

DISCLOSURE SUMMARY PAGE

FORM DR-2 (Rev. 01/98)	DISCLOSURE REPORT
For Office Use Only	
Comm. # <u>1377</u>	
Indexed _____	
Audited _____	
Computer _____	

COMMITTEE NAME (Must be same as on Statement of Organization)
Boyer for Representative Committee

IMPORTANT: Indicate type of committee you are reporting for:

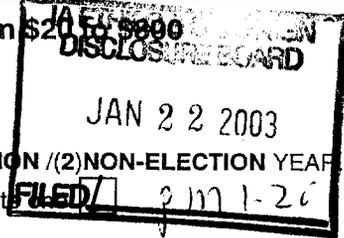
(1) Statewide/Legislative Candidate (2) Statewide PAC (3) State Party (4) County/Local Candidate
 (5) County PAC (6) Ballot Issue/Franchise Committee (7) County/City Central Committee
 (8) Support Slate of Candidates

[Signature] 1-10-03
 SIGNATURE OF TREASURER (or person filing this report) TELEPHONE 641-472-8650 DATE SIGNED

Routine Penalties Due For Late Filed Reports Range from \$20 to \$5000

SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE:

I AM FILING A Oct. 15 - Dec. 31 REPORT FOR AN/A (1) ELECTION / (2) NON-ELECTION YEAR
 (report date) Indicate



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.)\$ 5880.23

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) 1375.00

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.....\$ 7255.23

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) 7255.23

Schedule F: Loan Repayments total (Attach Schedule F) 0

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)\$ 7601.74

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

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)

Boyer for Representative

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# 9581 CK# 1111	Wapello Co Republican Women's Club 1 Pennsylvania Place, Apt 3 Wapello, IA 52501		\$ 100	
10/24/02	ID# CK#	David Dickey 407 E 4th Packwood, IA 52580		50	
10/24/02	ID# CK#	Robert Daniels 1734 Jasmine Ave., Willa 4 Fairfield, IA 52556		100	
10/25/02	ID# CK#	Harvey Hensley 404 W. Carpenter Fairfield, IA		100	
10/26/02	ID# CK#	Rachel S. Goodman Su. 366, MUM Fairfield, IA		50	
10/26/02	ID# CK#	Terence Greenley Box 29 Siggourney, IA 52591		50	
10/28/02	ID# CK#	Shawn O'Sullivan 207 W. Washington Fairfield, IA		100	
10/30/02	ID# CK#	Bob Diers 414 E. Main Wayland, IA 52654		100	
10/31/02	ID# CK#	Clarence Hoffman Charter Oak, IA 51439-7433		100	
10/31/02	ID# CK#	Leconne De Freitas 1976 Sayanna Dr. Fairfield, IA		200	

SUB-TOTAL

\$ 950

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

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)
Boyer for Representative

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
11/4/02	ID# CK#	Kim Kutner PO 102 Fairfield, IA 55556		\$ 100	
11/4/02	ID# CK#	Royse Hull PO 39 Fairfield, IA		50	
11/23/02	ID# CK#	Ed Harvey 1200 Wonder Way Fairfield, IA		100	
~~~~~					
Various	ID# CK#	Unitemized Contributions (\$25 & less per donor)		175	
	ID# CK#				

SUB-TOTAL \$ 425  
TOTAL (if last page of this schedule) \$ 1375

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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)

*Boyer for Representative*

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#	Iowa Newspaper Assn 319 E. 5th St. Des Moines, IA 50309	Campaign ads - print	\$840.93
10/21/02	ID# CK#	Victory Enterprises 52005 W 30th Davenport, IA 52802	Campaign ads - radio	2770.56
10/21/02	ID# CK#	Frontline Graphics 2045, 20th St. Fairfield, IA 52556	Printing campaign material	307.40
10/24/02	ID# CK#	Weekly Reader 51 E Broadway Fairfield, IA	Campaign ad - print	193.33
10/26/02	ID# CK#	U.S. Postal Service U.S. Post Office Fairfield, IA	Postage - Campaign mailings	370.00
10/28/02	ID# CK#	Victory Enterprises (See above)	Campaign ads - radio	1000.00
11/1/02	ID# CK#	Ottumwa Courier 213 E 3rd St Ottumwa, IA 52501	Campaign ads - print	448.92
11/5/02	ID# CK#	Van Buren Register P0477 Keosauqua, IA 52565	Campaign ad - print	178.08
SUB-TOTAL				\$6109.22
TOTAL (if last page of this schedule)				\$

**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).)

**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.

SCHEDULE <b>B</b> (Rev. 09/97)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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

DATE EXPENDED (MM/DD/YYR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
11/5/02	ID# CK#	Iowa State Bank 101 N. Court St. Fairfield, IA 52556	Copying campaign materials	\$ 60.00
11/23/02	ID# CK#	Fairfield Ledger 112 E. Broadway Fairfield, IA	Campaign ads - print	202.62
11/23/02	ID# CK#	Van Buren Leader Record PO 155 Farmington, IA 52626	Campaign ads - print	126.00
12/8/02	ID# CK#	Van Buren Register (See above)	Campaign ads - print	101.76
12/8/02	ID# CK#	Fairfield Ledger (See above)	Campaign ad - print	49.12
12/18/02	ID# CK#	MUM Press DB-1154, MUM Fairfield, IA	Photocopying campaign materials	84.50
12/23/02	ID# CK#	Van Buren Leader Record (See above)	Campaign ad - print	72.00
1/10/03	ID# CK#	Connie Boyer 203 E. Burlington Ave Fairfield, IA	Payment on Campaign debt (Sched. D)	450.31
SUB-TOTAL				\$ 1146.01
TOTAL (if last page of this schedule)				\$ 7255.23

**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>E</b> (Rev. 06/97)	IN KIND CONTRIBUTIONS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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

Boyer for Representative

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
10/18/02	Republican Party of IA 621 E 9th Des Moines, IA 50309		Printing	\$ 6301.38	
10/29/02	11		Postage/ Processing	432.57	
10/30/02	11		Radio Buy	300.00	
10/31/02	11		Printing	405.91	
1/10/03	Connie Boyer 202 E. Burlington Ave. Fairfield, IA 52556	Candidate	Balance of Sched. D campaign debt contributed	161.88	

SUB-TOTAL \$ 7601.74

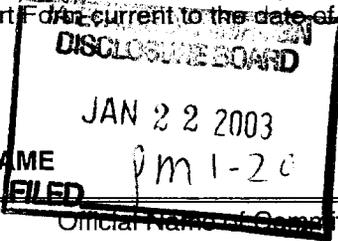
TOTAL (if last page of this schedule) \$ 7601.74

*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.

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 ~~For current to the date of~~ dissolution.



FORM	(Rev. 02/96)
<b>DR-3</b> NOTICE OF DISSOLUTION	
<b>For Office Use Only</b>	
Comm. #	1377
Indexed	2
Audited	
Computer	
Certified Date of Dissolution	

COMMITTEE NAME pm 1-20  
Official Name of Committee

<u>Boyer for Representative Committee</u> Street	
<u>1107 Kedi Circle</u> City, State, Zip Code	
<u>Fairfield, IA 52556</u> Area Code	<u>641-472-8650</u> Telephone

Effective date of dissolution:

1-10-03 2003  
[Signature]  
Signature of Treasurer  
1-10-03  
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]  
Signature of Candidate - Required for Candidate's Committee

1-13-03  
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.