEPHONE** **DATE SIGNED**

Routine Penalties Due For Late Filed Reports Range from $20 to $800

SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE:

I AM FILING A Jan 19 2003 REPORT FOR AN/A (1) **ELECTION** /(2)**NON-ELECTION** YEAR.
(report date) Indicate one [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 Notice of Dissolution is filed.)

Local Committees, enter Date of Election
Nov 5 -02
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.) ..... $ 163.86

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) 487.39

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.....$ 651.25

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) 651.25

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) ..... $ 0

UNPAID BILLS (From Schedule D - Attach Schedule D) ..... $ 0

IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E) ..... $ 0

OUTSTANDING LOANS (From Schedule F - Attach Schedule F) ..... $ 0

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

SCHEDULE A (Rev. 06/97)	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)*

Boge for Supervisor

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
11/25	ID# CK#	Leland Zwanginzer 1014 Cedar Crest Nashua Ia		$ 50.00	
11/25	ID# CK#	Arne Boge 2160 Amherst Pl Charles City, Ia 50616		300.00	
11/31	ID# CK#	Glen Popper 1566 270th Nashua Ia 50658		100.00	
12/08	ID# CK#	Arnie Boge 2160 Amherst Pl Charles City Ia		37.39	
	ID# CK#				
	ID# CK#				
	ID# CK#				
	ID# CK#				
	ID# CK#				
	ID# CK#				
			SUB-TOTAL	$ 487.39	
			TOTAL *(if last page of this schedule)*	$ 487.39	

* 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) (See Page 2 of forms packet.). 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

SCHEDULE **B** (Rev. 09/97)	MONETARY EXPENDITURES
☐ CHECK THIS BOX IF AMENDING FORM	

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

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)*

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
11/25 ~~1018~~	ID# CK# 1018	Arnie Boge 2160 Amherst Pl Charle City Ia 50616	repair for add in the ~~SP~~ Shopper	$ 500.00 ~~563.76~~
11/31 ~~1019~~	ID# CK# 1019	Nashua Reporter Box 67 Nashua Ia 50658	add	96.00
12/3 ~~1020~~	ID# CK# 1020	Nashua Reporter Box 67 Nashua Ia 50658	Thank you add	5.00
12/6	ID# CK# 1021	Bobstar Shop 309 Main St Nashua Ia 50658	Thank you gifts for volinteer campain workers	50.25
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			

SUB-TOTAL $ ~~651.25~~ ~~716.01~~

TOTAL *(if last page of this schedule)* $ ~~716.01~~ 651.25

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 56.6(3)(i).)

(for Schedule B)