

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.

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

COMMITTEE NAME

Severson for Supervisor

JUN 26 2003

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)

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COMMITTEE TREASURER

Name: Elaine J. Severson
 Mailing Address: 10323 Hwy. 3
 City, State Zip Code: Strawberry Point IA 52076
 Phone (563) 933-6275
 e-Mail:

COMMITTEE CHAIR

Name: N/A
 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: County Supervisor
 Office Sought: District: _____
 Political Party (if applicable): Republican
 Year Standing for Election: 2003
 County/Local Candidates and Local Ballot/Franchise Committees Enter: Clayton
 County: Date of Election: July 22, 2003

Bank Account Name: Severson for Supervisor
 Name of Financial Institution/Type of Account: Farmer's Savings Checking
 Mailing Address: 130 W Mission St
 City, State Zip: Strawberry Point IA 52076

Candidate name & Address of Parent Entity (PACs, if applicable), Affiliate, or Sponsor: Gale D. Severson
 Mailing Address: 10323 Hwy. 3 Strawberry Point IA
 City, State Zip: 52076
 Phone (563) 933-6275
 e-Mail: None

DISPOSITION OF BALANCE OF FUNDS UPON DISSOLUTION

- Indicate disposition of funds by marking appropriate number in box: N/A
- (1) DONATED TO 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) PROPORATED 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 \$0.00 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: Elaine J. Severson
 Signature of Candidate, OR, if PAC, Central Committee or Local Ballot Issue, Chairperson: Gale D. Severson

Date Signed: 6-25-03
 Date Signed: 6-25-03