

**DISCLOSURE SUMMARY PAGE**

<b>FORM DR-2</b> (Rev. 02/96)	<b>DISCLOSURE REPORT</b>
<b>For Office Use Only</b>	
Comm. # <u>97</u>	
Indexed <u>VB</u> <u>S</u>	
Audited _____	
Computer _____	

*William*

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

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**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

*Erinna Palmer* 515-266-0325  
 SIGNATURE OF TREASURER (or person filing this report) TELEPHONE

1-13-2003  
 DATE SIGNED

**Penalties Due For Late Filed Reports Range from \$10 to \$400**

**SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE:**

I AM FILING A January 19, 2003 REPORT FOR AN/A (1) ELECTION /(2)NON-ELECTION YEAR.  
 (report date) Indicate one  2

JAN 15 2003  
 pm 1:14

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**

<b>CASH ON HAND</b> at the beginning of the reporting period. (This is the total of all monies held by the committee. This amount <b>MUST</b> 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.) .....	\$	4171.08
<b>ADD TOTAL MONEY TAKEN IN THIS PERIOD</b>		
Schedule A: Cash Contributions total (Attach Schedule A) .....		3.02
Schedule C: Fund-raising Events total (Attach Schedule C).....		
Schedule F: Loans Received total (Attach Schedule F).....		
Schedule H: Total Sales of Campaign Property (Attach Schedule H) .....		
<u>(Schedule H applies to Candidates' Committees Only)</u>		
	<b>SUB-TOTAL .....</b>	<b>\$ 4174.10</b>
<b>SUBTRACT TOTAL MONEY SPENT THIS PERIOD</b>		
Schedule B: Expenditures total (Attach Schedule B).....		4174.10
Schedule F: Loan Repayments total (Attach Schedule F) .....		
<b>CASH ON HAND</b> at the end of this reporting period (if final report, balance must be zero) (Attach DR-3) .....	\$	- 0 -
<hr/>		
<b>UNPAID BILLS</b> (From Schedule D - Attach Schedule D) .....	\$	0
<b>IN KIND CONTRIBUTIONS</b> (From Schedule E - Attach Schedule E).....	\$	0
<b>OUTSTANDING LOANS</b> (From Schedule F - Attach Schedule F) .....	\$	0
<b>CANDIDATE COMMITTEES ONLY:</b>		
<b>CONSULTANT BREAKDOWN</b> (Schedule G Attached?)		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<b>VALUE OF CAMPAIGN PROPERTY</b> (From Schedule H - Attach Schedule H)	\$	0

For Instructions, See Back of Form

**CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

SCHEDULE <b>A</b> (Rev. 02/96)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

<b>COMMITTEE NAME</b> <i>(Must be same as on Statement of Organization)</i> PALMER FOR SENATE COMMITTEE
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**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
JAN 2002 THUR NOV. 2002	ID#  CK#	INTEREST ON CHECKING ACCOUNT US BANK 2500 E EUCLID, DES MOINES, IA 50317		\$ 3.02
	ID# CK#			
<b>SUB-TOTAL</b>				\$ 3.02
<b>TOTAL (if last page of this schedule)</b>				\$ 3.02

\* 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**

<b>SCHEDULE B</b> (Rev. 08/96)	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)**  
PALMER FOR SENATE COMMITTEE

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)	CATEGORY* (SEE BELOW)	AMOUNT EXPENDED
5-11-02	ID# CK# 679	The Jim Ellefson Free Medical Clinic 1607 E 33rd St Des Moines, Iowa 50317	Contribution non-profit		\$2500.00
10-7-2002	ID# CK# 680	Democratic Party of Iowa 5661 Fleur Drive Des Moines, Iowa 50321	Contribution		1000.00
11-9-02	ID# MO CK# 508430874	The Jim Ellefson Free Medical Clinic 1607 E 33rd St Des Moines, Iowa 50317	Contribution non-profit		650.53
Jan 2002 thur Nov. 2002	ID# CK#	US Bank 2500 E Euclid Des Moines, Iowa 50317	Checking Account maintenace fee		23.57
	ID# CK#				
	ID# CK#				
	ID# CK#				
<b>SUB-TOTAL</b>					\$ 4174.10
<b>TOTAL (if last page of this schedule)</b>					\$ 4174.10

**THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:**

\*Campaign funds may be used only for:  
 (1) campaign purposes,  
 (2) constituency expenses, and  
 (3) educational and other expenses associated with duties of office.  
 Please insert the applicable number in the category column for each expenditure.

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).)

# Notice of Dissolution

FORM

(Rev. 07/02)

## DR-3 NOTICE OF DISSOLUTION

JAN 15 2003  
pm 1:14

### For Office Use Only

Comm. # 97  
Indexed  e  
Audited \_\_\_\_\_  
Computer \_\_\_\_\_  
Certified Date of Dissolution \_\_\_\_\_

### COMMITTEE NAME

PALMER FOR SENATE COMMITTEE	
Official Name of Committee	
3114 THOMPSON AVE.	
Street	
DES MOINES, IOWA 50317	
City, State, Zip Code	
( 515 )	266-0325
Area Code	Telephone

### WHEN TO FILE:

The Notice of Dissolution must be filed within thirty (30) days of completion of all the following:

1. All debts, loans and obligations have been paid or transferred;
2. All campaign funds have been spent;
3. All campaign property sold or transferred (candidates only); and
4. A final report disclosing all transactions closing the committee.

For state candidates and state PACs, a final bank statement must be filed with the Notice of Dissolution or as soon as possible if the bank statement is not available at the time the Notice of Dissolution is filed.



Signature of Candidate or Treasurer (if candidate's committee)/Signature of Chair or Treasurer (if PAC)

1-13-2003

Date Signed

**FOR INSTRUCTIONS, SEE BACK OF FORM**

**This form is not applicable to statutory political committees.**