

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 filled 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.*

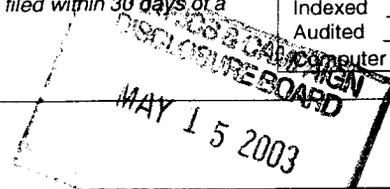
Dallas

FORM DR-1 (Rev. 05/02)	STATEMENT OF ORGANIZATION
For Office Use Only	
Comm. # <u>21173</u>	
Indexed <u>sb</u>	
Audited <u>sb</u>	

COMMITTEE NAME (Required by law)
PAWSITIVE 4 Children

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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 (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: LISA J. WADDELL
 Mailing Address: 2638 Hwy 925
 City, State Zip Code: Menlo IA 50164
 Phone (641) 524-5159
 e-Mail: _____

Name: LISA R. WADDELL
 Mailing Address: 415 N GAINES
 City, State Zip Code: Stuart IA 50233
 Phone (563) 523-1158
 e-Mail: L.WADDELL24@aol.com

INDICATE PURPOSE OF COMMITTEE - Check One Box Advocate for/against candidate(s) Advocate for/against ballot issue(s)
 Comment or description: WCV Bond Referendum

All Candidates Enter:
 Office Sought: _____ District: _____
 Political Party (if applicable): _____ Year Standing for Election: _____
County/Local Candidates and Local Ballot/Franchise Committees Enter:
 County: Dallas Date of Election: 6-3-03

Bank Account Name ↓ ↓
PAWSITIVE 4 Children
 Name of Financial Institution/type of Account ↓ ↓
First State Bank / checking
 Mailing Address ↓ ↓
215 N DIVISION
 City ↓ ↓ State ↓ ↓ Zip ↓ ↓
Stuart IA 50115

Candidate name & Address or Parent Entity (PACs, if applicable), Affiliate, or Sponsor
 ↓ ↓
 Mailing Address ↓ ↓
 City ↓ ↓ State ↓ ↓ Zip ↓ ↓
 Phone () _____
 e-Mail _____

DISPOSITION OF BALANCE OF FUNDS UPON DISSOLUTION
 Indicate disposition of funds by marking appropriate number in box:
 (1) DONATED TO _____ COUNTY CENTRAL COMMITTEE (6) 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 (8) RETURN TO PARENT ENTITY GENERAL FUND (PACS ONLY)
 (specify) _____ (9) OTHER (PACS ONLY), PLEASE BE SPECIFIC
 (4) CITY/COUNTY/SCHOOL/STATE OF IOWA GENERAL FUND (underline one)
 (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 filing this form, I am subject to the laws found in Iowa Code chapter 56, chapter 68B and administrative rules found in chapter 35. I affirm that all committee officers have been informed of their appointment and obligations.

Lisa J. Waddell
 Signature of Treasurer
Lisa R. Waddell
 Signature of Candidate, OR, if PAC, Central Committee or Local Ballot Issue, Chairperson

5-12-03
 Date Signed
5-12-03
 Date Signed