7002 2030 0007 1047 5071

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

CHECK ONE:

☑ This is an **initial*** Statement of Organization

☐ This is an **amended*** Statement of Organization

**An initial Statement of Organization must be filed within 10 days of the committee's accepting contributions, making expenditures, or incurring indebtedness exceeding $750. Amendments must be filed within 30 days of a change. Penalties may be imposed for late-filed Statements of Organization.*

FORM DR-1 (Rev. 07/2003)	STATEMENT OF ORGANIZATION

For Office Use Only

Comm. # 17725

Indexed

Audited

Computer

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

JUN 22 2004

FILED

COMMITTEE NAME ↓↓

Carroll County Citizens for Mike McLeod

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

COMMITTEE TREASURER (mandatory for all committees)

Name ↓↓: Mike McLeod

Mailing Address ↓↓: 217 Main St.

City, State ↓↓ Zip Code ↓↓: Halbur, IA 51444

Phone (712) 658-2805

e-Mail

COMMITTEE CHAIR (mandatory except for a candidate's committee)

Name ↓↓: Elizabeth McLeod

Mailing Address ↓↓: 217 Main St.

City, State ↓↓ Zip Code ↓↓: Halbur, IA 51444

Phone (712) 658-2805

e-Mail

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: Supervisor

District: 3rd

Political Party (if applicable) Democratic

Year Standing for Election: 2004

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

County: Carroll County

Date of Election: June 8, 2004

Bank Account Name ↓↓

Carroll County Citizens for Mike McLeod

Name of Financial Institution/type of Account ↓↓

Farmers Savings bank / Saving account

Mailing Address ↓↓: 103 North Main St.

City ↓↓ State ↓↓ Zip ↓↓: Halbur, Iowa 51444

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

Mike McLeod

Mailing Address ↓↓: 217 Main St.

City ↓↓ State ↓↓ Zip ↓↓: Halbur, IA 51444

Phone (712) 658-2805

e-Mail

STATEMENT OF AFFIRMATION: By filing this document the committee affirms the following:

1. The committee and all persons connected with the committee understand that they are subject to the laws in Iowa Code chapters 68A and 68B and the administrative rules in Chapter 351 of the Iowa Administrative Code.

2. That Iowa Code section 68A.402 and rule 351—4.9 require the filing of disclosure reports and that the failure to file these reports on or before the required due dates subjects the candidate or chairperson (in the case of committees other than a candidate's committee) to the automatic assessment of a civil penalty and the possible imposition of other criminal and civil sanctions.

3. That Iowa Code section 68A.405 and rules 351—4.38 through 4.43 require the placement of the words "paid for by" and the name of the committee on all political materials except for those items exempted by statute or rule.

4. That Iowa Code section 68A.503 and rules 351—4.44 through 4.52 prohibit the receipt of corporate contributions by all committees except for statewide and local ballot issue PACs.

5. A candidate and a candidate's committee may only expend campaign funds as permitted by Iowa code sections 68A.301 through 68A.303 and rule 351—4.25.

6. That the committee will continue to file disclosure reports until all activity has ceased, committee funds spent, debts resolved, and a final report and a statement of dissolution (DR-3) has been filed.

Signature of Treasurer — Date Signed: 20 June 04

Signature of Candidate, OR, for all other committees, Chairperson — Date Signed: 6-20-04