

FOR INSTRUCTIONS, SEE BACK OF FORM

CHECK ONE:

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

SEP 25 2003

Reset Form

FORM DR-1 (Rev. 01/2003)	STATEMENT OF ORGANIZATION
For Office Use Only	
Comm. #	13349
Indexed	
Audited	
Computer	

*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 filed within 30 days of a change. Penalties may be imposed for late-filed Statements of Organization.

COMMITTEE NAME
Davis for Council Committee

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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 (list candidates under purpose of committee)

COMMITTEE TREASURER	COMMITTEE CHAIR
Name <u>Gayle Landis</u>	Name <u>Mary M. Davis</u>
Mailing Address <u>5563 N.W. 57th</u>	Mailing Address <u>6917 N.W. Beaver</u>
City, State Zip Code <u>Johnston, Ia 50131</u>	City, State Zip Code <u>Johnston, Ia 50131</u>
Phone <u>(515) 278-8047</u>	Phone <u>(515) 270-2308</u>
e-Mail	e-Mail

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

All Candidates Enter: City Council District: City of Johnston
 Office Sought: City Council Year Standing for Election: 2004
 Political Party (if applicable): _____ Date of Election: 11/4/04
 County/Local Candidates and Local Ballot/Franchise Committees Enter: _____
 County: Polk

Bank Account Name <u>Davis for Council Committee</u>	Candidate name & Address or Parent Entity (PACs, if applicable), Affiliate, or Sponsor <u>Mary M. Davis</u>
Name of Financial Institution/type of Account <u>Polk County Bank - Value Checking</u>	Mailing Address <u>6917 N.W. Beaver</u>
Mailing Address <u>6917 N.W. Beaver Ave</u>	City <u>Johnston</u> State <u>Ia</u> Zip <u>50131</u>
City <u>Johnston</u> State <u>IA</u> Zip <u>50131</u>	Phone <u>(515) 270-2308</u>
	e-Mail <u>irwinsbikes@ATT.net</u>

DISPOSITION OF BALANCE OF FUNDS UPON DISSOLUTION
 Indicate disposition of funds by marking appropriate number in box: 3
 (Statement of intent required by law for all committees, except state parties and central committees and committees using only personal funds.)

(1) DONATED TO _____ COUNTY CENTRAL COMMITTEE	(6) PRORATED REFUND TO CONTRIBUTORS
(2) DONATED TO _____ LOCAL/STATE/NAT'L POLITICAL PARTY (underline one)	(7) TRANSFER TO ANOTHER COMMITTEE OF THIS SAME CANDIDATE (CANDIDATES ONLY)
(3) DONATED TO CHARITABLE ORGANIZATION (specify) <u>Johnston Historical Society</u>	(8) RETURN TO PARENT ENTITY GENERAL FUND (PACS ONLY)
(4) CITY/COUNTY/SCHOOL/STATE OF IOWA GENERAL FUND (underline one)	(9) OTHER (PACS ONLY), PLEASE BE SPECIFIC
(5) PARTISAN CONGRESSIONAL DISTRICT FUND	

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.

Gayle Landis
 Signature of Treasurer

Mary M. Davis
 Signature of Candidate, OR, if PAC, Central Committee or Local Ballot Issue, Chairperson

9-24-03
 Date Signed

9-24-03
 Date Signed