

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

FORM DR-2 (Rev. 05/2002)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	1486
Indexed	SW
Audited	
Computer	

COMMITTEE NAME (Must be same as on Statement of Organization)
HOTTER FOR THE HOUSE ID# 1486

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 Slate of Candidates

CANDIDATE COMMITTEES ONLY:

Candidate Name JOE HOTTER Political Party REPUBLICAN

Office Sought STATE REPRESENTATIVE District (if Senate or House) 82

JRBoumayer 563-332-5669
 SIGNATURE OF TREASURER (or person filing this report) TELEPHONE

JAN 13 2003
 pm 1:10
JAN 6, 2003
 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 THRU DEC 31ST REPORT FOR AN/A (1) ELECTION /(2)NON-ELECTION YEAR.
 From OCT 29, 2002 (report date) thru DEC 31, 2002
 CHECK IF AMENDMENT TO REPORT DATED _____

Indicate one

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.)	\$	<u>457²²</u>
ADD TOTAL MONEY TAKEN IN THIS PERIOD		
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)		<u>200⁰⁰</u>
Schedule F: Loans Received total (Attach Schedule F)		<u>— 0 —</u>
Schedule H: Total Sales of Campaign Property (Attach Schedule H)		<u>— 0 —</u>
(Schedule H applies to Candidates' Committees Only)		
SUB-TOTAL	\$	<u>657²²</u>
SUBTRACT TOTAL MONEY SPENT THIS PERIOD		
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below) ...		<u>— 0 —</u>
Schedule F: Loan Repayments total (Attach Schedule F)		<u>— 0 —</u>
CASH ON HAND at the end of this reporting period (if final report, balance must be zero) (Attach DR-3)	\$	<u>657²²</u>
**UNPAID BILLS (From Schedule D - Attach Schedule D)	\$	<u>— 0 —</u>
*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)	\$	<u>5061⁸³</u>
**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)	\$	<u>— 0 —</u>
CANDIDATE COMMITTEES ONLY:		
CONSULTANT BREAKDOWN (Schedule G Attached?)		<u>—</u> YES <u>X</u> NO
VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)	\$	_____

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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)
Hutter for the House ID#1486

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# 6291 CK# 2214	Iowa Hospital Assoc PAC 100 E GRAMS AVE Suite 100 DES MOINES, IA 50309		\$ 200 ⁰⁰	
	ID# CK#				

SUB-TOTAL \$ 200⁰⁰
TOTAL (if last page of this schedule) \$ 200⁰⁰

* 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.

