

**FORM DR-2: Disclosure Summary Page**Status: **Amended**ID #: **1400**Committee: **Upmeyer for House**Comm Type: **State House**Date Due: **11/01/2002**Report Year: **2002**Treasurer: **Dorothy DeVary**

Primary Ph. (641)923-2070 Secondary Ph. (-)

Chair: **Linda L Upmeyer**

Primary Ph. (641)923-3398 Secondary Ph. (-)

County: **NA**Amended: **6/5/03**

Statutory Due Date	11/01/2002
Adjusted Due Date	/ /
Received Date	11/01/2002
Postmark Date	10/31/2002
Amended	06/05/2003

**Statement of Cash on Hand**

Cash on Hand at Start of Period	\$4,340.02
Schedule A: Cash contributions Total	\$2,720.00
Schedule F: Loans Received Total	\$0.00
Schedule H: Campaign Property Sales	\$0.00
SUB-TOTAL	\$7,060.02
Schedule B: Expenditure Total	\$764.51
Schedule F: Cash Loan Repayments	
Cash on Hand At End of Period	6,295.51

**Additional Assets and Liabilities**

Loans in Place at Start of Period	\$600.00
Schedule D: UnPaid Bills	\$0.00
Schedule E: In-Kind Contributions	\$6,010.16
Schedule F: Forgiven Loans	
Schedule F: Outstanding Loans	\$600.00
Schedule G: Consultant Breakdown?	No
Schedule H: Campaign Property Value	\$0.00

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

NOV - 1 2002

<b>FORM DR-2</b> (Rev. 05/2002)	DISCLOSURE REPORT
<b>For Office Use Only</b>	
Comm. #	1400
Indexed	2
Audited	4-11-03 e
Computer	WRS

COMMITTEE NAME (Must be same as on Statement of Organization) Upmeyer for House FILED pm 10:31

IMPORTANT: Indicate type of committee you are reporting for:  (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 Linda Upmeyer Political Party R

Office Sought State Representative District (if Senate or House) 12

Linda Upmeyer SIGNATURE OF TREASURER (or person filing this report) 641-923-3398 TELEPHONE 10/29/02 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 11-1-02 (report date) REPORT FOR AN/A (1) ELECTION //(2) NON-ELECTION YEAR. Indicate one

CHECK IF AMENDMENT TO REPORT DATED \_\_\_\_\_

Local Committees, enter Date of Election \_\_\_\_\_

County & Local Committees, enter County in which Election is held \_\_\_\_\_

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.)

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.) 518,480.81 \$ 3945.97

**ADD TOTAL MONEY TAKEN IN THIS PERIOD**

Schedule A: Cash Contributions total (Attach Schedule A) (\*also see in-kind below) ..... 2720.00 ✓

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.....\$ 6665.97  
764.51

**SUBTRACT TOTAL MONEY SPENT THIS PERIOD**

Schedule B: Expenditures total (Attach Schedule B) (\*\*also see debts and loans below) ... 764.51 ✓

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) ..... 518,681.30 \$ 5819.33

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

\*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E) .....\$ 6010.16 ✓

\*\*OUTSTANDING LOANS (From Schedule F - Attach Schedule F).....\$ 600.00 -

**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 <b>A</b> (Rev. 06/97)	MONETARY RECEIPTS
<input type="checkbox"/> 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)  
*Lipmeyer 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 FOR FUND-RAISER INCOME
✓ 10/17/02	ID# CK#	Janice A. Kirsch 3672 North Shore Drive Clear Lake, IA 50428		\$100.00	
- 10/17/02	ID# CK#	Adel F. Mearns 1000 Briarstone Drive Mason City, IA 50401		100.00	
- 10/17/02	ID# CK#	Susan E. Sitch 1014 - 15th St SE Mason City, IA 50401		50.00	
- 10/17/02	ID# CK#	James & Linda Coddington 3 Cairnbrae Hills Mason City, IA 50401		50.00	
- 10/17/02	ID# CK#	Paul & Barbara MacGregor 680 E. State St. Mason City, IA 50401		50.00	
- 10/17/02	ID# CK#	Donald C. Berge 925 N. 8th St W Clear Lake, IA 50428		100.00	
- 10/18/02	ID# CK#	Mam & Rachel Johnson 1900 Springview Dr Mason City, IA 50401		100.00	
- 10/18/02	ID# CK#	Samuel & Deborah Hunt 1210 N Taff Mason City, IA 50401		20.00	
- 10/18/02	ID# CK#	Cerro Gordo County Republican Women 40 Diane Ostendorf, Treasurer 6 E. Gate Ct. Clear Lake, IA 50428		100.00	
- 10/21/02	ID# CK#	Martin & Rhoda Schularick 5 Hawthorn RD. Mason City, IA 50401		50.00	
SUB-TOTAL				\$720.00	
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.

For Instructions, See Back of Form.

SCHEDULE <b>A</b> (Rev. 06/97)	MONETARY RECEIPTS
<input type="checkbox"/> 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)  
*Upmeyer 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 FOR FUND-RAISER INCOME
10/19/02	ID# CK#	David and Linda Little 126 Lakeview Drive Mason City, IA 50401		\$ 25.00	
10/19/02	ID# CK#	Joann Ermeu - Seltun 210 N. Hampshire Ave. Mason City, IA 50401		25.00	
10/19/02	ID# CK#	Sam Congello & Patricia Endress 10 Burr Oak Lane Mason City, IA 50401		250.00	
10/22/02	ID# CK#	Phillip & Jane Lee 26778 Poplar Ave. Mason City, IA 50401		100.00	
10/24/02	ID# CK#	Daley Marie Andres 3647 North Shore Dr. Clear Lake, IA 50428		50.00	
10/24/02	ID# CK#	Joyce & Joel Jones 15936 30th St. Mason City, IA 50401		25.00	
10/24/02	ID# CK#	Ruby Strother 750 W. Lyon Carnes, IA 50438	grand-mother	50.00	
10/24/02	ID# CK#	Al & Marian Delwitt 530 W. 7th Carnes, IA 50438	aunt & uncle	25.00	
10/24/02	ID# CK#	Warren & Barbara Smith 1610 Club View Dr. Hampton, IA 50441		100.00	
10/24/02	ID# 6300 CK# 5051	FAS-PAC - Farway Stores PAC 2600 E. 8th St. Boone, IA 50036		100.00	
SUB-TOTAL				\$ 750.00	✓
TOTAL (if last page of this schedule)				\$	

CK# 4-11-03

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For Instructions, See Back of Form.

**CONTRIBUTIONS – MONEY TAKEN IN**

(Including candidate's personal funds)

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

COMMITTEE NAME (Must be same as on Statement of Organization)  
*Gomez 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 FOR FUND-RAISER INCOME
✓ 10/24/02	ID# 6279 CK# 3011	Iowa Ophthalmology PAC 1501 50th St, Suite 133 WDM, IA 50266		\$ 200.00	
✓ 10/24/02	ID# 6078 CK# 1478	Iowa Physical Therapists PAC 1328 89th St, Suite 106 WDM, IA 50265		100.00	
✓ 10/24/02	ID# 6488 CK# 111	Iowa Providers PAC 7025 Dickman Rd, Suite 5 Urbandale, IA 50322		100.00	
✓ 10/24/02	ID# 6160 CK# 2024	Iowa Indep. Bankers 1603 22nd St, Suite 202 WDM, IA 50266		150.00	
10/24/02	ID# CK#	David Kingland 145 E. O Street Forest City, IA 50436		100.00	
10/24/02	ID# CK#	Bill Johnson PO Box 267 Belmond, IA 50421		100.00	
✓ 10/25/02	ID# 6058 CK# 2166	Iowa Chiropractic Sec. 1605 N. Ankeny Blvd. Suite 100 Ankeny, IA 50021-4159		150.00	
10/26/02	ID# CK#	Megan Ostendorf 1117 S. 4th St. PO Box 4 Fleming, IA 50449	Aunt	25.00	
10/28/02	ID# CK#	Byron T. Brasley 42 Lakeview Ct. Mason City, IA 50401		50.00	
✓ 10/28/02	ID# CK# 0331	Iowa PAs - Elizabeth Coyle 3274 Delta Circle PO Box 10 Redfield, IA 50233	(Principal Assistant PAC)	100.00	
SUB-TOTAL				\$ 1075.00 ✓	
TOTAL (if last page of this schedule)				\$	

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FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

SCHEDULE <b>B</b> (Rev. 09/97)	MONETARY EXPENDITURES
<input type="checkbox"/> 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)  
*Lomeny 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
10/21/02	ID# CK# 1104	<i>Carner Leader 365 State St. Carner, Ia 50438</i>	<i>Newspaper Subscription</i>	<i>\$30.00</i>
10/21/02	ID# CK# 1105	<i>Ridge Stone Golf Course Sheffield, IA</i>	<i>Dinner for fund-raiser</i>	<i>457.13</i>
10/22/02	ID# CK# 1106	<i>Globe Gazette 300 N. Washington Mason City, IA 50401</i>	<i>advertising</i>	<i>277.38</i>
	ID# CK#			
SUB-TOTAL				<i>\$764.51</i>
TOTAL (if last page of this schedule)				<i>\$764.51</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).)



FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

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

SCHEDULE <b>F</b> (Rev. 08/96)	LOANS RECEIVED & REPAID
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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

TOTAL UNPAID LOANS FROM LAST REPORTING PERIOD \$ 600.00

**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
<del>10/1/00</del>			\$

TOTAL CASH REPAYMENTS (PART II) \$ \_\_\_\_\_

From Schedule E -- TOTAL LOANS FORGIVEN \$ \_\_\_\_\_

TOTAL OUTSTANDING LOANS END OF REPORT PERIOD \$ 600.00

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