

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 <b>DR-1</b> (Rev. 06/99)	STATEMENT OF ORGANIZATION
For Office Use Only	
Comm. #	<u>13405</u>
Indexed	<u>pb</u>
Audited	
Computer	<u>pb</u>

COMMITTEE NAME (Required by law)

Brian Ulin

OCT 19 2003

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 (Required by law)

(This address used for all reminders and correspondence)

COMMITTEE CHAIR

(List additional officers on separate page)

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City, State Zip Code \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_

Day Phone ( ) \_\_\_\_\_

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City, State Zip Code \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_

Day Phone ( ) \_\_\_\_\_

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 (Ottumwa) District: \_\_\_\_\_

Political Party (if applicable) \_\_\_\_\_

Year Standing for Election: 2003

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

County: Wapello

Date of Election: Primary Oct 7, 2003 Gen 11/04/03

Bank Account Name

Checks - Brian Ulin for City Council

Name of Financial Institution/Type of Account

Central Valley Bank / CHECKING

Mailing Address

116 West Main St.

City State Zip

Ottumwa IA 52501

Candidate Name & Address or Parent Entity (PACs, if applicable), Affiliate, or Sponsor

Brian L. Ulin

Mailing Address

102 N. RANSOM ST

City State Zip

Ottumwa IA 52501

Home Phone (641) 684-4366

Day Phone ( ) \_\_\_\_\_

DISPOSITION OF BALANCE OF FUNDS UPON DISSOLUTION

Indicate disposition of funds by marking appropriate number in box 7

(1) DONATED TO \_\_\_\_\_ COUNTY CENTRAL COMMITTEE

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

(3) DONATED TO CHARITABLE ORGANIZATION

(specify) \_\_\_\_\_

(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

None Left

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

Brian Ulin

Signature of Candidate, OR, if PAC, Central Committee or Local Ballot Issue, Chairperson

Date Signed

Oct 14, 2003

Date Signed

