

Dickinson

FOR INSTRUCTIONS, SEE BACK OF FORM

CHECK ONE:

- [X] 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 \$500. Amendments should be filed within 30 days of a change. Penalties may be imposed for late-filed Statements of Organization.

FORM DR-1 (Rev. 07/00) STATEMENT OF ORGANIZATION
For Office Use Only
Comm. # 17849
Indexed
Audited
Computer

COMMITTEE NAME (Required by law)

TOM LOEBACH FOR SHERIFF

NOV 29 2004 PM 11:24:04

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 This address used for all reminders and correspondence (Required by law)

COMMITTEE CHAIR (List additional officers on separate page)

Name: Sally C. DeLoss
Mailing Address: Box 305, Spirit Lake, IA 51360
Phone: 712 336-2000
e-Mail: sdeloss@mchsi.com

Name: Tom Loebach
Mailing Address: 2011 260th Avenue, Spirit Lake, IA 51360
Phone: 712 338-2766
e-Mail:

INDICATE PURPOSE OF COMMITTEE - Check One Box [X] Advocate for/against candidate(s) [] Advocate for/against ballot issue(s)
Comment or description:

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

Bank Account Name: TOM LOEBACH FOR SHERIFF
Name of Financial Institution/type of Account: UNITED COMMUNITY BANK - Checking
Mailing Address: P.O. BOX 167, MILFORD IA 51351

Candidate name & Address or Parent Entity (PACs, if applicable), Affiliate, or Sponsor: TOM LOEBACH
Mailing Address: 2011 260TH AVENUE, SPIRIT LAKE IA 51360
Phone: 712 338-2766
e-Mail:

DISPOSITION OF BALANCE OF FUNDS UPON DISSOLUTION

Indicate disposition of funds by marking appropriate number in box: []

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

- (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 (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 \$500.00 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.

Sally C. DeLoss Signature of Treasurer
Tom Loebach Signature of Candidate, OR, if PAC, Central Appropriate number in box: []

11-16-04 Date Signed
11-16-04 Date Signed