Pottawattamie

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.

FORM DR-1 (Rev. 07/00)	STATEMENT OF ORGANIZATION

For Office Use Only

Comm. # _____

Indexed _____

Audited _____

Computer _____ ab

OCT 24 2001

COMMITTEE NAME (Required by law)

Committee To Re-Elect ~~Scott A.~~ Belt

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 (Required by law) *This address used for all reminders and correspondence)*

Name: Robert Hurley
Mailing Address: 804 Birchwood Circle
City, State Zip Code: Council Bluffs, Iowa 51503
Phone (712) 322-9276
e-Mail: N/A

COMMITTEE CHAIR *(List additional officers on separate page)*

Name: Scott A. Belt
Mailing Address: 1447 Madison Ave
City, State Zip Code: Council Bluffs, Iowa 51503
Phone (712) 323-4875
e-Mail: SBelt@msbna.com

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: Council Bluffs City Council
District: _____
Political Party (if applicable): N/A
Year Standing for Election: 4

County/Local Candidates and Local Ballot/Franchise Committees Enter:
County: Pottawattamie
Date of Election: Nov 6, 2001

Bank Account Name ↓↓
Committee To Re-Elect Scott A Belt
Name of Financial Institution/type of Account ↓↓
Midstates Bank / Checking
Mailing Address ↓↓
1851 Madison Ave Suite 732
City ↓↓ State ↓↓ Zip ↓↓
Council Bluffs Iowa 51503

Candidate name & Address or **Parent Entity (PACs, if applicable), Affiliate, or Sponsor** ↓↓
Scott A. Belt
Mailing Address ↓↓
1447 Madison Ave
City ↓↓ State ↓↓ Zip ↓↓
Council Bluffs IA 51503
Phone (712) 323-4875
e-Mail: SBelt@msbna.com

DISPOSITION OF BALANCE OF FUNDS UPON DISSOLUTION
Indicate disposition of funds by marking appropriate number in box: ☐
(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
(2) DONATED TO _____ LOCAL/STATE/NAT'L POLITICAL PARTY (underline one)
(3) DONATED TO CHARITABLE ORGANIZATION
(specify) C. B. Panthers
(4) CITY/COUNTY/SCHOOL/STATE OF IOWA GENERAL FUND (underline one)
(5) PARTISAN CONGRESSIONAL DISTRICT FUND
(6) PRORATED REFUND TO CONTRIBUTORS
(7) TRANSFER TO ANOTHER COMMITTEE OF THIS SAME CANDIDATE (CANDIDATES ONLY)
(8) RETURN TO PARENT ENTITY GENERAL FUND (PACS ONLY)
(9) OTHER (PACs ONLY), PLEASE BE SPECIFIC _____

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.

Signature of Treasurer _____ Date Signed 10/21/01

Scott A Belt
Signature of Candidate, OR, if PAC, Central Committee or Local Ballot Issue, Chairperson _____ Date Signed 10/20/01

Pottawattamie

FOR INSTRUCTIONS, SEE BACK OF FORM

FORM DR-2 (Rev. 01/98) — DISCLOSURE REPORT

DISCLOSURE SUMMARY PAGE

FILED

For Office Use Only
Comm. # _____
Indexed _____
Audited _____
Computer _____

COMMITTEE NAME *(Must be same as on Statement of Organization)* Committee To Re-Elect Scott A. Belin

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

SIGNATURE OF TREASURER (or person filing this report) _____ TELEPHONE 712-322-9276 DATE SIGNED 11-2-01

Routine Penalties Due For Late Filed Reports Range from $20 to $800

SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE:

I AM FILING A 11-2-01 (report date) REPORT FOR AN/A (1) ELECTION /(2)NON-ELECTION YEAR. Indicate one [1]

☐ CHECK IF AMENDMENT TO REPORT DATED NOV - 7 2001

☐ 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: November 6, 2001
County & Local Committees, enter County in which Election is held: Pottawattamie

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.) ..... $ Ø

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) 5,189.95

Schedule F: Loans Received total (Attach Schedule F) ..... Ø

Schedule H: Total Sales of Campaign Property (Attach Schedule H) ..... Ø

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL ..... $ 5,189.95

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) ..... Ø

Schedule F: Loan Repayments total (Attach Schedule F) ..... Ø

CASH ON HAND at the end of this reporting period (if final report, balance must be zero) (Attach DR-3) ..... $ 5,189.95

UNPAID BILLS (From Schedule D - Attach Schedule D) ..... $ _____

IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E) ..... $ _____

OUTSTANDING LOANS (From Schedule F - Attach Schedule F) ..... $ _____

CANDIDATE COMMITTEES ONLY:

CONSULTANT BREAKDOWN (Schedule G Attached?) ____ YES ____ NO

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H) $ _____

For Instructions, See Back of Form

SCHEDULE A (Rev. 02/96)	MONETARY RECEIPTS
☐ 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 Re-elect Scott A. Belt

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
10-31-01	ID# CK#	David C Andersen 4 Sundahl Ave Co. Bluffs, Iowa 51503		$ 100.00
10-31-01	ID# CK#	Timothy Koontz 1504 Skyline Dr Co. Bluffs, Iowa 51503		50.00
10-31-01	ID# CK#	John Dalton State Orchard Rd Box 5 Co. Bluffs, Iowa 51503		100.00
10-31-01	ID# CK#	Dwight Stewart 18298 Sunnydale Rd Co. Bluffs, Iowa 51503		50.00
10-31-01	ID# CK#	Wallace Hurley 2418 Ave C Co. Bluffs, Iowa 51503		30.00
10-31-01	ID# CK#	Tony Tauke 500 W Broadway, Ste 201 Co. Bluffs, Iowa 51503		50.00
10-31-01	ID# CK#	Jack Hanson 200 Kingsridge Dr Co. Bluffs, Iowa 51503		75.00
10-31-01	ID# CK#	Fred Floyd 14056 Gertrude Cir. Omaha, NE 68138		75.00
10-31-01	ID# CK#	Bill Ballenger 125 W. Pierce Co. Bluffs, Iowa 51503		50.00
10-31-01	ID# CK#	Richard Miller 1611 Madison Ave Co. Bluffs, Iowa 51503		50.00

SUB-TOTAL $ 630.00

TOTAL *(if last page of this schedule)* $

* 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

SCHEDULE A (Rev. 02/96)	MONETARY RECEIPTS
☐ 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 Re-Elect Scott A. Belt

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
10-31-01	ID# CK#	MARK ANDREWS 115 South 12TH ST. Co. Bluffs, IOWA 51501		$ 100.00
10-31-01	ID# CK#	John Nelson 344 Kenmore Co. Bluffs, IOWA 51503		200.00
10-31-01	ID# CK#	A. Ason Okoruwa 627 Simms Ave Co. Bluffs, IOWA 51503		50.00
10-31-01	ID# CK#	John Allen 1732 Fair Oaks Co. Bluffs, IOWA 51503		50.00
10-31-01	ID# CK#	Bobby Mundt 115 Rosebud Lane Co. Bluffs, IOWA 51503		50.00
10-31-01	ID# CK#	Gary Woods 14 Hillsdale Dr Co. Bluffs, IOWA 51503		100.00
10-31-01	ID# CK#	John Schlautman 365 Elliot St. Co. Bluffs, IOWA 51503		50.00
10-31-01	ID# CK#	Lawrence Beckman 55 Kenmore Ave Co. Bluffs, IOWA 51503		50.00
10-31-01	ID# CK#	Larry Punteney 143 15TH Ave Co. Bluffs, IOWA 51503		50.00
10-31-01	ID# CK#	Ron Tekippe 5 Horizon Dr Co. Bluffs, IOWA 51503		50.00
			SUB-TOTAL	$ 750.00
			TOTAL *(if last page of this schedule)*	$

* 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

SCHEDULE A (Rev. 02/96)	MONETARY RECEIPTS
☐ 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 Re-Elect Scott A. Belt

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
10-31-01	ID# CK#	James O'Neill 16 Ridge Dr W Co. Bluffs, Iowa 51503		$ 50.00
10-31-01	ID# CK#	Thomas Whitson 27597 Highway 6 McClelland, Iowa 51548		50.00
10-31-01	ID# CK#	Philip Meyer 341 Woodland Dr Co. Bluffs, Iowa 51503		100.00
10-31-01	ID# CK#	Sue Borman 1000 Arbor Ridge Cir Co. Bluffs, Iowa 51503		100.00
10-31-01	ID# CK#	Ray Prichard 600 E Pierce Co. Bluffs, Iowa 51503		100.00
10-31-01	ID# CK#	Robert Hurley 804 Birchwood Cir Co. Bluffs, Iowa 51503		100.00
10-31-01	ID# CK#	Mindi Sales 105 Antioch Dr Co. Bluffs, Iowa 51503		100.00
10-31-01	ID# CK#	Michael Kohler 6238 Glenwood Rd Omaha, NE 68132		50.00
10-31-01	ID# CK#	Matthew Buchanan 162 N Linden Ave Co. Bluffs, Iowa 51503		50.00
10-31-01	ID# CK#	M.J. Bell 2000 Chestnut St. Atlantic, Iowa 50022		50.00
			SUB-TOTAL	$ 750.00
			TOTAL *(if last page of this schedule)*	$

* 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

SCHEDULE A (Rev. 02/96)	MONETARY RECEIPTS
☐ 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 Re-Elect Scott A. Belt

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
10-31-01	ID# CK#	Matthew Walsh 222 Frank St. Co. Bluffs, Iowa 51501		$ 50.00
10-31-01	ID# CK#	Dorothy Laubenthal 9 Horizon Dr Co. Bluffs, Iowa 51503		50.00
10 31-01	ID# CK#	Harold Cooperman 6523 Underwood Ave Omaha, NE 68132		100.00
10-31-01	ID# CK#	Mark Dul 24 Westlake Ville Co. Bluffs, Iowa 51503		100.00
10-31-01	ID# CK#	Connie Gronstal 220 Bennett Ave Co. Bluffs, Iowa 51503		50.00
10-31-01	ID# CK#	Emil Paurich 1706 15th Ave Co. Bluffs, Iowa 51501		50.00
10-31-01	ID# CK#	Rich Triptow P.O. Box 521 Boys Town, NE 69010		100.00
10-31-01	ID# CK#	Charles Smith 25 Horizon Dr Co. Bluffs, Iowa 51503		50.00
10-31-01	ID# CK#	Susan Johnson 23252 Three Bridge Rd Co. Bluffs, Iowa 51503		100.00
10-31-01	ID# CK#	Douglas Strugk 219 Carson Co. Bluffs, Iowa 51503		50.00
			SUB-TOTAL	$ 700.00
			TOTAL *(if last page of this schedule)*	$

* 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

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 02/96)	MONETARY RECEIPTS
☐ CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME *(Must be same as on Statement of Organization)*
Committee To Re-Elect Scott A. Belt

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
10-31-01	ID# CK#	Shirley Hanafan 2821 Ave E Co. Bluffs, Iowa 51501		$ 50.00
10-31-01	ID# CK#	Terry Oswald 424 Glen Ave Co. Bluffs, Iowa 51503		100.00
10-31-01	ID# CK#	Al Bach 1928 Sherwood Dr Co. Bluffs, Iowa 51501		100.00
10-31-01	ID# CK#	James Roubal 400 Essex Ct Omaha, NE 68114		100.00
10-31-01	ID# CK#	Ken Petersen P.O. Box 128 Co. Bluffs Iowa 51502		150.00
10-31-01	ID# CK#	Jerry Duggan 55 Lawndale Dr Co. Bluffs, Iowa 51503		50.00
10-31-01	ID# CK#	Scott Doll 25 Lakswood Ville Co. Bluffs, Iowa 51503		100.00
10-31-01	ID# CK#	Garry Struyk 4337 Cottage Row Co. Bluffs, Iowa 51503		50.00
10-31-01	ID# CK#	Jimmy Ramirez 3723 2nd Ave Co. Bluffs, Iowa 51501		50.00
10-31-01	ID# CK#	Katheryne Carter 17655 Pags Lane Honey Creek, Iowa 51542		50.00
			SUB-TOTAL	$ 800.00
			TOTAL *(if last page of this schedule)*	$

* 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

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 02/96)	MONETARY RECEIPTS
☐ CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME *(Must be same as on Statement of Organization)*
Committee To Re-Elect Scott A. Belt

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
10-31-01	ID# CK#	Carmen Gioiello 1035 Arbor Ridge Cir Co. Bluffs, Iowa 51503		$ 50.00
10-31-01	ID# CK#	Clifford Karhol 203 Dayan Dr Co. Bluffs, Iowa 51503		30.00
10-31-01	ID# CK#	Brad Hansen 1015 Shoal Pointe Dr. Carter Lake, Iowa 51510		50.00
10-31-01	ID# CK#	Herman Timm 1 Sundahl Ave Co. Bluffs, Iowa 51503		100.00
10-31-01	ID# CK#	Philip Willson 548 Coolgywood Lane Co. Bluffs, Iowa 51503		30.00
10-31-01	ID# CK#	Richard Klement 5 Cottner Dr. Co. Bluffs, Iowa 51503		50.00
10-31-01	ID# CK#	Verne Welch 110 Norwood Dr Co. Bluffs, Iowa 51503		200.00
10-31-01	ID# CK#	Todd Archer 24522 Rial Field Loop Co. Bluffs, Iowa 51503		200.00
10-31-01	ID# CK#	James Riskowski 9966 Devonshire Rd Regency Park Omaha, NE 68114		100.00
10-31-01	ID# CK#	Unitemized Contributions		749.95
			SUB-TOTAL	$1559.95
			TOTAL *(if last page of this schedule)*	$5,189.95

* 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

Pottawattamie

FORM DR-2 (Rev. 01/98)	DISCLOSURE REPORT

For Office Use Only
Comm. # _____
Indexed _____
Audited _____
Computer _____

DISCLOSURE SUMMARY PAGE

NOV 2 9 2001

COMMITTEE NAME *(Must be same as on Statement of Organization)*
COMMITTEE TO RE-ELECT SCOTT A. BELT

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

SIGNATURE OF TREASURER (or person filing this report) — TELEPHONE 712 322 9276 — DATE SIGNED 10-26-01

Routine Penalties Due For Late Filed Reports Range from $20 to $800

SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE:

I AM FILING A November 30, 2001 REPORT FOR AN/A (1) ELECTION /(2)NON-ELECTION YEAR.
(report date) Indicate one 1

☐ 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
November 6, 2001
County & Local Committees, enter County in which Election is held
POTTAWATTAMIE

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.) ..... $ 5,189.95

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) 1,265.00
Schedule F: Loans Received total (Attach Schedule F) ..... -0-
Schedule H: Total Sales of Campaign Property (Attach Schedule H) ..... -0-
(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL ..... $ 6,454.95

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) 3,906.53
Schedule F: Loan Repayments total (Attach Schedule F) ..... -0-

CASH ON HAND at the end of this reporting period (if final report, balance must be zero) (Attach DR-3) ..... $ 2548.42

UNPAID BILLS (From Schedule D - Attach Schedule D) ..... $ _____
IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E) ..... $ _____
OUTSTANDING LOANS (From Schedule F - Attach Schedule F) ..... $ _____

CANDIDATE COMMITTEES ONLY:

CONSULTANT BREAKDOWN (Schedule G Attached?) ____ YES ____ NO
VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H) $ _____

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN
(Including candidate's personal funds)

SCHEDULE A (Rev. 02/96)	MONETARY RECEIPTS
☐ CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME *(Must be same as on Statement of Organization)*
Committee to Re-Elect Scott A. Belt

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
11-9-01	ID# CK#	Linda Nelson 231 Midland Dr. Co. Bluffs, Iowa 51503		$ 50.00
11-9-01	ID# CK#	Roger Sawatzke 229 So. Main St. Co. Bluffs Iowa 51503		50.00
11-9-01	ID# CK#	Richard B Graeme 1011 Arbor Ridge Cir Co. Bluffs, Iowa 51503		100.00
11-9-01	ID# CK#	Mitchel Lane 21679 Greenview Rd Co. Bluffs, Iowa 51503		100.00
11-9-01	ID# CK#	Craig Neilson 8620 Titleist Circle Las Vegas, Nevada 89117		300.00
11-9-01	ID# CK#	Ronald R. Mahoney 1430 Madison Ave Co. Bluffs, Iowa 51503		50.00
11-9-01	ID# C00239947 CK# 1698	Harrah's Entertainment One Harrah's Las Vegas, Nevada 89119	CC ok	250.00
11-9-01	ID# CK#	Jeffery G Doll 3501 23rd Ave Co. Bluffs, Iowa 51501		200.00
11-9-01	ID# CK#	Jason James 24371 Richfield Loop Co. Bluffs, Iowa 51503		100.00
11-9-01	ID# CK#	Unitemized Contributions		65.00
			SUB-TOTAL	$ 1265.00
			TOTAL *(if last page of this schedule)*	$ 1265.00

* 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

SCHEDULE B (Rev. 09/97)	MONETARY EXPENDITURES

☐ CHECK THIS BOX IF AMENDING FORM

EXPENDITURES – MONEY SPENT FROM COMMITTEE ACCOUNT

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 Re-Elect Scott A. Belt

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
11-8-01	ID# CK#	The Daily Nonpareil 117 Pearl St. Co. Bluffs, Iowa 51503	Advertising	$939.34
11-8-01	ID# CK#	A Plus Printing 37 South Main Co. Bluffs, Iowa 51503	Invites, Post Cards and Signs	1419.16
11-14-01	ID# CK#	UODEC 612 So Main St. Co. Bluffs, Iowa 51503	Mailer	1286.74
11-20-01	ID# CK#	Pizza King, Inc 1101 N. Broadway Co. Bluffs, Iowa 51503	Fund Raiser / Committee Meetings	261.29
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			

SUB-TOTAL $ 3906.53

TOTAL ***(if last page of this schedule)*** $ 3906.53

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).)

(for Schedule B)

Pottawattamie

FOR INSTRUCTIONS, SEE BACK OF FORM

FORM DR-2 (Rev. 01/98) | DISCLOSURE REPORT

DISCLOSURE SUMMARY PAGE

FEB 14 2002

FILED

2002 FEB 11 PM 1:41

POTTAWATTAMIE CO AUDITOR'S OFFICE

For Office Use Only
Comm. #
Indexed
Audited
Computer

COMMITTEE NAME (Must be same as on Statement of Organization)
Committee to Re-Elect Scott A. Belt

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

SIGNATURE OF TREASURER (or person filing this report) | TELEPHONE 3229276 | DATE SIGNED 2-9-02

Routine Penalties Due For Late Filed Reports Range from $20 to $800

SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE:

I AM FILING A January 19, 2002 (report date) REPORT FOR AN/A (1) ELECTION /(2)NON-ELECTION YEAR. Indicate one 1

☐ 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: November 6, 2001
County & Local Committees, enter County in which Election is held: POTTAWATTAMIE

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.) ..... $ 2548.42

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) ..... —

Schedule F: Loans Received total (Attach Schedule F) ..... —

Schedule H: Total Sales of Campaign Property (Attach Schedule H) ..... —

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL ..... $ 2548.42

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) 2548.42

Schedule F: Loan Repayments total (Attach Schedule F) ..... —

CASH ON HAND at the end of this reporting period (if final report, balance must be zero) (Attach DR-3) ..... $ Ø

UNPAID BILLS (From Schedule D - Attach Schedule D) ..... $

IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E) ..... $

OUTSTANDING LOANS (From Schedule F - Attach Schedule F) ..... $

CANDIDATE COMMITTEES ONLY:

CONSULTANT BREAKDOWN (Schedule G Attached?) ____ YES ____

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H) $

FOR INSTRUCTIONS, SEE BACK OF FORM

SCHEDULE B (Rev. 09/97)	MONETARY EXPENDITURES

☐ CHECK THIS BOX IF AMENDING FORM

EXPENDITURES – MONEY SPENT FROM COMMITTEE ACCOUNT

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 Re-Elect Scott A. Belt

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
12-13-01	ID# CK#	The Daily Nonpareil 117 Pearl Street Co Bluffs, Iowa 51503	Advertising	$ 248.90
12-31-01	ID# CK#	A Plus Printing 37 South Main Co. Bluffs, Iowa 51503	Sign-Wires	291.50
1-10-02	ID# CK#	Twin City Catering, Inc 610 W. South Omaha Bridge Rd Co. Bluffs, Iowa 51501	Fund Raiser Food, Drink, Hall Rental	1124.00
1-23-02	ID# CK#	C.B. Panthers 12 Aspen Ct Co. Bluffs, Iowa 51503	Donation to Non-Profit	384.02
1-23-02	ID# CK#	Veterans Plaza 209 Pearl Street Co. Bluffs, Iowa 51503	Donation to Non-Profit	500.00
	ID# CK#			
	ID# CK#			
	ID# CK#			

SUB-TOTAL $

TOTAL ***(if last page of this schedule)*** $ 2548.42

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).)

COMMITTEE TO RE-ELECT SCOTT BELT
1447 MADISON AVE
COUNCIL BLUFFS IA 51503

CIF number..... C096638 0
Home phone no... (712) 323-4875
Business phone.. (712) 388-0505
Tax ID number... 506-80-2489
Type/Group. MIDSTATES BUSINESS 50
Account no... 400014783 D

FEB 14 2002

Closed Messages On analysis

Current balance	.00	Officer	SLJ
Collected balance	.00	Date opened	10/19/2001
Available balance	.00	Date last active	2/08/02
Available cash bal.	.00	Date last overdrawn	0/00/00
Yesterday's bal	2,007.62	Date last interest paid	0/00/00
Y-T-D interest	.00	Date last deposit	2/08/02
Last interest	.00	Date last statement	1/31/02
Last deposit	.40	Date last contact	10/19/01
Last stmt balance	2,007.62	Date last file maint	2/11/02
Accrued interest	.00000	Stmt/service charge cycle	31 31
Interest rate	.000	Service charge code/type	MB W
Overdraft limit		Statement/Passbook code	Statement

More...

FOR INSTRUCTIONS, SEE BACK OF FORM

CHECK ONE:

☐ This is an **initial*** Statement of Organization

☒ This is an **amended*** Statement of Organization

FEB 14 2002

FILED

2002 FEB 11 PM 1:41

FORM DR-1 (Rev. 02/96)	STATEMENT OF ORGANIZATION

For Office Use Only

Comm. # _____

Indexed _____

Audited _____

Computer _____

** An initial Statement of Organization should be filed 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.*

COMMITTEE NAME (Required by law)

Committee to Re-Elect Scott A. Belt

POTTAWATTAMIE CO SECRETARY OF STATE

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 (Required by law) *(This address used for all reminders and correspondence)*	**COMMITTEE CHAIR** *(List additional officers on separate page)*
Name: Robert Hurley	Name: Scott A. Belt
Mailing Address: 804 Birchwood Circle	Mailing Address: 1447 Madison Ave
City, State Zip Code: Council Bluffs, Iowa 51503	City, State Zip Code: Council Bluffs, Iowa 51503
Home Phone (712) 322-9276	Home Phone (712) 323-4875
Day Phone ( )	Day Phone (712) 322-0601

PACs: INDICATE PURPOSE OF COMMITTEE

All Candidates Enter:

Office Sought: Council Bluffs City Council District: _____

Political Party (if applicable) N/A Year Standing for Election: 4

County/Local Candidates and Local Ballot/Franchise Committees Enter:

County: Pottawattamie Date of Election: Nov 6, 2001

Bank Account Name	**Candidate Name & Address** or **Parent Entity (PACs, if applicable), Affiliate, or Sponsor**
Committee to Re-Elect Scott A. Belt	Scott A. Belt
Name of Financial Institution/Type of Account: Midstates Banking/Checking	Mailing Address: 1447 Madison Ave
Mailing Address: 1851 Madison Ave Suite 732	City State Zip: Council Bluffs Iowa 51503
City State Zip: Council Bluffs Iowa 51503	Home Phone (712) 323-4875
	Day Phone (712) 322-0601

DISPOSITION OF BALANCE OF FUNDS UPON DISSOLUTION (Statement of intent required by law for all committees, except state parties and central committees.)

Indicate disposition of funds by marking appropriate number in box: 3

(1) DONATED TO _____ COUNTY CENTRAL COMMITTEE

(2) DONATED TO _____ LOCAL/STATE/NAT'L POLITICAL PARTY (underline one)

(3) DONATED TO CHARITABLE ORGANIZATION (specify) C.B. Panthers, Veterans Plaza Comm

(4) CITY/COUNTY/SCHOOL/STATE OF IOWA GENERAL FUND (underline one)

(5) PARTISAN CONGRESSIONAL DISTRICT FUND

(6) PRORATED REFUND TO CONTRIBUTORS

(7) TRANSFER TO ANOTHER COMMITTEE OF THIS SAME CANDIDATE (CANDIDATES ONLY)

(8) RETURN TO PARENT ENTITY GENERAL FUND (PACs ONLY)

(9) OTHER (PACs ONLY), PLEASE BE SPECIFIC _____

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 five hundred dollars in a calendar year for the purpose of supporting or opposing any candidate for public office or ballot issue. I am also aware that late-filed reports are subject to civil penalties (fines) under the disclosure law. I also 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. Finally, I affirm that all committee officers have been informed of their appointment and obligations.

Signature of Treasurer — Date Signed: 2-9-02

Signature of Candidate or Chairperson (if a PAC) — Date Signed: 1-22-02

Pottawattamie

Notice of Dissolution

Every Notice of Dissolution shall be accompanied by a completed Disclosure Report Form current to the date of dissolution.

FILED

2002 MAR 11 AM 10 40

POTTAWATTAMIE CO
AUDITOR'S OFFICE

MAR 14 2002

COMMITTEE NAME

Official Name of Committee

Committee To Re-Elect Scott A. Belt

Street

1447 Madison Ave

City, State, Zip Code

Council Bluffs, Iowa 51503

Area Code Telephone

(712) 323-4875

Effective date of dissolution:

February 11, 2002

Signature of Treasurer

3/8/02

Date Signed

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:
I, the candidate, certify that my candidate committee's cash balance is zero, all debts, obligations and loans have been paid or satisfied in accordance with law as shown on my committee's final report and all campaign property and leftover funds have been distributed in accordance with Iowa Code section 56.42 and rule 351 IAC 4.42.

Scott A Belt — 3-8-2002

Signature of Candidate - Required for Candidate's Committee — Date signed

WHEN TO FILE:

The Notice of Dissolution must be filed within thirty (30) days of the committee's dissolution, with a copy of the final bank statement attached. The final bank statement may be sent in later if it is not available at the time the Notice of Dissolution is filed.

FOR INSTRUCTIONS, SEE BACK OF FORM
This form is not applicable to statutory political committees.

FORM (Rev. 02/02)

DR-3
NOTICE OF DISSOLUTION

For Office Use Only

Comm. #
Indexed
Audited
Computer
Certified Date of Dissolution 3.15.02