

CHECK ONE.

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

IA ETHICS AND CAMPAIGN DISCLOSURE BD.

DK-7 (Rev. 06/99)	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. Amended Statements should be filed within 30 days of a change. Penalties may be imposed for late-filed Statements of Organization.

HOWARD FOR MAYOR
COMMITTEE NAME (Required by law)

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

Name <u>Patricia A. Bohanan</u>	Name <u>Julie Williams</u>
Mailing Address <u>4 Parkwood Drive</u>	Mailing Address <u>11 Lakeside Circle</u>
City, State Zip Code <u>DAVENPORT, IOWA 52803</u>	City, State Zip Code <u>DAVENPORT, IA 52807</u>
Home Phone <u>563 344-9486</u>	Home Phone <u>563 355-0969</u>
Day Phone <u>563 344-9486</u>	Day Phone <u>563 386-9090</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:
Office Sought: MAYOR District: DAVENPORT
Political Party (if applicable): _____ Year Standing for Election: 2007
County/Local Candidates and Local Ballot/Franchise Committees Enter:
County: SCOTT Date of Election: 11-6-07

Bank Account Name <u>HOWARD For Mayor</u>	Candidate Name & Address or Parent Entity (PACs, if applicable), Affiliate, or Sponsor <u>Jamie L. Howard</u>
Name of Financial Institution/Type of Account <u>U S Bank</u>	Mailing Address <u>2425 E. ELM Street</u>
Mailing Address <u>3126 MIDDLE ROAD</u>	City, State Zip <u>DAVENPORT, IA 52803</u>
City, State Zip <u>Beettendorf, IA 52722</u>	Home Phone <u>(563) 355-5516</u>
	Day Phone <u>(563) 508-8610</u>

DISPOSITION OF BALANCE OF FUNDS UPON DISSOLUTION

- Indicate disposition of funds by marking appropriate number in box:
- | | |
|---|---|
| 1) DONATED TO _____ COUNTY CENTRAL COMMITTEE | 6) PRORATED REFUND TO CONTRIBUTORS |
| 2) DONATED TO _____ LOCAL/STATE/NATL. POLITICAL PARTY (underline one) | 7) TRANSFER TO ANOTHER COMMITTEE OF THIS SAME CANDIDATE (CANDIDATES ONLY) |
| 3) DONATED TO CHARITABLE ORGANIZATION
specify: <u>HAND IN HAND</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 58B and administrative rules found in chapter 351. I affirm that all committee officers have been informed of their appointment and obligations.

Patricia A. Bohanan 8/5/07
Signature of Treasurer Date Signed

Jamie L. Howard 8/5/07
Signature of Candidate OR PAC Central Committee or Local Ballot Issue Chairperson Date Signed