

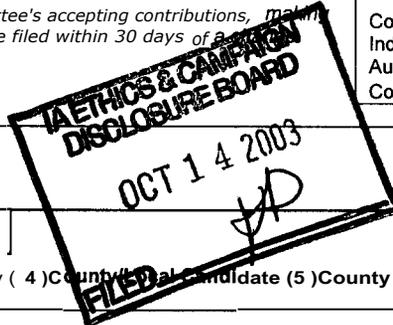
**FOR INSTRUCTIONS, SEE BACK OF FORM
CHECK ONE:**

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



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

**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 filing. Penalties may be imposed for late-filed Statements of Organization.*



COMMITTEE NAME ~ I

Know the Costs First Committee

IMPORTANT: Indicate type of committee you are reporting for:

(1) Statewide/Legislative Candidate (2) Statewide PAC (3) State Party (4) County/City 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 L I Jon Koebrick	Name ~ 4 Charles King
Mailing Address L I 6300 Council Street NE	Mailing Address L . 2195 Ingersoll Avenue
City, State I ~ Zip Code 4 I Cedar Rapids, IA 52402	City, State I ' Zip Code L . i Des Moines, IA 50312
Phone (319) 395-9699 extension 202	Phone (515) 246-2202
e-Mail jkoebrick@mediacomcc.com	e-Mail cking@mediacomcc.com
INDICATE PURPOSE OF COMMITTEE - Check One Box ~ Advocate for/against candidate(s) U 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: fiokincnn	Date of Election: November 4, 2003
Bank Account Name 1 1 NA Parent Entity Exception	Candidate name & Address or Parent Entity (PACs, if applicable), Affiliate, or Sponsor j, Mediacom
Name of Financial Institution/type of Account 1	Mailing Address 6300 Council Street NE
Mailing Address I I	City I State (Zip I Cedar Rapids, IA 52402
City I State L t Zip J. t	Phone (319) 395-9699 extension 202 e-Mail jkoebrick@mediacomcc.com

STATEMENT OF AFFIRMATION: By filing this document the committee affirms the following:

1. 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.
2. That Iowa Code section 68A.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.
3. 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.
4. 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.
5. 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.
6. 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 (DR-3) has been filed.

 Signature of Treasurer

 Signature of Candidate, OR, for all other officers, Chairperson

0-1y-d3

 Date Signed

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 Date Signed

