



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 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.*

| | |
|-----------------------------------|----------------------------------|
| FORM DR-1 (Rev 07/2003) | STATEMENT OF ORGANIZATION |
| For Office Use Only | |
| Comm. # <u>21355</u> | |
| Indexed <u>AM</u> | |
| Audited _____ | |
| Computer <u>AM</u> | |

Decatur

COMMITTEE NAME ↓ ↓
CITIZENS ACTING FOR RESPONSIBLE EDUCATION (CARE)

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>BILL SALSMAN</u> | Name ↓ ↓ <u>Ray Stall</u> |
| Mailing Address ↓ ↓ <u>27621 Elk Chapel Rd</u> | Mailing Address ↓ ↓ <u>31953 US69</u> |
| City, State ↓ ↓ Zip Code ↓ ↓ <u>LAMON, IA 50140</u> | City, State ↓ ↓ Zip Code ↓ ↓ <u>Lamon, Ia 50140</u> |
| Phone <u>(641) 784-6281</u> | Phone <u>(641) 784-6339</u> |
| e-Mail <u>bsgs0114@GAM.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: _____ District: _____
 Political Party (if applicable) _____
 County/Local Candidates and Local Ballot/Franchise Committees Enter:
 County: Decatur Year Standing for Election: _____
 Date of Election: Oct. 11, 2005

| | |
|---|---|
| Bank Account Name ↓ ↓ | Candidate name & Address or Parent Entity (PACs, if applicable), Affiliate, or Sponsor |
| Name of Financial Institution/type of Account ↓ ↓ <u>Bill Salzman Care</u> | <u>N/A</u> |
| Mailing Address ↓ ↓ <u>CITIZENS BANK</u> | Mailing Address ↓ ↓ _____ |
| City ↓ ↓ State ↓ ↓ Zip ↓ ↓ <u>Blythedale Mo 64426</u> | City ↓ ↓ State ↓ ↓ Zip ↓ ↓ _____ |
| Phone () _____ | 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 88A.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 (DB-3) has been filed.

Bill Salzman
 Signature of Treasurer
Ray Stall
 Signature of Candidate, OR, for all other committees, Chairperson

9-6-05
 Date Signed
9-6-05
 Date Signed