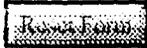


Cass

FOR INSTRUCTIONS, SEE BACK OF FORM

CHECK ONE.

- This is an initial* Statement of Organization
- This is an amended* Statement of Organization



FORM DR-1 (Rev. 01/2003)	STATEMENT OF ORGANIZATION
For Office Use Only	
Comm. #	17520
Indexed	
Audited	
Computer	

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

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED DATE 06/20/2004 BY 4940

COMMITTEE NAME
Joyce for 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 slate of candidates (list candidates under purpose of committee)

COMMITTEE TREASURER	COMMITTEE CHAIR
Name Linda Joyce	Name Phillip Hascall
Mailing Address 67239 Troublesome Creek Rd.	Mailing Address P.O. Box 206
City, State Zip Code Atlantic IA 50022	City, State Zip Code Atlantic IA 50022
Phone (712) 243-2395	Phone (712) 243-3191
e-Mail	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: Cass County Supervisor District: 1

Political Party (if applicable) democrat Year Standing for Election: 2004

County/Local Candidates and Local Ballot/Franchise Committees Enter:
County: Cass Date of Election: Nov. 2, 2004

Bank Account Name Joyce for Supervisor	Candidate name & Address or Parent Entity (PACs, if applicable), Affiliate, or Sponsor Russell Joyce
Name of Financial Institution/type of Account	Mailing Address
Nishna Valley Credit Union	67239 Troublesome Creek Rd.
Mailing Address	City State Zip
200 Maple St. Po Box 350	Atlantic IA 50022
City State Zip	Phone (712) 243-2395
Atlantic IA 50022	e-Mail

DISPOSITION OF BALANCE OF FUNDS UPON DISSOLUTION
Indicate disposition of funds by marking appropriate number in box:

(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) _____	(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 intent required by law for all committees, except state parties and central committees and committees using only personal funds.)

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 \$750.00 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: Linda Joyce Date Signed: 10-17-04

Signature of Candidate, OR, if PAC, Central Committee or Local Ballot Issue, Chairperson: Phillip Hascall Date Signed: 10-17-04