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 filled 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.

E-Mail www.state.ia.us/ethics.

FORM DR-1 (Rev. 07/00)	STATEMENT OF ORGANIZATION

For Office Use Only

Comm. # 9007

Indexed

Audited

Computer MVW

COMMITTEE NAME (Required by law)

Appanoose County Republican Central Committee

IMPORTANT: Indicate type of committee you are reporting for: 7

(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)*

Name: MARY Ann Wetmore

Mailing Address: 17796 200th Avenue

City, State Zip Code: Centerville, Iowa 52544

Phone (641) 647-2624

e-Mail NA

COMMITTEE CHAIR *(List additional officers on separate page)*

Name: John Richard Gorden

Mailing Address: 321 3rd Street

City, State Zip Code: Plano, Iowa 52581

Phone (641) 649-2449

e-Mail X

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: District:

Political Party (if applicable) Year Standing for Election:

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

County: Date of Election:

IA ETHICS AND CAMPAIGN DISCLOSURE BD.
2009 FEB 26 AM 8:57

Bank Account Name

HS Bank

Name of Financial Institution/type of Account

P O Box 1800

Mailing Address

St. Paul, Minnesota 55101-0800

City State Zip

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

Mailing Address

City State Zip

Phone ( )

e-Mail

DISPOSITION OF BALANCE OF FUNDS UPON DISSOLUTION

(Statement of intent required by law for all committees, except state parties and school committees that contribute only partisan funds.)

Indicate disposition of funds by marking appropriate number in box. ☐

(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

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 $5,000 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 may be liable for penalties and possible other legal action. I understand that by filing this form, I am subject to the laws of Iowa, Code Chapter 68B, chapter 68C and the administrative rules of the Iowa Ethics and Campaign Disclosure Board. I affirm that all such filings after this have been informed of their appointment and obligations.

Mary Ann Wetmore — Signature of Treasurer — 2-23-09 Date Signed

John Richard Gorden — signature of Chair — 2-24-09 date signed