

FOR INSTRUCTIONS, SEE BACK OF FORM

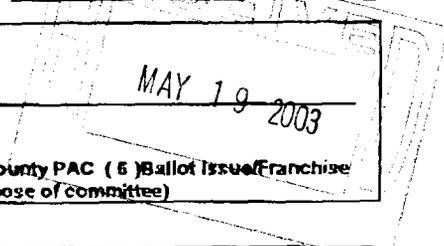
CHECK ONE:

- This is an **initial*** Statement of Organization
- This is an **amended*** Statement of Organization



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

*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.



COMMITTEE NAME
IOWA GREAT LAKES QUALITY OF LIFE

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 (8) Support slate of candidates (list candidates under purpose of committee)

COMMITTEE TREASURER	COMMITTEE CHAIR
Name <u>ORVILLE BERG</u>	Name <u>JOANNE STOCKDALE</u>
Mailing Address <u>PO Box 649</u>	Mailing Address <u>16041 213TH AVENUE</u>
City, State Zip Code <u>Okoboji IA 51355</u>	City, State Zip Code <u>SPIRIT LAKE IA 51360</u>
Phone (712) <u>332 2380</u>	Phone (712) <u>332-7074</u>
e-Mail <u>oiberg@earthlink.net</u>	e-Mail <u>nistock@ncn.net</u>

INDICATE PURPOSE OF COMMITTEE - Check One Box Advocate for/against candidate(s) Advocate for/against ballot issue(s)
 Comment or description: Defeat riverboat gambling in Dickinson County

All Candidates Enter:
 Office Sought: _____ District: _____

Political Party (if applicable): _____ Year Standing for Election: _____
 County/Local Candidates and Local Ballot/Franchise Committees Enter:
 County: DICKINSON Date of Election: July 8, 2003

Bank Account Name <u>IOWA GREAT LAKES Quality of Life</u>	Candidate name & Address or Parent Entity (PACs, if applicable), Affiliate, or Sponsor
Name of Financial Institution/type of Account <u>UNITED COMMUNITY BANK CHECKING</u>	Mailing Address
Mailing Address <u>1000 OKOBOJI AVENUE</u>	City State Zip
City State Zip <u>Milford IA 51351</u>	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/NATL. POLITICAL PARTY (underline one)	(7) TRANSFER TO ANOTHER COMMITTEE OF THIS SAME CANDIDATE (CANDIDATES ONLY)
(3) DONATED TO CHARITABLE ORGANIZATION <u>S - LAKES ART CENTER / FRIENDS LAKESIDE LAB / MARITIME MUSEUM</u>	(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 \$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.

[Signature]
 Signature of Treasurer

 Signature of Candidate, OR, if PAC, Central Committee or Local Ballot Issue, Chairperson

5-19-03
 Date Signed

 Date Signed