

**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 \$500. Amendments should be filed within 30 days of a change. Penalties may be imposed for late-filed Statements of Organization.

*filed here -
originals to
Polk Co. - 2/14
committee people*

FORM DR-1 (Rev. 06/99)	STATEMENT OF ORGANIZATION
For Office Use Only	
Comm. # <u>13101-A</u>	
Indexed _____	
Audited _____	
Computer _____	

COMMITTEE NAME (Required by law) Ohmart for City Council	IA ETHICS & CAMPAIGN DISCLOSURE BOARD FEB 8 2001
IMPORTANT: Indicate type of committee you are reporting for: <input checked="" type="checkbox"/> 4 (1) Statewide/Legislative Candidate (2) Statewide PAC (3) State Party (4) County/Local Candidate FILED County PAC (5) Ballot Issue Franchise Committee (7) County/City Central Committee (8) Support slate of candidates (list candidates under purpose of committee)	

COMMITTEE TREASURER (This address used for all reminders and correspondence) (Required by law) **COMMITTEE CHAIR** (List additional officers on separate page)

Name Cindy J. Ohmart	Name Chuck Ill
Mailing Address 1026-31st Street	Mailing Address 804-57th Street
City, State Zip Code W Des Moines, IA 50266-2159	City, State Zip Code W Des Moines, IA 50266
Home Phone (515) 223-1353	Home Phone (515) 223-5755
Day Phone (515) 277-1690	Day Phone (515) 244-6147

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: WDM City Council District: _____
 Political Party (if applicable): _____ Year Standing for Election: 2001
County/Local Candidates and Local Ballot/Franchise Committees Enter: County: Polk Date of Election: November

Bank Account Name ↓ ↓ Ohmart for City Council	Candidate Name & Address or Parent Entity (PACs, if applicable), Affiliate, or Sponsor ↓ ↓ Ted Ohmart
Name of Financial Institution/Type of Account ↓ ↓ West Des Moines State Bank	Mailing Address ↓ ↓ 1026-31st Street
Mailing Address ↓ ↓ PO Box 65020	City ↓ ↓ State ↓ ↓ Zip ↓ ↓ W Des Moines IA 50266-2159
City ↓ ↓ State ↓ ↓ Zip ↓ ↓ W Des Moines IA 50265	Home Phone (515) 223-1353
	Day Phone (515) 225-3008

DISPOSITION OF BALANCE OF FUNDS UPON DISSOLUTION
 Indicate disposition of funds by marking appropriate number in box: 1
 (Statement of intent required by law for all committees, except state parties and central committees.)

- | | |
|--|--|
| (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) _____ | (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 \$500.00 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.

C. Ohmart 02-06-01
 Signature of Treasurer Date Signed
Chuck Ill 02-06-01
 Signature of Candidate, OR, if PAC, Central Committee or Local Ballot Issue, Chairperson Date Signed