

FOR INSTRUCTIONS, SEE BACK OF FORM

CHECK ONE:

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

4

**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.*

Pottawattamie

FORM DR-1 (Rev. 07/00)	STATEMENT OF ORGANIZATION
For Office Use Only	
Comm. # _____	
Indexed _____	
Audited _____	
Computer _____	<i>db</i>

SEP 27 2001

COMMITTEE NAME (Required by law)

TOBIAS FOR COUNCIL

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)

<p>Name: <u>CHRISTOPHER L. SORENSEN</u></p> <p>Mailing Address: <u>58 COTTNER</u></p> <p>City, State Zip Code: <u>COUNCIL BLUFFS, IOWA 51503</u></p> <p>Phone (712): <u>325-4991</u></p> <p>e-Mail: _____</p>	<p>Name: <u>DAVID PHILLIPPS</u></p> <p>Mailing Address: <u>15 EUCLID AVE</u></p> <p>City, State Zip Code: <u>COUNCIL BLUFFS, IOWA 51503</u></p> <p>Phone (712): <u>323-9492</u></p> <p>e-Mail: _____</p>
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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: City Council District: Council Bluffs

Political Party (if applicable): _____ Year Standing for Election: 2001

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

<p>Bank Account Name ↓ ↓</p> <p><u>551665</u></p> <p>Name of Financial Institution/type of Account ↓ ↓</p> <p><u>PEOPLES NATIONAL BANK</u></p> <p>Mailing Address ↓ ↓</p> <p><u>201 BENNETT AVE</u></p> <p>City ↓ ↓ State ↓ ↓ Zip ↓ ↓</p> <p><u>COUNCIL BLUFFS, IOWA 51503</u></p>	<p>Candidate name & Address or Parent Entity (PACs, if applicable), Affiliate, or Sponsor</p> <p>↓ ↓</p> <p><u>DAVID H. TOBIAS</u></p> <p>Mailing Address ↓ ↓</p> <p><u>420 HUNTINGTON AVENUE</u></p> <p>City ↓ ↓ State ↓ ↓ Zip ↓ ↓</p> <p><u>COUNCIL BLUFFS IOWA 51503</u></p> <p>Phone (712) <u>322-9485</u></p> <p>e-Mail: _____</p>
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DISPOSITION OF BALANCE OF FUNDS UPON DISSOLUTION
 Indicate disposition of funds by marking appropriate number in box: (3)

- | | |
|---|--|
| (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>MULTIPLE SCLEROSIS FOUNDATION</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 \$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.

Chris Sorenson Signature of Treasurer Date Signed 09-21-01

David H. Tobias Signature of Candidate, OR, if PAC, Central Committee or Local Ballot Issue, Chairperson Date Signed 09-05-01

Pottawattamie

DISCLOSURE SUMMARY PAGE

FORM DR-2 (Rev. 01/98)	DISCLOSURE REPORT
For Office Use Only	
Comm. # _____	
Indexed _____	
Audited _____	<i>sb</i>
Computer _____	<i>sb</i>

COMMITTEE NAME (Must be same as on Statement of Organization) **TOBIAS FOR COUNCIL**

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

SEP 27 2001

Chris Sorensen 325-4991 9-24-01
 SIGNATURE OF TREASURER (or person filing this report) TELEPHONE DATE SIGNED

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 Financial Disclosure 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
Nov 6, 2001
 County & Local Committees, enter County in which Election is held

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.) \$ 0.00

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) \$1,570.00

Schedule F: Loans Received total (Attach Schedule F) 0.00

Schedule H: Total Sales of Campaign Property (Attach Schedule H) 0.00

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL \$ \$1,570.00

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) 0.00

Schedule F: Loan Repayments total (Attach Schedule F) 0.00

CASH ON HAND at the end of this reporting period (if final report, balance must be zero) (Attach DR-3) \$ \$1,570.00

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. 06/97)	MONETARY RECEIPTS
<input type="checkbox"/> 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)

TOBIAS FOR COUNCIL

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	✓ IF FOR FUND-RAISER INCOME
9-3-01	ID# CK#	MR AND MRS JOE VUKSON 2822 AVE D Council Bluffs, Iowa 51501	MOTHER STEP-FATHER	\$ 100 ⁰⁰	
9-5-01	ID# CK#	DAVE HYDE Council Bluffs 348 HYDE LOGAN ST 51503		30 ⁰⁰	
9-5-01	ID# CK#	MICHAEL MATTOX 225 Huntington Ave Council Bluffs Iowa 51503		25 ⁰⁰	
9-5-01	ID# CK#	DONALD B WILLIAMS 1217 NORTH 25TH ST Council Bluffs, Iowa 51501		50 ⁰⁰	
9-6-01	ID# CK#	CHRISTOPHER L. SORENSON 58 COTTNER DRIVE COUNCIL BLUFFS, IOWA		50 ⁰⁰	
9-10-01	ID# CK#	SAM IRWIN 321 PERRIN PLACE COUNCIL BLUFF, IOWA 51503		100 ⁰⁰	
9/15/01	ID# CK#	WILBUR E HARRIETT GALLUP 424 Huntington Ave. Council Bluffs, Iowa 51503		100 ⁰⁰	
9/17/01	ID# CK#	LAVERNE E IRENE MAUER 413 DAMON ST. COUNCIL BLUFFS, IOWA 51503	MOTHER-IN-LAW FATHER-IN-LAW	100 ⁰⁰	
9/20/01	ID# CK#	DAVID E TRACI TOBIAS 17325 HALIFAX PATH LAKEVILLE, MN 55044	SON DAUGHTER-IN-LAW	200 ⁰⁰	
9/20/01	ID# CK#	JANICE L. O'DELL 4162 N. 59TH CIRCLE OMAHA, NEBR. 68104	STEP-SISTER	75 ⁰⁰	
SUB-TOTAL				\$ 830 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. 06/97)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

TOBIAS FOR COUNCIL

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.

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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	✓ IF FOR FUND-RAISER INCOME
9/20/01	ID# CK#	MARGARET A. AGER 2717 AVE. C COUNCIL BLUFFS, IOWA 51501	AUNT	\$ 10 ⁰⁰	
9/20/01	ID# CK#	HENRY C. JONDAHL 24450 OAK MEADOWS CT. HERMOSA, S.D. 57744		20 ⁰⁰	
9/20/01	ID# CK#	AMY BASCH 2303 VERNON NORFOLK, NE 68701	DAUGHTER	25 ⁰⁰	
9/20/01	ID# CK#	LORI L. FREKING 100 FRANKLIN COUNCIL BLUFFS, IA 51503		25 ⁰⁰	
9/19/01	ID# CK#	ROBERT D. HALL 8 SPENCER CIRCLE COUNCIL BLUFFS, IA		25 ⁰⁰	
9/19/01	ID# CK#	JEFF HUTCHESON 210 MT. VERNON DR. Council Bluffs, IA 51503		25 ⁰⁰	
9/19/01	ID# CK#	DAVE PRYOR 1945 PARKWILD Council Bluffs, IA 51503		20 ⁰⁰	
9/19/01	ID# CK#	DAVE SHIELDS 53 GLENVIEW DR Council Bluffs, IA 51501		20 ⁰⁰	
9-21-01	ID# CK#	DALE LEE 57 Lakewood Ln. Council Bluffs, IA 51503		50 ⁰⁰	
9-21-01	ID# CK#	JUSTIN JAMES 21262 Homestead Ave. Council Bluffs, IA 51503		50 ⁰⁰	

SUB-TOTAL

\$ 270.⁰⁰

TOTAL (if last page of this schedule)

\$

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For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 06/97)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Tobias for Council

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.

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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	✓ IF FOR FUND-RAISER INCOME
9-21-01	ID# CK#	Joe Hamling 829 Timbercrest Dr. Council Bluffs, IA 51503		\$ 40 ⁰⁰	
9-21-01	ID# CK#	John Peters 18641 Evergreen Ln. Council Bluffs, IA 51503		50 ⁰⁰	
9-21-01	ID# CK#	Ken Malick 2216 Rodney Ave Council Bluffs, IA 51503		10 ⁰⁰	
9-21-01	ID# CK#	Mike Eyeberg 201 E. Florence, P.O. Box 205 Crescent, IA 51526		50 ⁰⁰	
9-21-01	ID# CK#	Dan Niles 53 Glenview Dr. Council Bluffs, IA 51501		10 ⁰⁰	
9-21-01	ID# CK#	Frank Halda 339 Logan St Council Bluffs, IA 51503		20 ⁰⁰	
9-21-01	ID# CK#	Jerry Jensen 20 S. 41 st St. #39 Council Bluffs, IA 51501		25 ⁰⁰	
9-21-01	ID# CK#	Chuck Bardon 303 Park Ave Council Bluffs, IA 51503		20 ⁰⁰	
9-21-01	ID# CK#	Martin Ahmann 20 S 41 st St. #71 Council Bluffs, IA 51501		10 ⁰⁰	
9-21-01	ID# CK#	Randy Schroeder 601 Roosevelt Ave Council Bluffs, IA 51503		25 ⁰⁰	
SUB-TOTAL				\$ 260 ⁰⁰	
TOTAL (if last page of this schedule)				\$	

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For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 06/97)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Tobias FOR COUNCIL

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	IF FOR FUND-RAISER INCOME
9/21/01	ID# CK#	DERRICK WILLIAMS 1121 No. 22 ST COUNCIL BLUFFS, IOWA 51501		\$ 20 ⁰⁰	
9/21/01	ID# CK#	JIM THOMPSON 20886 PIONEER TRAIL COUNCIL BLUFFS, IOWA 51503		10 ⁰⁰	
9/21/01	ID# CK#	JIM MAASKE 2711 TARA HILLS ST. COUNCIL BLUFFS, IOWA 51503		20 ⁰⁰	
9/21/01	ID# CK#	DAVID MCCAIN 2306 6TH AVE COUNCIL BLUFFS, IOWA 51501		15 ⁰⁰	
9/21/01	ID# CK#	TROY THOMASON 150 GLEN AVE COUNCIL BLUFFS, IOWA 51503		25 ⁰⁰	
9/21/01	ID# CK#	ROBERT BROWN 20425 GREENVIEW RD COUNCIL BLUFFS, IOWA 51503		50 ⁰⁰	
9/22/01	ID# CK#	Jeff Saar 27422 270th St. Underwood, IA 51576		10 ⁰⁰	
9/22/01	ID# CK#	Marty Moore 26892 230th St. Underwood, IA 51576		10 ⁰⁰	
9-22-01	ID# CK#	Chris Bishop 151 West Grqhom Council Bluff, IA 51503		25 ⁰⁰	
9-22-01	ID# CK#	John Wickman 21730 Meadowview Parkway Council Bluffs, IA 51503		25 ⁰⁰	

SUB-TOTAL

\$ 210⁰⁰

TOTAL (if last page of this schedule)

\$ 1,570⁰⁰

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Pattawattamie

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

OCT 8 2001

FORM DR-2 (Rev. 01/98)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	351
Indexed	
Audited	sb
Computer	sb

COMMITTEE NAME (Must be same as on Statement of Organization)
Tobias for Council

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

Chris Lonsen 325-4991 October 4, 2001
 SIGNATURE OF TREASURER (or person filing this report) TELEPHONE DATE SIGNED

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 5 Days Prior REPORT FOR AN/A (1) ELECTION / (2) NON-ELECTION YEAR.
 (report date) Indicate one

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
October 9, 2001
 County & Local Committees, enter County in which Election is held

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.) \$ \$1,570.⁰⁰ /

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) 515.⁰⁰ /

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 \$ \$2,085.⁰⁰

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) \$1,750.²⁸ /

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) \$ \$ 334.⁷⁶ /

UNPAID BILLS (From Schedule D - Attach Schedule D) \$ \$ 70.⁰⁰ estimated

IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E) \$ \$ 160.⁰⁰ /

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. 06/97)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Tobias for Council

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	✓ IF FOR FUND-RAISER INCOME
9-24-01	ID# CK#	Kristin Cooper 401 Arnold Ave Council Bluffs, IA 51503		\$ 20 ⁰⁰	
9-24-01	ID# CK#	Steve Elings 901 Franklin Ave #108 Council Bluffs, IA 51503		20 ⁰⁰	
9-24-01	ID# CK#	Jim Buffum 827 Ave. F Council Bluffs, IA 51501		10 ⁰⁰	
9-24-01	ID# CK#	Dave Phillips 15 Euclid Ave Council Bluffs, IA 51503		50 ⁰⁰	
9-24-01	ID# CK#	Jim Andersen 1237 Wedgewood Dr. Council Bluffs, IA 51503		10 ⁰⁰	
9-24-01	ID# CK#	Lynn Manhart 123 Gould Ave Council Bluffs, IA 51503		20 ⁰⁰	
9-24-01	ID# CK#	Mike Gorman 275 Morningside Ave Council Bluffs, IA 51503		10 ⁰⁰	
9-25-01	ID# CK#	Brad Wambold 6 Lillian Lane Council Bluffs, IA 51503		25 ⁰⁰	
9-25-01	ID# CK#	Rich Rodewald 2315 Butler Council Bluffs, IA 51503		30 ⁰⁰	
9-25-01	ID# CK#	Chris Eichhorn 3613 Katie Dr Council Bluffs, IA 51501		10 ⁰⁰	

SUB-TOTAL

\$ 205⁰⁰

TOTAL (if last page of this schedule)

\$

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For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 06/97)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Tobias for Council

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	✓ IF FOR FUND-RAISER INCOME
9-25-01	ID# CK#	Jack Ganguish 1900 Grand Ave Council Bluffs, IA 51503		\$ 10 ⁰⁰	
9-25-01	ID# CK#	Joe Mass 104 Ivy Dr. Council Bluffs, IA 51503		50 ⁰⁰	
9-26-01	ID# CK#	Terry Spencer 4024 Rawlins Dr. Council Bluffs, IA 51501		10 ⁰⁰	
9-26-01	ID# CK#	Dave Blowers 960 Cathy Lane Council Bluffs, IA 51503		50 ⁰⁰	
9-26-01	ID# CK#	Mike Mottox 225 Huntington Ave Council Bluffs, IA 51503		25 ⁰⁰	
9-30-01	ID# CK#	Curtis McKeon 153 W. Graham Ave. Council Bluffs, IA 51503		20 ⁰⁰	
10-2-01	ID# CK#	Bob Caughey 420 Forest Drive Council Bluffs, IA 51503		20 ⁰⁰	
10-4-01	ID# CK#	Robert Hall 8 Spencer Circle Council Bluffs, IA 51503		100 ⁰⁰	
10-4-01	ID# CK#	John Filbert 21290 Cedar Lane Council Bluffs, IA 51503		25 ⁰⁰	
	ID# CK#				
SUB-TOTAL				\$ 310 ⁰⁰ ✓	
TOTAL (if last page of this schedule)				\$ 515 ⁰⁰ ✓	

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FOR INSTRUCTIONS, SEE BACK OF FORM

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

SCHEDULE B (Rev. 09/97)	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)

Tobias for Council

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
9-24-01	ID# CK#	Unionist Printing Company 1309 N.W. Radial Highway Omaha, Nebraska 68132	Down payment on 500 yard signs	\$ 1,000. ⁰⁰
9-29-01	ID# CK#	The Daily Nonpareil 117 Pearl St Council Bluffs, IA 51503	Newspaper Ads	\$ 272. ⁷⁰
10-2-01	ID# CK#	Unionist Printing Company 1309 N.W. Radial Highway Omaha, Nebraska 68132	Payment in full on receipt of yard signs	\$ 477. ⁵⁴
	ID# CK#			
SUB-TOTAL				\$ 1,750. ²⁴
TOTAL (if last page of this schedule)				\$ 1,750. ²⁴ ✓

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).)

Pottawattamie

DISCLOSURE SUMMARY PAGE

FORM DR-2 (Rev. 01/98)	DISCLOSURE REPORT
For Office Use Only	
Comm. # <u>43</u>	
Indexed	
Audited	<i>sb</i>
Computer	<i>sb</i>

COMMITTEE NAME (Must be same as on Statement of Organization)
Tobias for Council

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

Chris Lorenson 325-4991 11-1-01
SIGNATURE OF TREASURER (or person filing this report) TELEPHONE DATE SIGNED

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 1st of month after election / 5 day prior to election 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 _____

County & Local Committees, enter County in which Election is held _____

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.) \$ 334.76 ✓

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) 565.00 ✓

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 \$ 899.76

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) 899.76 ✓

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)..... \$ 0.00 ✓

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. 06/97)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Tobias for Council

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/YY)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
10-5-01	ID# CK#	Delores Denton 3502 10 th Ave Council Bluffs, IA 51501		\$ 25 ⁰⁰	
10-5-01	ID# CK#	Pam Minor 1316 No 19 th St Council Bluffs, IA 51501		50 ⁰⁰	
10-5-01	ID# CK#	Steve Batten 1448 Indian Hills Road Council Bluffs, IA 51503		25 ⁰⁰	
10-8-01	ID# CK#	Jason Marton 1116 N. Broadway Council Bluffs, IA 51503		100 ⁰⁰	
10-8-01	ID# CK#	Steve Doughty 99 Opal Dr. Council Bluffs, IA 51503		20 ⁰⁰	
10-18-01	ID# CK#	Robert Leuck 3011 Ave. E Council Bluffs, IA 51501		50 ⁰⁰	
10-18-01	ID# CK#	Patricia Herweg 1413 Main St. Plattsmouth, NE 68048		50 ⁰⁰	
10-18-01	ID# CK#	Floyd Bogle 209 W. Pierce Council Bluffs, IA 51503		20 ⁰⁰	
10-20-01	ID# CK#	Chris Sorensen 58 Cottner Drive Council Bluffs, IA 51503		100 ⁰⁰	
10-23-01	ID# CK#	Barbara Kermode 3016 Ave. I Council Bluffs, IA 51501		25 ⁰⁰	
SUB-TOTAL				\$ 465 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. 06/97)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

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	✓ IF FOR FUND-RAISER INCOME
10-31-01	ID# CK#	Dave Phillips 15 Euclid Ave Council Bluffs, IA 51503		\$ 100 ⁰⁰	
	ID# CK#				

SUB-TOTAL		\$ 100 ⁰⁰ ✓
TOTAL (if last page of this schedule)		\$ 565 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

EXPENDITURES – MONEY SPENT FROM COMMITTEE ACCOUNT

SCHEDULE B (Rev. 09/97)	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)

Tobias for Council

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
10-16-01	ID# CK#	The Daily Nonpareil 117 Pearl St Council Bluffs, IA 51503	Seen and Heard Ads	\$ 58. ⁰⁶
10-23-01	ID# CK#	The Daily Nonpareil 117 Pearl St Council Bluffs, IA 51503	Campaign Ads	338. ¹⁹
10- 20 -01	ID# CK#	The Daily Nonpareil 117 Pearl St Council Bluffs, IA 51503	Campaign Ads	381. ²⁸
10-31-01	ID# CK#	Copy Cat Instant Print Center 225 W. Broadway Council Bluffs, IA 51503	Flyers	95. ¹⁴
11-1-01	ID# CK#	Chris Bishop 151 W. Graham Council Bluffs, IA 51503	Reimbursement for Postage	27. ⁰⁹
	ID# CK#			
	ID# CK#			
	ID# CK#			

SUB-TOTAL \$ 889.⁷⁶

TOTAL (if last page of this schedule) \$ 889.⁷⁶

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

Pottawattamie

FORM (Rev. 02/96)

DR-3
NOTICE OF DISSOLUTION

NOV 27 5 10 42

For Office Use Only

Comm. # _____
 Indexed _____
 Audited _____
 Computer _____
 Certified Date of Dissolution 5.3.02

Notice of Dissolution

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

NOV 29 2001

COMMITTEE NAME

Official Name of Committee
Tobias for Council

Street
58 Cottner Drive

City, State, Zip Code
Council Bluffs, Iowa 51503

Area Code Telephone
(712) 325-4991

Effective date of dissolution:

November 19, 2001

Chris Sorenson

Signature of Treasurer

November 19, 2001

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 my committee's last filed Statement of Organization.

David H. Johnson

Signature of Candidate - Required for Candidate's Committee

11/25/01

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.