

FOR INSTRUCTIONS, SEE BACK OF FORM

CHECK ONE:

- This is an **initial*** Statement of Organization
 This is an **amended*** Statement of Organization

**An initial Statement of Organization should be filled within 10 days of the committee's accepting contributions, making expenditures or incurring indebtedness exceeding \$750. Amendments should be filled within 30 days of a change. Penalties may be imposed for late-filed Statements of Organization.*

IA ETHICS & CAMPAIGN DISCLOSURE BOARD

Reset Form

MAY 7 2003

FILED

FORM Rev. 01/2003	STATEMENT OF ORGANIZATION
For Office Use Only	
Comm. # _____	Indexed _____
Audited _____	Computer _____

COMMITTEE NAME
BOB ELLIOTT FOR CITY COUNCIL COMMITTEE

IMPORTANT: Indicate type of committee you are reporting for: 4
 (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 (list candidates under purpose of committee)

COMMITTEE TREASURER	CO. COMMITTEE CHAIRS
<p>Name: <u>KENT SWAIM</u></p> <p>Mailing Address: <u>202 GREEN MOUNTAIN DRIVE</u> City, State Zip Code: <u>IOWA CITY IA 52245</u></p> <p>Phone (319) <u>351-4813</u></p> <p>e-Mail: <u>KSwaim@mchsi.com</u></p>	<p>Name: <u>TIM BEARDT</u> <u>SUSAN MINS</u></p> <p>Mailing Address: <u>1452 CROMWELL PL</u> <u>1173 OAKS DRIVE</u> City, State Zip Code: <u>IOWA CITY, IA 52240</u> <u>IOWA CITY, IA 52245</u></p> <p>Phone (319) <u>338-4133</u> <u>351-4216</u></p> <p>e-Mail: _____</p>

INDICATE PURPOSE OF COMMITTEE – Check One Box Advocate for/against candidate(s) Advocate for/against ballot issue(s)
 Comment or description: _____

All Candidates Enter:
 Office Sought: IOWA CITY CITY COUNCIL District: AT LARGE

Political Party (if applicable) _____ Year Standing for Election: _____
County/Local Candidates and Local Ballot/Franchise Committees Enter:
 County: JOHNSON Date of Election: 11-4-03

<p>Bank Account Name <u>BOB ELLIOTT FOR CITY COUNCIL COMMITTEE</u></p> <p>Name of Financial Institution/type of Account <u>IOWA STATE BANK & TRUST CO</u></p> <p>Mailing Address <u>102 S. CLINTON STREET</u> City State Zip <u>IOWA CITY IA 52240</u></p>	<p>Candidate name & Address or Parent Entity (PACs, if applicable), Affiliate, or Sponsor <u>BOB ELLIOTT</u></p> <p>Mailing Address <u>1108 DOVER STREET</u> City State Zip <u>IOWA CITY IA 52240</u></p> <p>Phone (319) <u>351-4056</u></p> <p>e-Mail: <u>ELLIOTTBS3C.AOL.COM</u></p>
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DISPOSITION OF BALANCE OF FUNDS UPON DISSOLUTION
 Indicate disposition of funds by marking appropriate number in box: 3

<p>(1) DONATED TO _____ COUNTY CENTRAL COMMITTEE</p> <p>(2) DONATED TO _____ LOCAL/STATE/NAT'L POLITICAL PARTY (underline one)</p> <p>(3) DONATED TO CHARITABLE ORGANIZATION (specify) <u>UNITED WAY OF JOHNSON COUNTY</u></p> <p>(4) CITY/COUNTY/SCHOOL/STATE OF IOWA GENERAL FUND (underline one)</p> <p>(5) PARTISAN CONGRESSIONAL DISTRICT FUND</p>	<p>(6) PRORATED REFUND TO CONTRIBUTORS</p> <p>(7) TRANSFER TO ANOTHER COMMITTEE OF THIS SAME CANDIDATE (CANDIDATES ONLY)</p> <p>(8) RETURN TO PARENT ENTITY GENERAL FUND (PACS ONLY)</p> <p>(9) OTHER (PACS ONLY), PLEASE BE SPECIFIC</p>
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STATEMENT OF AFFIRMATION BY TREASURER AND CANDIDATE; OR POLITICAL COMMITTEES, BY CHAIRPERSON
 I am aware that I am required to file disclosure reports if the committee receives contributions, makes expenditures, or incurs indebtedness in excess of \$750.00 in a calendar year to expressly advocate for any candidate or ballot issue. I understand that although the treasurer normally prepares and files reports, the candidate or chairperson (PACs) is responsible under the law for accurate and timely disclosure reports and that late-filed reports are subject to civil penalties and possible other legal action. I understand that by filing this form, I am subject to the laws found in Iowa Code chapter 56, chapter 68B and administrative rules found in chapter 351. I affirm that all committee officers have been informed of their appointment and obligations.

<p><u>Kent Swaim</u> Signature of Treasurer</p> <p><u>Robert E. Elliott</u> Signature of Candidate, OR, if PAC, Central Committee or Local Ballot Issue, Chairperson</p>	<p><u>5-5-03</u> Date Signed</p> <p><u>5/5/03</u> Date Signed</p>
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