

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

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FORM DR-2 (Rev. 01/2003)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	1435
Indexed	2
Audited	
Computer	

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

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 Donald D. Palmer/ Committee To Elect Don Palmer	Political Party Republican
Office Sought Iowa House of Representatives	District (if Senate or House) House District 38



SIGNATURE OF TREASURER (or person filing this report)

319-366-4238
TELEPHONE

1-21-2003
DATE SIGNED

Late filed reports are subject to possible civil and criminal penalties.

SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE:

I AM FILING A 1-21-2003 REPORT FOR AN/A (1) ELECTION /(2)NON-ELECTION YEAR.
(report date) Indicate one 2

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.)	9,801.69
ADD TOTAL MONEY TAKEN IN THIS PERIOD	
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)	308.42
Schedule F: Loans Received total (Attach Schedule F)	0.00
Schedule H: Total Sales of Campaign Property (Attach Schedule H)	0.00
<u>(Schedule H applies to Candidates' Committees Only)</u>	
SUB-TOTAL	\$ 10,110.11
SUBTRACT TOTAL MONEY SPENT THIS PERIOD	
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)	8,110.20
Schedule F: Loan Repayments total (Attach Schedule F)	0.00
CASH ON HAND at the end of this reporting period (if final report, balance must be zero) (Attach DR-3)	\$ 1,999.91
**UNPAID BILLS (From Schedule D - Attach Schedule D)	\$ 163.85
**IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)	\$
**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)	\$ 3,200.00
CANDIDATE COMMITTEES ONLY:	
CONSULTANT BREAKDOWN (Schedule G Attached?)	<input type="checkbox"/> YES <input type="checkbox"/> NO
VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)	\$

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SCHEDULE A (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)
Committee To Elect Don Palmer

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
11-06-2002	ID# 8140 CK# 1211	Pfizer PAC 235 East 42nd Street New York, NY 10017		\$ 300.00	
12-31-2002	ID# CK#	Interest Paid To Campaign Chcking Account Community Savings Bank 3414 Mt. Vernon Road SE Cedar Rapids, IA 52403		8.42	
	ID# CK#				
SUB-TOTAL				\$ 308.42	
TOTAL (if last page of this schedule)				\$ 308.42	

* 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.

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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)
Committee To Elect Don Palmer

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
10-30-2002	ID# CK#	Office Max 327 Collins Rd NE CR Ia 52403	Lit Drop Supplies Paper-Rubber Bands - Boxes	\$ 49.68
10-31-2002	ID# CK#	PostMaster Main Post Office-Cedar Rapids, IA	Postage	66.05
10-31-2002	ID# CK#	Fineline Printing 1075 Hawkeye Drive Hiawatha, IA 52233	Printing For Lit Drop	2,096.82
10-31-2002	ID# CK#	Onscreen Plus 2129 Northtown Lane NE Cedar Rapids, IA 52403	Jumbo Signs	466.40
11-1-2002	ID# CK#	Kinkos 1st Ave NE Cedar Rapids, IA 52403	Copies / Lit Drop	38.16
11-1-2002	ID# CK#	Postmaster Main Post Office - Cedar Rapids, IA	Postage - Mailing	96.38
11-2-2002	ID# CK#	George Ratliff 19th Street S.E. Cedar Rapids, IA 52403	Fee For Lit Drop	250.00
11-2-2002	ID# CK#	Betty Ratliff 19th Street SE Cedar Rapids, IA 52403	Fee For Lit Drop	75.00
SUB-TOTAL				\$ 3,138.49
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).)

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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)
Committee To Elect Don Palmer

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
11-3-2002	ID# CK#	Dana Palmer 1926 Higley Ave SE Cedar Rapids, IA 52403	Fee For Lit Drop	\$ 80.00
11-3-2002	ID# CK#	Menards 4601 1st Ave SE Cedar Rapids, IA 52403	Stakes For Yard Signs	58.55
11-4-2002	ID# CK#	Republican Party of Iowa 621 East 9th Des Moines, IA 50309	Cable TV Purchase	2,572.50
11-6-2002	ID# CK#	Ehren Van Auken 2640 6th Street Marion, IA 52322	Internet Page Design-Fee	75.00
11-6-2002	ID# CK#	Tim Palmer 1802 29th Street SE Cedar Rapids, IA 52403	Cell Phone Reimbursement Personal Account	233.00
11-7-2002	ID# CK#	Office Max 327 Collins Road NE Cedar Rapids, IA 52402	Boxes Storage Supplies	50.41
11-8-2002	ID# CK#	Qwest PO Box 1301 Minneapolis MN, 55483	Phone Charges - Office	84.44
11-8-2002	ID# CK#	First American Property 101 2nd Street SE Cedar Rapids, IA 52401	Office Lease	800.00
SUB-TOTAL				\$ 7,092.309
TOTAL (if last page of this schedule)				\$

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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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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)
 Committee To Elect Don Palmer

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
11-21-2002	ID# CK#	Hy Vee Mt.Vernon Road SE Cedar Rapids, IA 52403	Garbage Stickers (Landfill Campaign Supplies-Literature)	\$ 25.00
12-1-2002	ID# CK#	First American Realty 101 2nd Street SE Cedar Rapids, IA 52401	Office Lease	400.00
12-4-2002	ID# CK#	Tim Palmer 1802 29th Street SE Cedar Rapids, IA 52403	Cell Phone Reimbursement	102.71
12-14-2002	ID# CK#	Tim Palmer 1802 29th Street SE Cedar Rapids, IA 52403	Mileage Reimbursement	107.29
12-16-2002	ID# CK#	Verizon Wireless PO Box 790422 St. Louis, MO 63179	Cell Phone Charges Campaign Phone Account	265.19
12-16-2002	ID# CK#	Alliant Energy PO Box 77004 Madison, WI 53707	Electric Charge / Office Space June-November	62.49
12-20-2002	ID# CK#	Tim Palmer 1802 29th Street SE Cedar Rapids, IA 52403	Cell Phone Reimbursement	55.13
	ID# CK#			
SUB-TOTAL				\$
TOTAL (if last page of this schedule)				\$ 8,110.20

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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SCHEDULE D (Rev. 08/98)	INCURRED INDEBTEDNESS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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

Committee To Elect Don Palmer

NOTE: Debts previously reported that remain unpaid must be included on this Schedule, as well as any new obligations incurred in this period.

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**DEBTS/OBLIGATIONS REMAINING THIS REPORTING PERIOD
(DO NOT INCLUDE LOANS -- SHOW LOANS ON SCHEDULE F)**

An "incurred debt" is a debt for goods or services ordered or received, but not paid for by the end of the reporting period., regardless of whether an invoice has been received.

DATE INCURRED (MM/DD/YR)	NAME AND ADDRESS OF PERSON TO WHOM DEBT OR OBLIGATION IS OWED	DESCRIPTION OF GOODS OR SERVICES PROVIDED OR PURCHASED	BALANCE OWED AT CLOSE OF REPORTING PERIOD*
Nov-Dec	Qwest PO Box 1301 Minneapolis, MN	Phone Charges - Office	\$ 163.85
SUB-TOTAL			\$ 163.85
TOTAL DEBTS OWED BY COMMITTEE AT THE END OF THIS REPORTING PERIOD			\$ 163.85

*If actual figure is unknown, show "estimated" beside the figure.

CANDIDATE COMMITTEES NOTE:
*Incurred indebtedness also includes each person/entity with whom the candidate's committee has entered into a contract during the reporting period for future or continuing performance. Enter the name of the consultant who provides or procures services for items such as advertising, fund-raising, polling, managing, or organizing services. Report on Schedule G the nature of performance and the estimated performance reasonably expected of the consultant.

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COMMITTEE NAME (Must be same as on Statement of Organization)
 Committee To Elect Don Palmer

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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
12-11-2002	Republican Party of Iowa		Printing	\$ 143.17	<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
SUB-TOTAL				\$ 143.17	
TOTAL (if last page of this schedule)				\$ 143.17	

*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.

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

COMMITTEE NAME (Must be same as on Statement of Organization)
Committee To Elect Don Palmer

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

TOTAL UNPAID LOANS FROM LAST REPORTING PERIOD \$ 3,200.00

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) \$ 0.00

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
			\$

TOTAL CASH REPAYMENTS (PART II) \$ 0.00
 From Schedule E -- TOTAL LOANS FORGIVEN \$ 0.00
TOTAL OUTSTANDING LOANS END OF REPORT PERIOD \$ 3,200.00

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