FOR INSTRUCTIONS, SEE BACK OF FORM

CHECK ONE:

☑ This is an **initial*** Statement of Organization

☐ This is an **amended*** Statement of Organization

Reset Form

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.

FORM DR-1 (Rev. 01/2003)	STATEMENT OF ORGANIZATION

For Office Use Only

Comm. # 17635

Indexed

Audited

Computer

COMMITTEE NAME

Re-elect Hoschek for 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

Name: Sue Frice

MAY 05 2004

Mailing Address: 2622 Evergreen Dr

City, State Zip Code: Burlington, IA 52601

Phone (319) 754-1464

e-Mail: stfrichek@msn.com

COMMITTEE CHAIR

Name: Stephen M. Hoschek

Mailing Address: 2930 Cliff Road

City, State Zip Code: Burlington IA 52601

Phone (319) 752-7763

e-Mail: holee@mchsi.com

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: Board of Supervisor

District:

Political Party (if applicable): Democrat

Year Standing for Election: 2004

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

County: Des Moines County

Date of Election: 6-8-04

Bank Account Name

Re-elect Hoschek for County Supervisor Fund

Name of Financial Institution/type of Account

Burlington Bank & Trust / checking acct

Mailing Address

222 N. Main St P.O. Box 728

City State Zip

Burlington IA 52601

Candidate name & Address or **Parent Entity** (PACs, if applicable), **Affiliate, or Sponsor**

Timothy Hoschek

Mailing Address

2622 Evergreen

City State Zip

Burlington IA 52601

Phone (319) 754-1464

e-Mail: stfrichek@msn.com

DISPOSITION OF BALANCE OF FUNDS UPON DISSOLUTION

Indicate disposition of funds by marking appropriate number in box: 1

(Statement of intent required by law for all committees, except state parties and central committees and committees using only personal funds.)

(1) DONATED TO Des Moines 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) PRORATED 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 $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 351. I affirm that all committee officers have been informed of their appointment and obligations.

Sue Frice — Signature of Treasurer — Date Signed: 5-1-04

E. Hoschek — Signature of Candidate, OR, if PAC, Central Committee or Local Ballot Issue, Chairperson — Date Signed: 5-1-04