

FOR INSTRUCTIONS, SEE BACK OF FORM

CHECK ONE:

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

AUG 22 2003

FORM DR-1 (Rev. 01/2003)	STATEMENT OF ORGANIZATION
For Office Use Only	
Comm. # _____	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
Bushek for City 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 (list candidates under purpose of committee)

COMMITTEE TREASURER	COMMITTEE CHAIR
Name <u>Susan S Stanfield</u>	Name <u>James V. Hancock</u>
Mailing Address <u>4118 Lamphere Ct</u>	Mailing Address <u>2163 W. 30th St</u>
City, State Zip Code <u>Davenport IA 52806</u>	City, State Zip Code <u>Davenport IA 52806</u>
Phone (563) <u>445-8848</u>	Phone (563) <u>386-6136</u>
e-Mail <u>teach12310@aol.com</u>	e-Mail <u>see attached sheet</u>

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

Comment or description:
All Candidates Enter: 2nd Ward Alderman District: _____
Office Sought: DAVENPORT CITY COUNCIL Year Standing for Election: 2003
Political Party (if applicable): N/A Date of Election: NOV 4, 2003
County/Local Candidates and Local Ballot/Franchise Committees Enter:
County: Scott

Bank Account Name <u>Bushek for City Council</u>	Candidate name & Address or Parent Entity (PACs, if applicable), Affiliate, or Sponsor
<u>US Bank Business Checking</u>	<u>Donna Bushek</u>
Name of Financial Institution/type of Account	Mailing Address
<u>DIVISION ST. OFFICE</u>	<u>4118 Lamphere Court</u>
<u>3624 N. DIVISION ST</u>	City State Zip
<u>Davenport IA 52806</u>	<u>Davenport IA 52806</u>
City State Zip	Phone (563) <u>388-0507</u>
	e-Mail

DISPOSITION OF BALANCE OF FUNDS UPON DISSOLUTION
Indicate disposition of funds by marking appropriate number in box: (1) DONATED TO DEMOCRATIC COUNTY CENTRAL COMMITTEE

(2) DONATED TO _____ LOCAL/STATE/NAT'L POLITICAL PARTY (underline one)	(6) PRORATED REFUND TO CONTRIBUTORS
(3) DONATED TO CHARITABLE ORGANIZATION (specify) _____	(7) TRANSFER TO ANOTHER COMMITTEE OF THIS SAME CANDIDATE (CANDIDATES ONLY)
(4) CITY/COUNTY/SCHOOL/STATE OF IOWA GENERAL FUND (underline one)	(8) RETURN TO PARENT ENTITY GENERAL FUND (PACS ONLY)
(5) PARTISAN CONGRESSIONAL DISTRICT FUND	(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 \$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.

Susan S. Stanfield Signature of Treasurer Date Signed 8/18/03

Donna Bushek Signature of Candidate, OR, if PAC, Central Committee or Local Ballot Issue, Chairperson Date Signed 8-18-03