

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 \$300. Amendments should be filed within 30 days of a change. Penalties may be imposed for late-filed Statements of Organization.

| | |
|-------------------------------------|---------------------------------|
| FORM DR-1 (Rev. 06/99) | STATEMENT OF ORGANIZATION |
| For Office Use Only | |
| Comm. # _____ | Indexed _____ |
| Audited _____ | Computer _____ |

Committee To Re-elect Dean Kaster Supervisor
COMMITTEE NAME (Required by law)

Committee To Re-elect Dean Kaster Supervisor

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 state of candidates (list candidates under purpose of committee)

COMMITTEE TREASURER (Required by law) (This address used for all reporting and correspondence) Justine Heffron COMMITTEE CHAIR (List additional officers on separate page) Jane Kaster

Name Justine Heffron
Mailing Address 20452 205th Ave
City, State Zip Code Centerville, IA 52544
Home Phone (641) 437-7298
Day Phone ()

Name Jane Kaster
Mailing Address 106 So. Trussel
City, State Zip Code Moravia, IA 52571
Home Phone (641) 724-3360
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: County Supervisor District: 2
Political Party (if applicable) Democratic Year Standing for Election: 2006
County/Local Candidates and Local Ballot/Franchise Committees Enter:
County: Appanose Date of Election: Nov 7, 2006

Bank Account Name Kaster For Supervisor
Name of Financial Institution/Type of Account
IA Trust Bank - Checking
Mailing Address
200 N. 10th
City State Zip
Centerville, IA 52544

Candidate Name & Address or Parent Entity (PACs, if applicable), Affiliate, or Sponsor
Dean Kaster
Mailing Address
106 So. Trussel
City State Zip
Moravia IA 52571
Home Phone (641) 724-3360
Day Phone ()

DISPOSITION OF BALANCE OF FUNDS UPON DISSOLUTION

- Indicate disposition of funds by marking appropriate number in box:
- 1) DONATED TO _____ COUNTY CENTRAL COMMITTEE
 - 2) DONATED TO _____ LOCAL/STATE/NATL 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

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 \$300.00 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 58R and administrative rules found in chapter 351. I affirm that all committee officers have been informed of their appointment and obligations.

Justine Heffron
Signature of Treasurer
Dean Kaster
Signature of Candidate OR, if PAC, Central Committee or Local Ballot Issue, Chairperson

5-17-06
Date Signed
5-18-06
Date Signed