FOR INSTRUCTIONS, SEE BACK OF FORM

Marion

DISCLOSURE SUMMARY PAGE

JAN 6 2003

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

For Office Use Only
Comm. # 17285
Indexed SW
Audited
Computer

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

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

Ruby J. Van Vark — SIGNATURE OF TREASURER (or person filing this report)
641-628-3610 — TELEPHONE
12-18-02 — 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 1-19-03 (report date) REPORT FOR AN/A (1) ELECTION /(2)NON-ELECTION YEAR. 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
11-5-02
County & Local Committees, enter County in which Election is held
Marion

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.) ..... $ 49.51

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) 300.00
Schedule F: Loans Received total (Attach Schedule F) 200.00
Schedule H: Total Sales of Campaign Property (Attach Schedule H) ..... -0-
(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL ..... $ 549.51

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) 540.00
Schedule F: Loan Repayments total (Attach Schedule F) 9.51

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) ..... $ 690.49
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) $ -0-

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)*
Pothoven 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
10/21/02	ID# CK#	Howard Westerkamp 2498 Blue St. Pella, IA 50219		$200.00	
10/22/02	ID# CK#	Sidney J. De Haan 217 West 1st St. Pella, IA 50219		$100.00	
	ID# CK#				
	ID# CK#				
	ID# CK#				
	ID# CK#				
	ID# CK#				
	ID# CK#				
	ID# CK#				
	ID# CK#				
			SUB-TOTAL	$300.00	
			TOTAL ***(if last page of this schedule)***	$300.00	

* 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) (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)*
Pothoven For Supervisor

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
10/21/02	ID# CK#	Town Crier 810 E. 1st St. Pella, IA 50219	Campaign Ad	$ 48.00
10/21/02	ID# CK#	Pella Chronicle 812 Main St. Pella, IA 50219	Campaign Ad	$ 120.00
10/21/02	ID# CK#	Home Town News 301 E. Main St. Knoxville, IA 50138	Campaign Ad	$ 68.00
10/28/02	ID# CK#	Town Crier 810 E. 1st St. Pella, IA 50219	Campaign Ad	$ 48.00
10/28/02	ID# CK#	Pella Chronicle 812 Main St. Pella, IA 50219	Campaign Ad	$ 72.00
10/28/02	ID# CK#	Hometown News 301 E. Main St. Knoxville, IA 50138	Campaign Ad	$ 68.00
11/15/02	ID# CK#	Town Crier 810 E. 1st St. Pella, IA 50219	Campaign Thank-you	$ 48.00
11/15/02	ID# CK#	Home Town News 301 E. Main St. Knoxville, IA 50138	Campaign Thank-You	$ 68.00
			SUB-TOTAL	$ 540.00
			TOTAL (*if last page of this schedule*)	$ 540.00

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)

FOR INSTRUCTIONS, SEE BACK OF FORM

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

SCHEDULE E (Rev. 06/97)	IN KIND CONTRIBUTIONS

☐ 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
12-17-02	Howard Pothoven 805 Parti Lane Pella, Ia 50219	Candidate Himself	Forgiveness of Loan Balance	$ 690.49	
			SUB-TOTAL	$ 690.49	
			TOTAL (If last page of this schedule)	$ 690.49	

*Disclosure law requires candidates to disclose the relationship of any relative making an in kind 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 **F** (Rev. 08/96)	**LOANS RECEIVED & REPAID**

☐ CHECK THIS BOX IF AMENDING FORM

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

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

TOTAL UNPAID LOANS FROM LAST REPORTING PERIOD $ 500.00

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
10-29-02	Howard Pothoven 805 Park Lane Pella, Ia. 50219 Pothoven For Supervisor	Candidate Himself	$ 200.00

TOTAL *(PART I)* $ 200.00

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
12-17-02	Howard Pothoven Candidate	self	$ 9.51

TOTAL CASH REPAYMENTS *(PART II)* $ 9.51

From Schedule E -- TOTAL LOANS FORGIVEN $ 690.49

TOTAL OUTSTANDING LOANS END OF REPORT PERIOD $ -0-

*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 when it applies.

Marion

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. # 17285
Indexed SW
Audited
Computer
Certified Date of Dissolution

COMMITTEE NAME

JAN 6 2003
FILED

Official Name of Committee
Pothoven For Supervisor

Street
805 Park Lane

City, State, Zip Code
Pella, Ia. 50219

Area Code Telephone
(641) 628-1336

Effective date of dissolution:
Dec. 18, 2002

Ruby J. Van Vark
Signature of Treasurer

12-18-02
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.

Howard J. Pothoven — 12-18-02
Signature of Candidate - Required for Candidate's Committee — 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.

HOWARD J POTHOVEN
POTHOVEN FOR SUPERVISOR
805 PARK LN
PELLA IA 50219

IA EIN... DISCLOSURE BOARD
JAN 6 2003
FILED

Marion County Bank

800 Main Street
Pella, IA 50219-0105
(641) 628-2191
Fax (641) 628-9275

ACCOUNT NUMBER
1026715
TAX I D NUMBER
STATEMENT DATE
Dec 18, 2002

DATE	DESCRIPTION	REFERENCE	CHECK NO.	AMOUNT	BALANCE

IMPORTANT INFORMATION FOR OUR SAFE DEPOSIT BOX CUSTOMERS
Beginning in January, 2003 we will be automatically deducting your annual box rental fee directly from your deposit account rather than billing you by mail. We hope you appreciate the convenience of not having to remit a check to us. Your rental fee amount will be itemized on your checking account statement. You may notice an increase in the annual rental fee. We're proud to say that this is the first such increase we have implemented in ten years.

12/17/2002 Beginning Balance	E-Z Checking		9.51
0 Deposits and Other Additions		+	.00
1 Checks and Other Deductions		-	9.51
12/18/2002 Ending Balance	1 Days in Statement Period		.00

------- Checks listed in numerical order; (*) indicates gap in sequence -------

Check	Date	Amount	Check	Date	Amount	Check	Date	Amount
	12/18	9.51						

---------- Daily Ending Balance ----------

12/17	9.51	12/18	0.00