

FILED NOV - 1 2002 FAX

FOR INSTRUCTIONS, SEE BACK OF FORM
DISCLOSURE SUMMARY PAGE

FORM DR-2 (Rev. 05/2002)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	1411
Indexed	SW 2
Audited	
Computer	

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

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 of Candidates

CANDIDATE COMMITTEES ONLY:

Candidate Name LEYMOUR, JAMES A Political Party Republican
 Office Sought SENATE District (if Senate or House) 28

James A. Leymour (712) 647-2699 October 31, 2002
 SIGNATURE OF TREASURER (or person filing this report) TELEPHONE 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 NOVEMBER 1, 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.)\$ 1239.60

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below) 1750.00

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.....\$ 2989.60

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)... 510.27

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)\$ 2479.33

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

**IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)\$ 12,216.87

**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) \$ _____

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

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

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

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
10/23/02	ID# 6498 CK# 1177	WELL PAC 636 Grand Ave DES MOINES, IA. 50309		\$ 250.00	✓
10/23/02	ID# 6282 CK# 1225	MYVEE Employee's PAC 5820 WESTOWN Parkway WEST DES MOINES, IA. 50266		500.00	✓
10/24/02	ID# 6279 CK# 2010	Iowa Ophthalmology PAC 1501 50TH ST. WEST DES MOINES, IA. 50266		200.00	
10/23/02	ID# 000331686 CK# 6300 5029	FAS PAC FAREWAY STORES 2600 E. 8TH ST. BOONE IA. 50036		100.00	
10/30/02	ID# 6118 CK# 1890	Iowa Optometric Assoc. 1454 30th St. STE. 204 WEST DES MOINES, IA 50266		150.00	
10/30/02	ID# 9655 CK# 1010	ILTA PAC # P.O. Box 206 Eldora, IA. 50627		150.00	
10/30/02	ID# 6218 CK# 11903	NFIB - Iowa Safe Trust 1201 FST. N.W. Suite 200 Washington, DC 20004		250.00	
10/30/02	ID# 6478 CK# 1080	Iowa Assoc. of Nurse Anesthetists c/o Bill Miller, Reg. IANA 1122 Woodland Rd. HARLAN, IA		150.00	
	ID# CK#	51537			
	ID# CK#				

SUB-TOTAL \$ 1750

TOTAL (if last page of this schedule) \$ 1750

* 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 (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)
SEYMOUR for SENATE

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
<i>10/31/02</i>	ID# CK# <i>1029</i>	<i>JIM SEYMOUR 901 WHITE ST. WOODSING, IOWA</i>	<i>Campaign MILEAGE Oct. 19 to Oct. 31-</i>	\$
	ID# CK#		<i>1398 miles @ 365¢ =</i>	<i>\$510.27</i>
	ID# CK#			
SUB-TOTAL				<i>\$ 510.27</i>
TOTAL (if last page of this schedule)				<i>\$ 510.27</i>

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).)

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

SCHEDULE E (Rev. 06/97)	IN KIND CONTRIBUTIONS
<input type="checkbox"/> 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
10/24/02	Republican Party of Iowa 621 E. 9th St. DES MOINES, IA 50309		PRINTING (The Copy Shop)	\$ 365.85	
10/21/02	Republican Party of Iowa 621 E. 9th St. DES MOINES, IA 50309		Color FX POSTAGE	802.60	
10/21/02	Republican Party of Iowa 621 E. 9th St. DES MOINES, IA 50309		U.S. POST- MARKET POSTAGE	7,150.00	
10/15/02	Republican Party of Iowa 621 E. 9th St. DES MOINES, IA 50309		PRINTING	3,898.42	

SUB-TOTAL \$ 12,216.87
 TOTAL (if last page of this schedule) \$ 12,216.87

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