

FOR INSTRUCTIONS, SEE BACK OF FORM

CHECK ONE:

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

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SEP 16 2004

FORM DR-1 (Rev. 07/00)	STATEMENT OF ORGANIZATION
For Office Use Only	
Comm. # _____	_____
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 \$500. Amendments should be filed within 30 days of a change. Penalties may be imposed for late-filed Statements of Organization.

COMMITTEE NAME (Required by law)

LERoy SCHOON 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 (Required by law) This address used for all reminders and correspondence

COMMITTEE CHAIR (List additional officers on separate page)

Name: Victoria S. Wittgraf

Mailing Address: P.O. Box 535

City, State Zip Code: Cherokee, IA 51012-0535

Phone (712) 225-6481

e-Mail: swmlaw@mchsi.com

Name: _____

Mailing Address: _____

City, State Zip Code: _____

Phone () _____

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: 1

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

County/Local Candidates and Local Ballot/Franchise Committees Enter:
County: Cherokee Date of Election: November 2, 2004

Bank Account Name: LEROY SCHOON FOR SUPERVISOR

Name of Financial Institution/type of Account: Central Bank checking

Mailing Address: P.O. Box 518

City: Cherokee State: IA Zip: 51012

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

LeRoy Schoon

Mailing Address: 1479 Harrison Drive

City: Cherokee State: IA Zip: 51012

Phone (712) 225-4694

e-Mail: _____

DISPOSITION OF BALANCE OF FUNDS UPON DISSOLUTION

Indicate disposition of funds by marking appropriate number in box:

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

- (1) DONATED TO Cherokee 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 \$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 851. I affirm that all committee officers have been informed of their appointment and obligations.

Victoria S. Wittgraf
Signature of Treasurer

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

9/14/04
Date Signed

9-16-04
Date Signed