FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

FORM DR-2 (Rev. 01/2001)	DISCLOSURE REPORT

For Office Use Only
Comm. # 1437
Indexed
Audited
Computer

COMMITTEE NAME *(Must be same as on Statement of Organization)*
Chuck Anderson for House

IMPORTANT: Indicate type of committee you are reporting for: [1]

(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: Chuck Anderson
Political Party: Republican
Office Sought: House
District (if Senate or House): 48

OCT 21 2002
pm 10-19

SIGNATURE OF TREASURER (or person filing this report) — TELEPHONE: 432-7848 — DATE SIGNED: 10-19-02

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 10-19-02 (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: Nov 5th 2002
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.) ..... $ 81.27

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below) 100
Schedule F: Loans Received total (Attach Schedule F) 645.88
Schedule H: Total Sales of Campaign Property (Attach Schedule H) ..... _____

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL.....$ 827.05

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)... 181.27
Schedule F: Loan Repayments total (Attach Schedule F) 645.88

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) ..... $ _____
***IN KIND CONTRIBUTIONS** (From Schedule E - Attach Schedule E) ..... $ 645.88
****OUTSTANDING LOANS** (From Schedule F - Attach Schedule F) ..... $ 645.88

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)*
Chuck Anderson for House

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 FUI RAI INC
8-10	ID# CK#	Chuck Anderson 1021 6th St Boone, IA 50036	Self	$ 100	
	ID# CK#				
	ID# CK#				
	ID# CK#				
	ID# CK#				
	ID# CK#				
	ID# CK#				
	ID# CK#				
	ID# CK#				
	ID# CK#				

SUB-TOTAL $ 100

TOTAL *(if last page of this schedule)* $ 100

* 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 EXPENDITURE

☐ 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)*

Chuck Anderson for House

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
8-10	ID# CK#	Boone Today 2136 Marvin Eisenhower Boone, IA 50036	Newspaper Ads	$ 113.48
8-10	ID# CK#	Baldwin City Animal 604 Ames St Baldwin City KS 66006	Contribution Refay	25
10-19	ID# CK#	First Assembly of God 2225 Merle Hay Des Moines IA 50310	Contribution	42.79
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			

SUB-TOTAL	$ 181.27
TOTAL ***(if last page of this schedule)***	$ 181.27

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 56.6(3)(i).)

FOR INSTRUCTIONS, SEE BACK OF FORM

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

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

Chuck Anderson for House

☐ 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
10-19	Chuck Anderson 1021 6th St Boone, IA 50036	Self	loan	$ 455.60	
10-19	Chuck Anderson 1021 6th St Boone, IA 50036	Self	loan	121.88	
10-19	Chuck Anderson 1021 6th St Boone, IA 50036	Self	loan	68.00	

SUB-TOTAL $ 645.88

TOTAL (if last page of this schedule) $ 645.88

*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.

OR 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)*

Chuck Anderson for House

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

TOTAL UNPAID LOANS FROM LAST REPORTING PERIOD $ 645.88

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
10-19	Chuck Anderson 1021 6th St Boone, IA 50036	Self	$ 455.60
10-19	Chuck Anderson 1021 6th St Boone, IA 50036		121.88
10-19	Chuck Anderson 1021 6th St Boone, IA 50036		68.—

TOTAL CASH REPAYMENTS *(PART II)* $ 645.88

From Schedule E – TOTAL LOANS FORGIVEN $ 645.88

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.

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

Notice of Dissolution

FORM (Rev. 02/96)

DR-3
NOTICE OF DISSOLUTION

For Office Use Only
Comm. # 1437
Indexed
Audited
Computer
Certified Date of Dissolution

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

OCT 21 2002
pm 10-19

COMMITTEE NAME

Official Name of Committee
Chuck Anderson for House

Street
512 S. Delaware St

City, State, Zip Code
Boone, Iowa 50036

Area Code Telephone
(515) 432-7848

Effective date of dissolution:
Oct. 19, 2002

Richard K Dorsch
Signature of Treasurer

10/19/02
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.

Signature of Candidate - Required for Candidate's Committee

10-19-02
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.

OCT 2 1 2002

COMMUNITY BANK OF BOONE
Simply Doing it Right!
On-Line Banking & Bill Pay available
www.communitybankonline.com

10/19/2002 10:50 AM
Br# 1 Tlr# 57 Seq# 42
Account 11018712
DDA Close Acct 42.79

Transaction Amount 42.79

Have a great day!

Closing withdrawl

DATE 10-19-02

DRAWN BY NS

NAME Chuck E Anderson
First Assembly Church
X Chuck Anderson

ACCOUNT NUMBER 11018712

SELECTOR CODE 147

DDA DEBIT TRANSACTIONS

102 Deposit Reversal
107 Telephone Trf W/D
115 Withdrawal
130 MMDA Withdrawal
146 Closing Withdrawal
147 Auto Closing Withdrawal

10/19/2002 10:00 AM
Br# 1 Tlr# 57 Seq# 42
Account 11000023 42.79
DDA Receipt

AMOUNT 42 79

OCT 21 2002

Security features are included. Details on back.

YPA05263

COMMUNITY BANK OF BOONE
1704 S. MARSHALL ST., BOONE, IOWA 50036
PH. 515-433-4499

No. 29464

72-739-2272

REMITTER Chuck Anderson

10/19/2002

PAY TO THE ORDER OF First Assembly Church $ $42.79

Forty Two and 79/100 DOLLARS

CASHIER'S CHECK

Heidi Bryant

MP

⑈029464⑈ ⑆073922720⑆ 11000023⑈

COMMUNITY BANK OF BOONE

2

CHUCK E ANDERSON
CHUCK ANDERSON FOR HOUSE
DICK DORSCH
512 S DELAWARE ST
BOONE IA 50036

OCT 21 2002

1704 S. MARSHALL ST.
BOONE, IOWA 50036
PH 515.433.4499
WWW.COMMUNITYBANKONLINE.COM

ACCOUNT NUMBER
11018712
TAX I D NUMBER
480 78 0284
STATEMENT DATE
Aug 15, 2002

DATE	DESCRIPTION	REFERENCE	CHECK NO.	AMOUNT	BALANCE
07/15/2002	Beginning Balance	NOW-Imaged			56.27
	1 Deposits and Other Additions			+	100.00
	1 Checks and Other Deductions			-	113.48
08/15/2002	Ending Balance	31 Days in Statement Period			42.79

---------- Deposits and Other additions to your account ----------

08/12/2002 Deposit 100.00

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

Check	Date	Amount	Check	Date	Amount	Check	Date	Amount
1012	08/13	113.48						

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

07/15	56.27	08/12	156.27	08/13	42.79