

FOR INSTRUCTIONS, SEE BACK OF FORM

CHECK ONE:

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

APR 19 2004

Reset Form

FORM DR-1 (Rev. 07/2003)	STATEMENT OF ORGANIZATION
For Office Use Only	
Comm. # _____	Indexed _____
Audited _____	Computer _____

*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.

COMMITTEE NAME ↓ ↓
Protect Our Spencer Schools

IMPORTANT: Indicate type of committee you are reporting for: 6
 (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)	COMMITTEE CHAIR (mandatory except for a candidate's committee)
Name ↓ ↓ <u>Carl Birchard</u>	Name ↓ ↓ <u>Tom Sierck</u>
Mailing Address ↓ ↓ <u>700 3rd Ave W</u>	Mailing Address ↓ ↓ <u>1424 350th St.</u>
City, State ↓ ↓ Zip Code ↓ ↓ <u>Spencer, Ia 51301</u>	City, State ↓ ↓ Zip Code ↓ ↓ <u>Spencer, Ia 51301</u>
Phone (712) <u>262-2191</u>	Phone (712) <u>260-6054</u>
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: Spencer School Bond Vote

All Candidates Enter:
 Office Sought: _____ District: _____
 Political Party (if applicable) _____ Year Standing for Election: _____
County/Local Candidates and Local Ballot/Franchise Committees Enter:
 County: Clay Date of Election: April 20, 2004

Bank Account Name ↓ ↓ <u>Protect Our Spencer Schools</u>	Candidate name & Address or Parent Entity (PACs, if applicable), Affiliate, or Sponsor ↓ ↓ <u>NA</u>
Name of Financial Institution/type of Account ↓ ↓ <u>FARMERS SAVINGS BANK</u>	Mailing Address ↓ ↓
Mailing Address ↓ ↓ <u>Post Office Box A</u>	City ↓ ↓ State ↓ ↓ Zip ↓ ↓
City ↓ ↓ State ↓ ↓ Zip ↓ ↓ <u>Fostoria, Iowa 51340</u>	Phone () _____
e-Mail _____	e-Mail _____

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

- 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.
- That Iowa Code section 68A.6 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.
- That Iowa Code section 68A.14 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.
- That Iowa Code section 68A.15 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.
- A candidate and a candidate's committee may only expend campaign funds as permitted by Iowa code sections 68A.40 through 68A.42 and rule 351-4.25.
- 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.

Carl Birchard
 Signature of Treasurer

Thomas Sierck
 Signature of Candidate, OR, for all other committees, Chairperson

4-12-04
 Date Signed

4-12-04
 Date Signed