

Clayton

FOR INSTRUCTIONS, SEE BACK OF FORM

CHECK ONE:

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

*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.

FORM DR-1 (Rev. 01/2003)	STATEMENT OF ORGANIZATION
For Office Use Only	
Comm. #	17121
Indexed	db
Audited	
Computer	db

COMMITTEE NAME
Larry E Gibbs, Clayton County Supervisor

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 (8) Support slate of candidates (list candidates under purpose of committee)

COMMITTEE TREASURER	COMMITTEE CHAIR
Name <u>Dixie Lee Willman</u>	Name
Mailing Address <u>28154 Garber Rd</u>	Mailing Address
City, State Zip Code <u>Garber IA 52048</u>	City, State Zip Code
Phone (563) <u>255-2817</u>	Phone ()
e-Mail <u>dixieio@alpine.com.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:

All Candidates Enter: Office Sought: Clayton County Supervisor District: _____
 Political Party (if applicable) Democrat Year Standing for Election: 2004
 County/Local Candidates and Local Ballot/Franchise Committees Enter: Date of Election: 11-2-04
 County: Clayton

Bank Account Name <u>Larry E Gibbs Clayton County Supervisor</u>	Candidate name & Address or Parent Entity (PACs, if applicable), Affiliate, or Sponsor <u>Larry E Gibbs</u>
Name of Financial Institution/type of Account <u>Garnavillo Savings Bank</u>	Mailing Address <u>PO Box 445</u>
Mailing Address <u>101 South Main</u>	City <u>Garnavillo</u> State <u>IA</u> Zip <u>52049</u>
City <u>Garnavillo</u> State <u>IA</u> Zip <u>52049</u>	Phone (563) <u>964-2178</u>
	e-Mail <u>N/A</u>

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

(1) DONATED TO <u>Democratic Clayton</u> COUNTY CENTRAL COMMITTEE	(8) 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 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 filling this form, I am subject to the laws found in Iowa Code chapter 58, chapter 68B and administrative rules found in chapter 351. I affirm that all committee officers have been informed of their appointment and obligations.

Dixie Lee Willman Signature of Treasurer 7-14-04 Date Signed