

**DISCLOSURE SUMMARY PAGE**

<b>FORM DR-2</b> (Rev. 05/2002)	<b>DISCLOSURE REPORT</b>
<b>For Office Use Only</b>	
Comm. #	<u>1485</u>
Indexed	<u>SW</u>
Audited	
Computer	

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

**IMPORTANT:** Indicate type of committee you are reporting for:  
 Statewide Legislative Candidate (2) Statewide PAC (3) State Party (4) County/Local Candidate  
 County PAC (5) Ballot Issue/Franchise Committee (6) County/City Central Committee  
 Support State of Candidates (7) Support State of Candidates (8)

**CANDIDATE COMMITTEES ONLY:** OCT 18 2002

Candidate Name BOB BYERS Political Party INDEPENDENT

Office Sought IA HOUSE OF REPRESENTATIVE District (if Senate or House) 53

Bruce E French  
SIGNATURE OF TREASURER (or person filing this report)

712 436 2618  
TELEPHONE

Oct. 14, 2002  
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 JULY 15 - OCT. 14, 2002 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	_____
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.) .....\$ 0

**ADD TOTAL MONEY TAKEN IN THIS PERIOD**

Schedule A: Cash Contributions total (Attach Schedule A) (\*also see in-kind below) ..... 807.<sup>00</sup>

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.....\$ 807.<sup>00</sup>

**SUBTRACT TOTAL MONEY SPENT THIS PERIOD**

Schedule B: Expenditures total (Attach Schedule B) (\*\*also see debts and loans below)... 154.<sup>99</sup>

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) .....\$ 652.<sup>01</sup>

\*\*UNPAID BILLS (From Schedule D - Attach Schedule D) .....\$ 952.48

\*\*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E) .....\$ —

\*\*OUTSTANDING LOANS (From Schedule F - Attach Schedule F).....\$ —

**CANDIDATE COMMITTEES ONLY:**

CONSULTANT BREAKDOWN (Schedule G Attached?) — YES  NO

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

\* Sch A requested by phone 10-18-02  
 Staff Auditor

For Instructions, See Back of Form

CONTRIBUTIONS - MONEY TAKEN IN

(Including candidate's personal funds)

OCT 23 2002  
pm 10:21

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

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

**BYERS FOR REPRESENTATIVE 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
9-25-02	ID#	ALL DONATIONS MISC. ALL DONATIONS 20 <sup>00</sup> OR LESS	NONE	\$ 807. <sup>00</sup>	-
10-14-02	CK#				
	ID#				
	CK#				
	ID#				
	CK#				
	ID#				
	CK#				
	ID#				
	CK#				
	ID#				
	CK#				
	ID#				
	CK#				
	ID#				
	CK#				
	ID#				
	CK#				

SUB-TOTAL

\$ 807.<sup>00</sup>  
\$ 807.<sup>00</sup>

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) (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.

**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)  
**BYERS FOR REPRESENTATIVE 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
9/5/02	ID# CK# 1	Pierson Photography 518 N. Second ST Cherokee, Ia 51012	Photos for Press Releases and brochures	\$ 43.99
10/13/02	ID# CK# 2	Bob Byers Box 292 Clegona Ia 51014	3 rolls of 37¢ stamps (reembursment)	\$ 111.00
	ID# CK#			

SUB-TOTAL \$ 154.99  
TOTAL (if last page of this schedule) \$ 154.99

**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).)

SCHEDULE <b>D</b> (Rev. 08/98)	INCURRED INDEBTEDNESS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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

NOTE: Debts previously reported that remain unpaid must be included on this Schedule, as well as any new obligations incurred in this period.

**DEBTS/OBLIGATIONS REMAINING THIS REPORTING PERIOD  
(DO NOT INCLUDE LOANS - SHOW LOANS ON SCHEDULE F)**

An "incurred debt" is a debt for goods or services ordered or received, but not paid for by the end of the reporting period, regardless of whether an invoice has been received.

DATE INCURRED (MM/DD/YR)	NAME AND ADDRESS OF PERSON TO WHOM DEBT OR OBLIGATION IS OWED	DESCRIPTION OF GOODS OR SERVICES PROVIDED OR PURCHASED	BALANCE OWED AT CLOSE OF REPORTING PERIOD*
9-25-02	WAYNE PRINTING 311 E MAIN CHEROKEE, IA 51012	3000 BROCHURES	\$ 725. <sup>97</sup>
9-25-02	PERKINS OFFICE SOLUTIONS 320 E. MAIN CHEROKEE, IA 51012	200 COPIES & PAPER	10. <sup>60</sup>
9-20-02	HUBBY LOBBY 4501 SOUTHERN HILLS DR. SIOUX CITY, IA 51106	STENCILS	6. <sup>68</sup>
9-21-02	MARCUS LUMBER Box 666 MARCUS, IA 51035	MASONITE FOR SIGNS	11. <sup>53</sup>
10-10-02	MOVILLE RECORD 12 SOUTH 2ND ST. MOVILLE, IA 51039	POLITICAL ADS	77. <sup>00</sup>
10-8-02	MARCUS LUMBER Box 666 MARCUS, IA 51035	MASONITE FOR SIGNS	11. <sup>50</sup>
10-2-02	PERKINS OFFICE SOLUTIONS 320 E. MAIN CHEROKEE, IA 51012	290 COPIES	13. <sup>25</sup>
SUB-TOTAL			\$ 856. <sup>93</sup>
TOTAL DEBTS OWED BY COMMITTEE AT THE END OF THIS REPORTING PERIOD			\$

\*If actual figure is unknown, show "estimated" beside the figure.

**CANDIDATE COMMITTEES NOTE:**

\*Incurred indebtedness also includes each person/entity with whom the candidate's committee has entered into a contract during the reporting period for future or continuing performance. Enter the name of the consultant who provides or procures services for items such as advertising, fund-raising, polling, managing, or organizing services. Report on Schedule G the nature of performance and the estimated performance reasonably expected of the consultant.

SCHEDULE <b>D</b> (Rev. 08/98)	INCURRED INDEBTEDNESS
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COMMITTEE NAME (Must be same as on Statement of Organization)

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DATE INCURRED (MM/DD/YR)	NAME AND ADDRESS OF PERSON TO WHOM DEBT OR OBLIGATION IS OWED	DESCRIPTION OF GOODS OR SERVICES PROVIDED OR PURCHASED	BALANCE OWED AT CLOSE OF REPORTING PERIOD*
10-11-02	PERKINS OFFICE SOLUTIONS 320 E. MAIN CITEROKEE, IA 51012	750 COPIES & PAPER	\$ 72. <sup>60</sup>
10-11-02	CORRECTIONVILLE BUILDING CENTER Box 96 CORRECTIONVILLE IA 51016	LATH FOR SIGNS	4. <sup>82</sup>
10-3-02	MARUS LUMBER Box 666 MARCUS, IA 51035	MASONITE FOR SIGNS	11. <sup>53</sup>
10-6-02	HY VEE 3301 GORDON DRIVE SIOUX CITY, IA 51105	COPIES & PAPER	7. <sup>00</sup>

SUB-TOTAL \$ 95.<sup>95</sup>

TOTAL DEBTS OWED BY COMMITTEE AT THE END OF THIS REPORTING PERIOD \$ 952.<sup>48</sup>

\*If actual figure is unknown, show "estimated" beside the figure.

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