

# DISCLOSURE SUMMARY PAGE

FORM <b>DR-2</b> (Rev. 05/2002)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	<u>17429</u>
Indexed	<u>EW</u>
Audited	_____
Computer	_____

COMMITTEE NAME (Must be same as on Statement of Organization)  
Waiting for Supervisor Committee

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

**CANDIDATE COMMITTEES ONLY:**

Candidate Name Greg Volting Political Party Democrat  
Office Sought County Supervisor District (if Senate or House) Three

JAN 16 2003

[Signature]  
SIGNATURE OF TREASURER (or person filing this report)

515-955-7783  
TELEPHONE

1/11/03  
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 10/15/02 - 12/31/02 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 <u>11/5/02</u>
County & Local Committees, enter County in which Election is held <u>Webster</u>

## 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 <b>MUST</b> 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.)	\$	<u>-0-</u>
<b>ADD TOTAL MONEY TAKEN IN THIS PERIOD</b>		
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)		<u>105.63</u>
Schedule F: Loans Received total (Attach Schedule F)		<u>-0-</u>
Schedule H: Total Sales of Campaign Property (Attach Schedule H)		<u>-0-</u>
<u>(Schedule H applies to Candidates' Committees Only)</u>		
SUB-TOTAL.....	\$	<u>0.</u>
<b>SUBTRACT TOTAL MONEY SPENT THIS PERIOD</b>		
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)		<u>105.63</u>
Schedule F: Loan Repayments total (Attach Schedule F)		<u>-0-</u>
CASH ON HAND at the end of this reporting period (if final report, balance must be zero) (Attach DR-3)	\$	<u>-0-</u>
**UNPAID BILLS (From Schedule D - Attach Schedule D)	\$	<u>-0-</u>
*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)	\$	<u>-0-</u>
**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)	\$	<u>-0-</u>
<b>CANDIDATE COMMITTEES ONLY:</b>		
CONSULTANT BREAKDOWN (Schedule G Attached?)		<u>YES</u> <input checked="" type="checkbox"/> <u>NO</u>
VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)	\$	<u>0</u>

For Instructions, See Back of Form

**CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

<b>SCHEDULE</b> <b>A</b> (Rev. 06/97)	<b>MONETARY</b> <b>RECEIPTS</b>
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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

*Nothing For Supervisor Committee*

**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
<i>10-23-02</i>	ID# CK# <i>4673</i>	<i>Greg Nolting</i>		\$ <i>105.63</i>	
	ID# CK#				

SUB-TOTAL

\$

TOTAL (if last page of this schedule)

\$ *105.63*

\* 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

**EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT**

SCHEDULE <b>B</b> (Rev. 09/97)	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)  
*Nothing for Supervisor Committee*

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
10/23/02	ID# CK# 4673	Messenger 713 Central Fort Dodge Ia	Adds in Newspaper 3 small adds	\$105 <sup>63</sup>
	ID# CK#			
SUB-TOTAL				\$
TOTAL (if last page of this schedule)				\$ 105 <sup>63</sup>

**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).)

*Webster*

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

FORM	(Rev. 02/96)
<b>DR-3</b> NOTICE OF DISSOLUTION	
<b>For Office Use Only</b>	
Comm. #	<u>17429</u>
Indexed	<u>SW</u>
Audited	_____
Computer	_____
Certified Date of Dissolution	_____

# Notice of Dissolution

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

JAN 16 2003 COMMITTEE NAME

Official Name of Committee	
<u>Molting For Supervisor Committee</u>	
Street	
<u>1824 5TH AVE S</u>	
City, State, Zip Code	
<u>Fort Dodge Ia</u>	<u>50501</u>
Area Code	Telephone
<u>(515) 573-3911</u>	

Effective date of dissolution:

Jan 11, 1903

*[Signature]*  
Signature of Treasurer

1-15-03  
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.

*[Signature]* Signature of Candidate - Required for Candidate's Committee

11-11-03 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.