

DISCLOSURE SUMMARY PAGE

OCT 28 2002 pm 11:23

FORM <b>DR-2</b> (Rev. 01/98)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	11110
Indexed	EW 9
Audited	
Computer	

COMMITTEE NAME (Must be same as on Statement of Organization)  
FRIENDS & Neighbors FOR ART WOLOVER

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 State Candidates

SIGNATURE OF TREASURER (of person filing this report) [Signature] TELEPHONE 641-423-2913 DATE SIGNED 10-23-02

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 October 19<sup>th</sup> 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.) ..... \$ 392.29

**ADD TOTAL MONEY TAKEN IN THIS PERIOD**

Schedule A: Cash Contributions total (Attach Schedule A) ..... 0

Schedule F: Loans Received total (Attach Schedule F) ..... 0

Schedule H: Total Sales of Campaign Property (Attach Schedule H) ..... 0

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL ..... \$ 392.29

**SUBTRACT TOTAL MONEY SPENT THIS PERIOD**

Schedule B: Expenditures total (Attach Schedule B) ..... 392.29

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

**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)

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
8-9-02	ID# CK#	WELLS FARGO Bank Mason City IA	Bank Account Service Fee	\$ 5.30
8-12-02	ID# CK# 1012	Pat O'R Art Workshop 1846 Springview Drive Mason City IA 50801	Reimbursement of campaign expenses	386.99
	ID# CK#			
SUB-TOTAL				\$
TOTAL (if last page of this schedule)				\$ 392.29

**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  
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.

OCT 28 2002  
PM 11:23

COMMITTEE NAME

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

Official Name of Committee	
FRIENDS & NEIGHBORS FOR ANTI-WOLFEAR	
Street	
City, State, Zip Code	
MASON CITY, IA 50401	
Area Code	Telephone
(641) 423-2913	

Effective date of dissolution:

10-1-2002



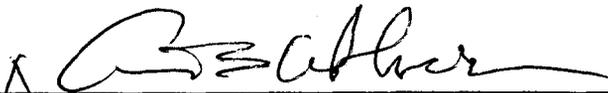
Signature of Treasurer

11-23-02

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

10-24-02

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.

CUPR CO 1 OP MS 50852 ACTION COMPLETE  
 ACTION COID 1 ACCT COND  
 PROD CODE DDA ACCT 7736721072 SHORT NAME WOLOVER ARTHUR B  
 CURR CODE PAGE 1 SEARCH FROM 102/08/14 THRU 102/08/19  
 ACTN POST EFFECTIVE CHECK NUMBER TRAN AMOUNT D/C BALANCE  
 TRACE ID DESCRIPTION  
 \* 08/14 1012 386.99 D .00  
 00330022002253149541 CASHED CHECK  
 \* 08/19 .00 D .00  
 MASN5464 PAYOFF DEBIT, INTEREST WITHOUT FEE

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