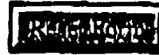


FOR INSTRUCTIONS, SEE BACK OF FORM
CHECK ONE:

JAN 7 2005



Clayton

FORM DR-1 (Rev. 07/2003)	STATEMENT OF ORGANIZATION
For Office Use Only	
Comm. #	21292
Indexed	am
Audited	
Computer	am

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.

COMMITTEE NAME ↓ ↓
Citizens for Enhancement of Strawberry Point

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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

COMMITTEE TREASURER (mandatory for all committees)	COMMITTEE CHAIR (mandatory except for a candidate's committee)
Name ↓ ↓ <u>Jacquelyn J. Opperman</u>	Name ↓ ↓ <u>Emogene E. Kauffman</u>
Mailing Address ↓ ↓ <u>206 W. Mission St.</u>	Mailing Address ↓ ↓ <u>417 Westwood Ave</u>
City, State ↓ ↓ Zip Code ↓ ↓ <u>Strawberry Point IA 52076</u>	City, State ↓ ↓ Zip Code ↓ ↓ <u>Strawberry Point, IA 52076-9415</u>
Phone (563) <u>933-6416</u>	Phone (563) <u>933-6422 (6422)</u>
e-Mail <u>gats@iowatelecom.net</u>	e-Mail

INDICATE PURPOSE OF COMMITTEE - Check One Box Advocate for/against candidate(s) Advocate for/against ballot issue(s)

Comment or description: Citizens for economic development/tourism and the future of Strawberry Point.

All Candidates Enter: _____ District: _____

Office Sought: _____

Political Party (if applicable) _____

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

County: Clayton

Year Standing for Election: _____

Date of Election: Feb. 1, 2005

Bank Account Name ↓ ↓ <u>Farmers Savings Bank/Checking</u>	Candidate name & Address or Parent Entity (PACs if applicable), Affiliate, or Sponsor
Name of Financial Institution/type of Account ↓ ↓ <u>Po Box 130</u>	Mailing Address ↓ ↓
Mailing Address ↓ ↓ <u>Strawberry Point IA 52076</u>	City ↓ ↓ State ↓ ↓ Zip ↓ ↓
City ↓ ↓ State ↓ ↓ Zip ↓ ↓	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.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.
- 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.
- 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.
- 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.
- 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.

Jacquelyn J. Opperman
Signature of Treasurer

Emogene E. Kauffman
Signature of Candidate, OR, for all other committees, Chairperson

January 6, 2005
Date Signed

January 6, 2005
Date Signed