

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 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.

FORM DR-1 (Rev. 10/98)	STATEMENT OF ORGANIZATION
For Office Use Only	
Comm. # _____	Indexed _____
Audited _____	Computer _____

COMMITTEE NAME (Required by law)

COMMITTEE TO ELECT LYLE WIGGINS

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 (This address used for all reminders and correspondence)

COMMITTEE CHAIR (List additional officers on separate page)

Name: GEORGE NICKOLAS

Mailing Address: 4426 EL RANCHO DR

City, State Zip Code: DAVENPORT, IA 52806

Home Phone (563): 391-1760

Day Phone (563): 391-1760

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INDICATE PURPOSE OF COMMITTEE - Check One Box To support or oppose candidate(s) To support or oppose ballot issue(s)
Comment or description:

All Candidates Enter: 2ND WARD ALDERMAN District: N/A

Office Sought: _____

Political Party (if applicable): NONE Year Standing for Election: 2003

County/Local Candidates and Local Ballot/Franchise Committees Enter: _____ Date of Election: L

Bank Account Name ↓ ↓	Candidate Name & Address or Parent Entity (PACs, if applicable), Affiliate, or Sponsor
Name of Financial Institution/Type of Account ↓ ↓	<u>LYLE WIGGINS</u>
Mailing Address ↓ ↓	Mailing Address ↓ ↓
City ↓ ↓ State ↓ ↓ Zip ↓ ↓	<u>7931 W. 76TH STREET</u>
	City ↓ ↓ State ↓ ↓ Zip ↓ ↓
	<u>DAVENPORT IA 52806</u>
	Home Phone (563) <u>391-9657</u>
	Day Phone () _____

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: 1

(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>DISABLED AMERICAN VETERANS</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 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 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]
Signature of Treasurer

[Signature]
Signature of Candidate, OR, if PAC or Central Committee, Chairperson

29 Nov 2003
Date Signed

11/28/03
Date Signed